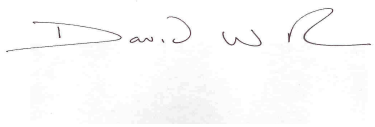
Public Document Pack

Health Policy and Performance Board

Tuesday, 11 January 2011 6.30 p.m.
Council Chamber, Runcorn Town Hall



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	**Link 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, 8 March 2011

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

Part I

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

Agenda Item 3

REPORT TO: Healthy Halton Services Policy & Performance Board

DATE: 11 January 2011

REPORTING OFFICER: Strategic Director, Corporate and Policy

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To consider any questions submitted by the Public in accordance with Standing Order 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: Healthy Halton Services Policy and Performance Board

DATE: 11 January 2011

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 2 DECEMBER 2010

EXB67 SERVICE INSPECTION OF ADULT SOCIAL CARE - SEPTEMBER 2010- PRESENTATION

The Board received a report of the Strategic Director, Adults and Community which provided details of the outcome of the Service Inspection of Adult Social Care which had been carried out by the Care Quality Commission (CQC).

The Board were reminded that the CQC was an independent regulator of health and social care in England and regulated care provided by the NHS, local authorities, private companies and voluntary organisations. The report covered the background and methodology to inspection.

The Board received a presentation from Sue Talbot, CQC Lead Inspector. It was noted that CQC judged performance of Councils using four grades. The CQC concluded that Halton was performing excellently in delivering adult social care in 'safeguarding adults' and 'supporting increased choice and control for older people' and was performing well in ' supporting improved health and wellbeing of older people'. In addition, CQC rated Halton's capacity to improve its performance as excellent.

The Chairman wished to place on record his thanks to Sue Talbot and her team, and the Executive Board Members and staff involved in helping to deliver an excellent outcome for the Adult Social Care service.

RESOLVED: That

(1) the presentation from Susan Talbot, CQC Lead Inspector be received; and

(2) the contents of the report and associated appendices be noted and agreed

EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 18 NOVEMBER 2010

ES49 SIX MONTH EXTENSION TO CURRENT DRUG SERVICE CONTRACTS

In March 2010 the Sub-Committee delegated authority to the Operational Director Culture and Leisure Services to extend the contracts of ARCH Initiatives, Trust the Process Counselling and Addaction for one year until March 2011. It was anticipated that an open tendering process would have been undertaken during 2010/11 with the outcome of awarding a single contract to one provider of drug services from April 2011.

In July 2010 the Executive Board agreed proposals to establish a multi-area approach to the commissioning of alcohol and substance misuse services with St. Helens Council. However, since then there had been a number of significant national developments that had caused a review of this decision. The abolition of Primary Care Trusts, the rising emphasis on localism and the uncertainty over future levels of funding meant that a rapid appraisal of potential options needed to be undertaken. Consequently, the time left following the completion of this urgent review would be insufficient to undertake a tender process and to award contracts commencing on 1st April 2011.

Therefore, to prevent any gaps in service provision it was necessary to extend the current contract for a further 6 months allowing the Local Authority and partners to develop a service specification that reflected the changed national policy and structures. An open tendering exercise would be undertaken with a new service in place on 1st September 2011. The Council, in partnership with Halton and St. Helens PCT would lead on an open competitive tendering process in 2011.

RESOLVED: That:

(1) It is recommended that the Operational Director (Prevention and Commissioning) be authorised to award the following existing contracts direct and without tendering –

(a) Open Access to the contractor ARCH initiatives in the sum of £86,000;

(b) Drug Intervention Programme and Outreach services to the contractor AddAction in the sum of £150,000;

(c) Abstinence and Recovery Service services to the contractor Trust the Process Counselling in the sum of £100,000; and

(d) Community Prescribing Services to the contractor 5 Boroughs Partnership NHS Foundation Trust in sum of £212,000;

(2) the contract extensions be for a period up to 1st April 2011 to 31st August 2011; and

(3) in the light of the exceptional circumstances that Procurement Standing Orders be waived for purposes of Standing Order 1.8.2, namely that emerging national policies relating to the changes in structure of the NHS and the National Treatment Agency necessitate reappraisal of future service provision options.

EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 2 DECEMBER 2010

ES51 SECTION 75 AGREEMENT BEST INTEREST ASSESSORS

The Sub-Committee received a report of the Strategic Director, Adults and Community which outlined the role and function of Best Interests Assessors under the Deprivation of Liberty Safeguards. The report put forward a proposed agreement for the delivery of this service across Halton, St. Helens Borough Council and NHS Halton and St. Helens (the PCT) under Section 75 National Health Service Act 2006. The agreement put in place a clear structure for the delivery of the BIA function across the organisations, with fully identified governance, accountability and reporting arrangements.

RESOLVED: That approval be given to the proposal to enter into an agreement for the delivery of Best Interest Assessors across Halton, St. Helens Borough Council and the PCT.

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 11 January 2011

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
2nd September 2010

Present: **Debbie Ainsworth (DA)**
Glenda Cave (GC)
Dwayne Johnson (DJ)
John Kelly (JK)
Diane Lloyd (DL)
Eileen O'Meara (EO'M) (Chair)
Dave Sweeney (DS)
Tim Gibbs (TG)
Yeemay Sung (YS)
Ann Gerrard (AG)
Ellen Cargill (EC)

In attendance **Collette Walsh (CW)**
Simon Clough (SC)

In Support: **Margaret Janes**

		ACTION
1.	**Apologies** Fiona Johnstone, Dympna Edwards, Eugene Lavan, Sue Wallace-Bonner, Jim Wilson, Karen Tonge, Sue Parkinson	
2.	**Minutes of the Meeting 20 May 2010** The minutes were agreed as a correct record	
3.	**Matters Arising** LIT Group – Visit still to be organised. (Item 3) Agenda Item for PBC Consortium – DL to contact M Holt. Work around SAS – complete. Befriending to be raised at Older People's LIT – ongoing.(Item 5) CCC September – complete. Q1 Performance data information to be circulated – ongoing. PSG Minutes to be forwarded – complete. Produce letter once assessments complete (Item 9)	**FJ** **DL** **MH** **DL** **DE**
4.	**Alcohol Needs Assessment/Alcohol Priority Update** Collette Walsh tabled an alcohol update presentation. The key findings were: - High DNA rates – 68% - High waiting lists in Halton – 47.1% 9 weeks+ - Low throughput – Tier 3 Halton 3.4% St Helens 17% - Lack of clear pathways - Lack of integration between services - High unplanned discharges from structured treatment – 61.1% - Huge variation in costs of service - Robust outcome measures required - Robust mechanisms for receiving and acting upon patient feedback required. Collette Walsh requested that comments with regard to the draft consultation questions be forwarded by the end of the week. Ann Gerrard asked whether people advised why they did not attend. Collette Walsh advised that the difficulty in the service user groups was that these were people who were already in the system, the difficultly was in reaching those people who did not make use	**All**

	of the service. In workshops people felt the service needed to be personalised with earlier engagement, regardless of the intervention being offered. The ability for people to make an informed choice was key. Dave Sweeney stressed the need for the LA/PCT to ensure that alcohol was high on the agenda. Ellen Cargill asked why there was not a service offered in health centres; in Castlefields GPs were prepared to take on the alcohol abuse issue. Collette Walsh advised there is a pilot in Castlefields that people can go to. People felt more comfortable going to health centres for help as they did not want to be stigmatised. Ann Gerrard felt there should be a model that works with a number of people from a particular ward. Collette Walsh advised WNF pay for two projects, this was community focused whereby the Health Improvement Team get the message out at a local level, the difficulty was in following through. There was a need to focus, this was the reason why work was being respecified and target groups identified. Eileen O'Meara thanked Collette Walsh; there was a need to ensure alcohol remained high on the agenda.	
5.	**JCP Update** **Work Programme** DWP has written out to organisations who have expressed an interest in being admitted to the Framework Agreement for the Provision of Employment Related Services to update them on the next steps of the process and to invite them to complete a formal application to tender, the bidding process is detailed on the DWP Internet site, see attached link http://www.dwp.gov.uk/supplying%2Ddwp/what%2Dwe%2Dbuy/welfare%2Dto%2Dwork%2Dservices/work%2Dprogramme/ The work programme will supersede the following programmes New Deal 18-24, New Deal 25 Plus and Pathways to Work Provision and the proposed start date will be Spring 2011. The aim of the Work Programme is to deliver a more efficient service for the taxpayer and a more tailored service for individuals. The coalition also want to do more – extending employment support to customers who have not traditionally had access to that service. Helping a wider group of customers, including those who have significant and complex barriers to employment, would be difficult using traditional funding models given the country's current financial position. Given this, we are exploring an alternative model where the payments to delivery partners for helping someone into employment will be made from the payment from the benefit savings actually realised. While we are currently developing the specifics of the provider pricing model, the intention of the model is that: • Payment should be exclusively or largely for delivering results and that payment should be made after the results have been delivered; • We should avoid paying for customers who would have moved off benefits without help; • The price paid for job outcomes should be set to make it worthwhile for delivery partners to help each group of customers; • We should not specify what delivery partners can, or should, do; they should have freedom to innovate; and • The price paid for job outcomes should not exceed the benefit savings that have been generated. • We expect that our delivery partners should be able to demonstrate the capital strength to take on the risks inherent in an exclusively or heavily outcome-based approach where we seek to deal with the cases of millions of people on out of work benefits. • We recognise that helping more people into employment will have associated costs. Doing more for our customers, as we hope to do under the Work Programme, means that funding will need to be found from benefit savings.	

Halton Strategic PARTNERSHIP

	Substance Abuse David Cameron recently made a speech at Direct debate please see the link which refers to the Welfare agenda for substance abuse please find the link attached http://www.number10.gov.uk/news/speeches-and-transcripts/2010/08/pm-direct-in-manchester-3-54574 Eileen O'Meara advised we would need to look at evidence around these policies, if people are not monitored to change there is a problem. If we have unacceptable referrals in terms of budget constraints there will be problems. DA to forward link. Glenda Cave asked given all the change in the public sector there may be a new group of people that Jobcentre Plus will be supporting, she asked how equipped was the service to deal with this influx. DA advised under the previous government Jobcentre Plus was reducing headcount year on year. A number of services were based around people who had been out of work for more than 26 weeks; a lot of these will be stopped as a result of new government. **IB Reassessment** Employment and Support Allowance is replacing Incapacity Benefit, Severe Disablement Allowance and Income Support paid on the grounds of illness or disability. Between October 2010 and 2014 Jobcentre Plus will reassess most people on incapacity benefits, using the Work Capability Assessment, to assess their capability to work. Those assessed fully capable of work will be invited to make a claim to Jobseeker's Allowance, be able to claim Income Support (if they are entitled under a different condition of entitlement) or will move off benefit. Those who cannot work or have limited capability to work will move to Employment and Support Allowance. Around 1,700 customers in two trial areas, Burnley and Aberdeen, will begin their journeys from 11 October 2010 as the new processes are phased in and tested. The current planning assumption is that national reassessment will start in February 2011 and will be completed in 2014. Jobcentre Plus in Halton will conduct a presentation on 21 September and members of the HHP will be invited to attend. Eileen O'Meara advised that the Board needed to be aware of these changes and Debbie Ainsworth confirmed she would keep the group updated regarding pilots.	**DA**
6.	**Sustainable Community Strategy/Health Policy Options Paper** Diane Lloyd tabled Sustainable Community Strategy – Background -Third sustainable Community Strategy for Halton - Implementation from April 2011 - Fifteen year visionary Strategy matches timescale of other major strategies under development - Five year delivery plan for the Strategy will provide the detail of planned interventions and activities. Priorities - Children and Young People - Employment, Learning and Skills - Environmental Quality & Urban Regeneration – replace the current 'Urban Renewal' priority - Healthy Option - Safer Halton. Wider consultation will take place at the My Halton event on 29th October, the event will be used as a consultation exercise with local people. Overall consultation will take place in November.	

Halton Strategic PARTNERSHIP

	Diane Lloyd asked the Board to look at the policy options paper – specifically 9 areas contained in the paper – if there were any issues contained in it contact Diane Lloyd as soon as possible in order to firm up policy options. Eileen O'Meara noted alcohol was not included as one of the options. Diane Lloyd would amend.	**All** **DL**
7.	**Public Health Annual Report** Eileen O'Meara gave a Public Health Annual report update which included emphasis on Screening, Surveillance, Case Finding. There are 10 national screening programmes in England - Sickle Cell and Thalassaemia - Infectious Diseases in Pregnancy - Down Syndrome and Fetal Anomaly Ultrasound - Newborn Hearing - Newborn infant Physical Examination - Newborn Blood Spot - Diabetic Retinopathy - Cervical screening - Breast screening - Bowel Cancer screening Surveillance – examples of recent studies: - Pandemic Influenza: H1N1 Swine Flu - Dental Public Health Surveillance - National Child Measurement Programme Case Finding – this is a way of identifying people who are suspected to be at particular risk of disease. It differs from screening as it looks for, finds and offers tests to a cohort who are considered to be at increased risk of a particular disease. There is continued focus on prevention in primary care in the community and ensuring programmes make a difference.	
8.	**WNF Exit Strategies** Glenda Cave advised that funding would end in March 2011. Currently in discussion with project leads to understand what impact there will be post March 2011. Following discussion it was agreed that a scoring matrix was required which would help the Board to make decisions on these services.	
9.	**Safeguarding** Dwayne Johnson tabled a report and advised they had a responsibility to co-ordinate safeguarding issues on behalf of other authorities, every council in England has established a Safeguarding Board. The agreed priorities for 2011 were: - **Prevention** – most people are abused by people they know. - **Protection** – obligation and responsibility to protect individuals from abuse. - **Publicity** – signposting people to the support they can get. - **Workforce** – train staff, particularly in mental health services. 3.2 4 A lot of work around JSNA will be carried out this year. 3.2.7 Halton 2000 Survey – endeavouring to obtain the Public's view of Safeguarding. DJ would ask Julie Hunt to cascade. 3.2.8 Advocacy Services – Money being invested as there is a need to improve access and quality. 3.2.9 Serious Case Review – lessons to be learnt from this. 3.2.15 Training is an area that is being developed. 3.2.24 Distribution of leaflets in surgeries, council outlets, etc as part of marketing campaign which will help ensure people know how they can refer if abuse occurs.	**DJ**

Halton Strategic PARTNERSHIP

	3.2.25 CQC Inspection – interviewed by Lead Inspector today - they were pleased with good work with partner organisations. **Regionally** – Members of Safeguarding Adults Board attended conference which was hosted by Halton. Halton recognised as having good practices. **Nationally** – Document produced to scrutinise services. Halton recognised as having good practice. Eileen O'Meara thanked Dwayne Johnson for updating the Board.	
10.	**Any Other Business** None	
11.	**Date and time of next meeting: 4th November 2010 at 10 am, Conference Room 2, Municipal Building**	

Action Summary – previous meetings

Reference	On Whom	Action	Status / Update
3	FJ	LIT Group – visit to be organised	
	DL	Agenda Item for PBC Consortium – contact M Holt	
	MH	Befriending raised at Older People's LIT	
	DL	Q1 Performance Data to be circulated	
	DE	Produce letter once assessments complete	
4	All	Forward comments on draft consultation asap	
5	DA	Forward link and updates	
6	All	Policy options paper contact DL with any issues	
	DL	SCS Policy Options report to include alcohol	
8	DL	Contact SSP co-ordinators re. scoring matrix	
9	DJ	Contact J Hunt re cascade	

REPORT TO:	**Healthy Halton Policy and Performance Board**
DATE:	**11th January 2011**
REPORTING OFFICER:	**Eugene Lavan, QIPP Project Director, NHS Halton & St Helens PCT**
SUBJECT:	**Working Together For A Sustainable Future - Warrington, Halton St Helens and Knowsley QIPP**
WARDS:	

1.0 PURPOSE OF THE REPORT

1.1 The purpose of the report and presentation is to describe the background to Quality Innovation, Productivity & Prevention (QIPP) in the mid-Mersey sub-region (referred to as Level 3 QIPP), the challenge we face as a health and social care economy and the progress we have made date and future plans (including Halton Hospital).

2.0 RECOMMENDATION: That

(1) **Healthy Halton PPB members to note and comment on the presentation.**

3.0 SUPPORTING INFORMATION

The background, context, financial challenge, governance and current plans are included in the attached presentation

4.0 POLICY IMPLICATIONS

None identified at this stage.

5.0 OTHER IMPLICATIONS

None identified at this stage.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

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

6.3 **A Healthy Halton**

The initial plans described require a whole system collaboration in order to deliver the productivity and cash savings that are necessary to ensure

sustainable health services for the future. The engagement of key partners, local people in these decisions will be essential as we move forward.

6.4 **A Safer Halton**

6.5 **Halton's Urban Renewal**

7.0 RISK ANALYSIS

7.1 None identified at this stage.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified at this stage.

Warrington, Halton, St Helens and Knowsley Sub-Regional Group

Working Together for a Sustainable Future

Halton Borough Council 4th November 2010

What we are going to cover:

1. Background to WHSHK
2. The scale of the challenge
3. Our Vision
4. Halton Health Campus
5. The potential savings/efficiencies that can be made
6. Governance to manage WHSHK
7. Workstreams and progress

1. Background

The Context for the NHS

- The NHS in Mid-Mersey (WHSHK) has been through a period of unprecedented growth
- Almost 7% per year compared to inflation at 2.5%
- The positive results of this is evident:
  - Increased numbers of front line staff
  - New Hospitals and LIFT Buildings
  - New models of care
  - Record low waiting times - 18 week referral to treatment
  - New medical equipment
- Now we have to face the challenge ahead – the environment has changed

The Challenge Ahead

- Stabilising the economy will result in the lowest financial growth the NHS has ever seen
- £20bn in efficiency savings are required over a 3 year period
  - But the NHS must still deliver the desired quality of services to patients
- Four things are apparent
  1. This is about making **radical changes**
  2. This will require an unprecedented level of **trust and collaboration**
  3. It is better to **prepare and learn** now
  4. We need a **realistic dialogue** with the public

The process to move towards a resolution?

- **'QIPP'** – more quality, innovation prevention and productivity

Five Levels of Action for QIPP

FIGURE TWO: THE FIVE LEVELS OF ACTION

5	e.g. DH	NATIONAL
4	e.g. SHA	REGIONAL
3	e.g. PCTs and Trusts	SUB-REGIONAL FOOTPRINTS
2	e.g. PCT and Trust	BI-LATERAL RELATIONSHIPS
1	e.g. PCT or Trust	ORGANISATIONS

North West Sub-Regional Footprint

We are here

2. Scale of Challenge

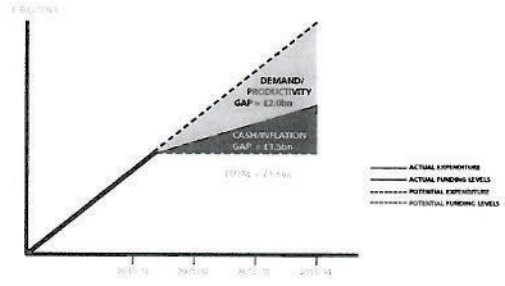
QIPP Gap at Sub-Regional Economy Level

TABLE ONE: INDICATIVE ESTIMATES FOR NW FOOTPRINTS

FOOTPRINT	WEIGHTED SHARE DEC 2009	NWEDA MAY 2010
GREATER MANC	£950	£1,314.3
LANCASHIRE	£500	£710
NORTH MERSEY	£325	£464.4
HALTON, ST HEL	£210	£374.1
WIRRAL/WESTERN CHESHIRE	£200	£312.2
CUMBRIA	£165	£152.6
CENTRAL AND EASTERN CHESHIRE	£135	£217.4
TOTAL	£2,495	£3,545

SHA forecasts £259m@ November

The Size of the Gap in North West SHA



3. Our Vision

Our Vision

- Much greater emphasis on **prevention** and helping people to **self care**
- Stronger **out of hospital services**, able to manage more of the demand
- Less reliance on hospitals with **fewer beds** than at present - smaller hospitals
- Core portfolio of services in each community that local people can be proud of
- Much greater integration along **pathways of care** with increased specialist outreach into the community [integrated care organisations]
- **Acute hospitals working together** as part of a system of care
- Less **duplication** of hospital services - clinical specialties
- Less **duplication** between hospital and out of hospital services (rationalisation of primary and community care services and estate)
- **Repatriate** services where possible to the mid-Mersey footprint
- **Increased commissioning co-operation** – increasingly between GP consortia

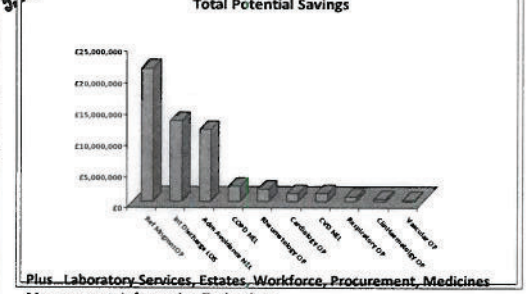
4. Halton Health Campus

Where Does the Halton Health Campus fit?

- Commitment to the Stage IV document for Halton Hospital
- Clinical service re-design will drive the QIPP programme in WHSHK
- Full engagement of partners, patients and public in workstreams

5. Potential Savings

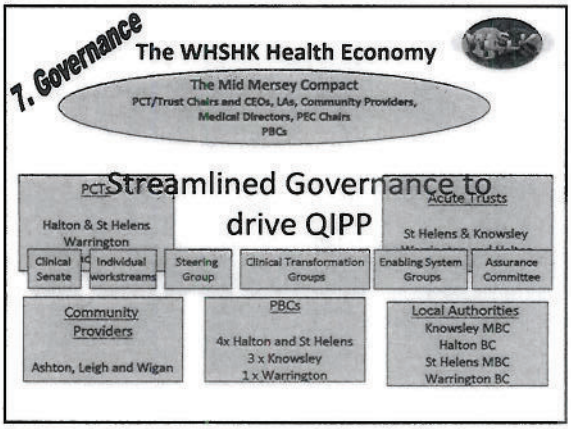
£54m **Potential** Savings

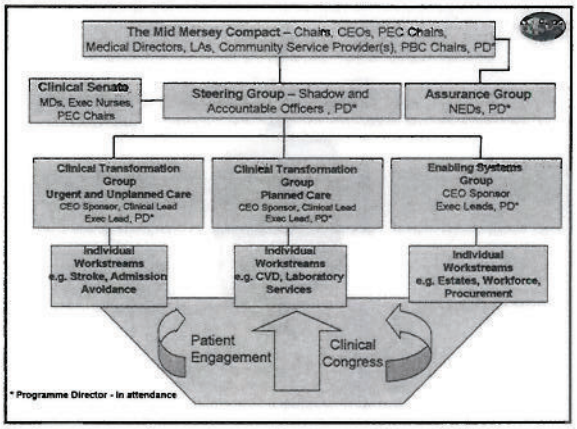


Plus...Laboratory Services, Estates, Workforce, Procurement, Medicines Management, Information Technology

But.....Need to balance the system

- Savings are based on Payment By Results Tariff – a saving to PCTS ***only***
- By itself, does not reduce costs in the **system**
- Workstreams need to reduce costs and increase productivity for the **whole** system
- This ensures a **sustainable** local health and social care service





Key Principles

- ❑Strong clinical leadership – ownership of demand management across whole clinical workforce
- ❑Trust and Collaboration
- ❑Services should be focused on individual needs and choices
- ❑Services should be **localised where possible** and **centralised where necessary**

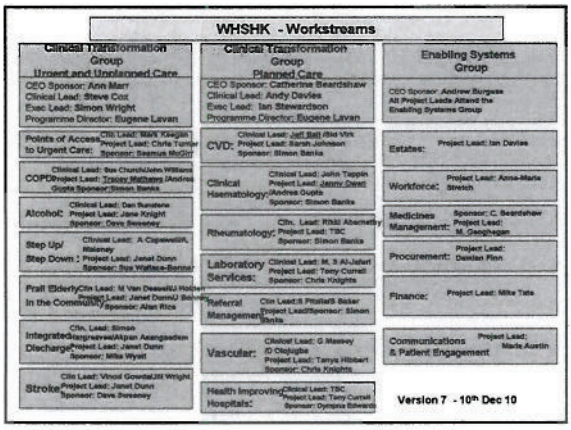
8. Workstreams

Progress to Date

- ❑ Two Clinical Congress Meetings (Primary/Secondary Care) March/September
- ❑ Trust to Trust Consultants meeting – July - 70 consultants attended
- ❑ **Initial Work Programme:**

14 Clinical Workstreams

6 Enabling Workstreams



What we have covered this evening

1. Background to WHSHK ✓
2. The scale of the challenge ✓
3. Our Vision ✓
4. Halton Health Campus ✓
5. The potential savings/efficiencies that can be made ✓
6. Proposed governance to manage WHSHK ✓
7. Workstreams and progress ✓


Questions

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 11 January 2011

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: Safeguarding Adults and Service Inspection of Adult Social Care

WARDS: All

1.0 **PURPOSE OF REPORT**

1.1
- To present the Policy & Performance Board with details of the outcome of the Service Inspection of Adult Social Care recently carried out by the Care Quality Commission (CQC) and
- To update the Board on key issues and progression of the agenda for Safeguarding Vulnerable Adults.

2.0 **RECOMMENDATION:**

i) That the Board notes the contents of the report and associated appendices.

3.0 **SUPPORTING INFORMATION**

3.1 **Service Inspection of Adult Social Care**

Members are asked to refer to the following appendices, for information:

- Appendix 1: Report to the Executive Board by the Strategic Director, Adults & Community on 2nd December 2010 regarding the Service Inspection of Adult Social Care – September 2010
- Appendix 2: Report of Service Inspection of Adult Social Care
- Appendix 3: Improvement Plan

Halton Safeguarding Adults Board's (HSAB) will monitor actions detailed in the Improvement Plan to ensure that satisfactory progress is made.

The Safeguarding Adults Board leads and co-ordinates the multi-agency strategy and direction to ensure that all agencies work together to:

(a) Minimize the risk of abuse to adults within the borough and
(b) Respond effectively to allegations of abuse.

3.2 **Safeguarding Adults update**

Since the previous report to the PPB in September 2010, key issues to report are:

3.2.1 Trading Standards have secured strategic level membership of the Safeguarding Adults Board and undertake to engage in the Board's work.

A protocol is also being drawn up between Trading Standards and Halton Borough Council (HBC) Adults & Community Directorate.

The work of Trading Standards contributes significantly to the wellbeing of the community particularly in relation to Doorstep Crime and Consumer Advice, education and protection.

Trading Standards are holding a conference in Halton on 22nd February 2011 to raise awareness of the iCAN scheme. The purpose of iCAN is to broadcast warnings to Members to alert them to the latest consumer rip offs that have hit the town. The technology we have allows messages to be sent to iCAN members within hours, ensuring maximum impact. Messages can be received by telephone, text message or e-mail.

3.2.2 North West Ambulance Service (NWAS) have been invited to join the Safeguarding Adults Board.

NWAS provides in-house Safeguarding Adults training for its employees.

3.2.3 Station Managers from Cheshire Fire & Rescue Service in Runcorn & Widnes will be attending dedicated Basic Awareness and Train the Trainer courses along with one manager from each of the four watches, in order to further improve the knowledge and experience of local staff on 'Safeguarding adults' issues. The ten staff mentioned above will become 'Safeguarding Champions' on each watch at local fire stations.

3.2.4 A dedicated half-day course has been provided for HBC assessment team staff and managers [who have a lead role in leading and conducting Safeguarding Investigations] and partner agency leads, to strengthen links between Domestic Abuse and Safeguarding Adults procedures. A follow up course on Domestic Abuse, Stalking and Harassment (DASH) risk assessment and referral processes will take place in January.

3.2.5 A Safeguarding Adults and Children Event will be held in March 2011, with a focus on Bullying and Hate Crime.

3.2.6 The generic advocacy service has continued to deliver an improved service across the borough**.** The Care Quality Commission inspection made some recommendations that will need greater focus and targeted work and the HSAB will monitor progress.

Three recent reports on service deficiencies occurring in other localities are being considered for any learning that could benefit Halton services:

- Munro Report identifying the problems within child protection
- Little Ted's Nursery (Plymouth)
- Peter Connolly – second Serious Case Review

3.2.7 In NHS Halton & St Helens (PCT):

- A Safeguarding (Adults & Children) Review was carried out and an Action Plan compiled in response
- Strategic Health Authority North West's Safeguarding Policy was brought to the HSAB for comment
- A Sub-group of the Clinical Governance Committee is being set up, focusing on Safeguarding Adults and Children

3.2.8 St Helens & Knowsley Teaching Hospitals NHS Trust:

- Are currently focusing on Basic Awareness training daily with small groups of staff
- Have provided information packs every ward

3.2.9 In the 5 Boroughs Partnership NHS Trust:

- Serious Untoward Incidents are quality checked and reported through to the Risk Department and to the Policy and Performance Sub Group meeting.
- Safeguarding Adult Champions have been identified in each operational team. To raise the profile of this role and begin developing networks, a half day event was held within each borough, in conjunction with the Safeguarding Children Team at Hollins Park.

3.2.10 A focus group has been set up, involving managers and Safeguarding Adults leads from Halton and Knowsley Local Authorities, HNS Halton & St Helens (PCT), St Helens and Knowsley Hospital Trust and Warrington & Halton Hospitals NHS Trust, to consider a range of issues relating to safeguarding pathways for patients' journeys through hospital and on discharge from hospital.

3.2.11 A consultation is being undertaken, to look at Whistle-blowing in the NHS and what steps are needed to make it easier for staff to report concerns that they might have about safety or wrong doing and to emphasise their duty to do so.

Three key changes were proposed:

• highlighting existing legal rights of all staff to raise concerns about safety, malpractice or other wrongdoing without fear of dismissal or other ramifications

- introducing an NHS pledge that employers will support all staff in raising such concerns, responding to and where necessary investigating concerns raised
- creating an expectation that NHS staff will raise concerns about safety, malpractice or wrongdoing at work which may affect patients, the public, other staff or the organisation itself as early as possible.

To take part in this consultation, members can go to www.dh.gov.uk and click on the Consultations tab, or access it via www.haltonlink.org.uk/consultations. The consultation closes on 11th January 2011.

3.2.12 A Code of Practice is being devised for people working in all transport services with both vulnerable adults and children, with cross-directorate representation on the task group.

HBC Transport Services deliver in-house training to staff and volunteers. The Safeguarding Adults element has been comprehensively reviewed, along with the Safeguarding Children element.

3.2.13 A Dignity Matters Halton event took place in September. A resulting action plan has been drawn up and will be monitored by the Dignity Network.

A Dignity Issues log has been compiled and is ongoing, forming the basis for trend analysis and actions.

4.0 POLICY, LEGAL AND FINANCIAL IMPLICATIONS

4.1 A key issue is sustainability of the Training and Development activity once current funding is no longer available. If the key issues are not addressed the level of knowledge and skills that staff and volunteers require to undertake their duties, may not be achieved and therefore impact negatively on vulnerable adults.

4.2 There are no policy, legal or financial implications in noting and commenting on this report.

4.3 All agencies retain their separate statutory responsibilities in respect of safeguarding adults, whilst Halton Borough Council's Adult and Community Directorate has responsibility for coordination of the arrangements, in accordance with 'No Secrets' (DH 2000) national policy guidance and Local Authority Circular (2000) 7/Health Service Circular 2000/007.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children & Young People in Halton

Safeguarding Adults Board membership includes:

- The Chair of the Local Safeguarding Children Board and
- Divisional Manager for the Children's Safeguarding Unit in the Children and Young People's Directorate.

Halton Safeguarding Children Board membership includes adult social care representatives.

Joint protocols exist between Council services for adults and children.

The HSAB chair, sub-group chairs and lead officers for related services meet regularly and will ensure a strong interface between, for example, Safeguarding Adults, Safeguarding Children, Domestic Abuse, Hate Crime, Community Safety, Personalisation, Mental Capacity & Deprivation of Liberty Safeguards.

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

None identified.

5.3 **A Healthy Halton**

The safeguarding of adults whose circumstances make them vulnerable to abuse is fundamental to their health and well-being. People are likely to be more vulnerable when they experience ill-health.

5.4 **A Safer Halton**

The effectiveness of Safeguarding Adults arrangements is fundamental to making Halton a safe place of residence for vulnerable adults.

5.5 **Halton's Urban Renewal**

None identified.

6.0 **RISK ANALYSIS**

6.1 Failure to address a range of Safeguarding Adults issues could expose individuals to abuse and leave the Council vulnerable to complaint, criticism and potential litigation.

7.0 **EQUALITY AND DIVERSITY ISSUES**

7.1 It is essential that the Council addresses equality issues, in particular those regarding age, disability, gender, sexuality, race, culture and religious belief, when considering its safeguarding policies and plans.

Inspection report

Service inspection of adult social care: **Halton Borough Council**

Focus of inspection:

Safeguarding adults
Improved health and wellbeing for older people
Increased choice and control for older people

Date of inspection: September 2010

Date of publication: November 2010

About the Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

Whether services are provided by the NHS, local authorities, private companies or voluntary organisations, we make sure that people get better care. We do this by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Inspection of adult social care

Halton Borough Council

September 2010

Service Inspection Team

Lead Inspector: Sue Talbot

Team Inspector: Laura Middleton

Expert by Experience: Malcolm Haddick
Supported by: Age UK

Project Assistant: Balwinder Jeer

This report is available to download from our website on www.cqc.org.uk

Please contact us if you would like a summary of this report in other formats or languages. Phone our helpline on 03000 616161 or Email: enquiries@cqc.org.uk

Acknowledgement

The inspectors would like to thank all the staff, service users, carers and everyone else who participated in the inspection.

Contents

Introduction

An inspection team from the Care Quality Commission visited Halton in September 2010 to find out how well the council was delivering social care.

To do this, the inspection team looked at how well Halton was:

- Safeguarding adults whose circumstances made them vulnerable,
- Improving the health and wellbeing of older people, and
- Increasing choice and control for older people.

Before visiting Halton, the inspection team reviewed a range of key documents supplied by the council and assessed other information about how the council was delivering and managing outcomes for people. This included, crucially, the council's own assessment of their overall performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the council was performing. During their visit, the team met with people who used services and their carers, staff and managers from the council and representatives of other organisations.

This report is intended to be of interest to the general public, and in particular for people who use services in Halton. It will support the council and partner organisations in working together to improve people's lives and meet their needs.

Reading the report

The next few pages summarise our findings from the inspection. They set out what we found the council was doing well and areas for development where we make recommendations for improvements.

We then provide a page of general information about the council area under 'Context'.

The rest of the report describes our more detailed key findings looking at each area in turn. Each section starts with a shaded box in which we set out the national performance outcome which the council should aim to achieve. Below that and on succeeding pages are several 'performance characteristics'. These are set out in bold type and are the more detailed achievements the council should aim to meet. Under each of these we report our findings on how well the council was meeting them.

We set out detailed recommendations, again separately in Appendix A linking these for ease of reference to the numbered pages of the report which have prompted each recommendation. We finish by summarising our inspection activities in Appendix B.

Summary of how well Halton was performing

Supporting outcomes

The Care Quality Commission judges the performance of councils using the following four grades: 'performing poorly', 'performing adequately', 'performing well' and 'performing excellently'.

Safeguarding adults:

We concluded that Halton was performing excellently in safeguarding adults.

We concluded that Halton was performing well in supporting improved health and wellbeing of older people.

We concluded that Halton was performing excellently in supporting increased choice and control for older people.

Capacity to improve

The Care Quality Commission rates a council's capacity to improve its performance using the following four grades: 'poor', 'uncertain', 'promising' and 'excellent'.

We concluded that the capacity to improve in Halton was excellent.

What Halton was doing well to support outcomes

Safeguarding adults

The council:

- Was active and vigilant in its work to promote the safety and well-being of local people.
- Ensured safeguarding investigations were well-managed and that risks were appropriately addressed.
- Offered a comprehensive programme of training and guidance that built the knowledge, skills and confidence of staff across the sector.
- Promoted a strong culture and standards for ensuring people were treated with dignity and respect.
- Made detailed checks of the quality of local services, and took robust action to tackle poor performance and support improvements.

Improved health and wellbeing for older people

The council:

- Had developed a broad range of preventative strategies and activities that assisted older people to remain fit and active.
- Worked well with other agencies in supporting older people and their carers, including those with complex needs.
- Enabled easy access to and achieved good outcomes from rehabilitation services.
- Provided a range of equipment and home adaptations to promote independence.
- Provided effective support to older people and their families at the end of their lives.

Increased choice and control for older people

The council:

- Provided a high level of information, advice and support to local people.
- Ensured a timely and person-centred response to individual needs.
- Successfully supported high numbers of older people to live safely at home.
- Enabled good outcomes and flexible support through use of Direct Payments and individual budgets.
- Ensured older people and their carers were actively involved in their reviews and that their preferences and changing needs were carefully considered.

Recommendations for improving outcomes in Halton

Safeguarding adults

The council should:

- Strengthen the collection and analysis of information about safeguarding activity to support wider learning and targeting of areas of risk.
- Ensure people have good access to advocacy support to promote their full understanding and involvement in safeguarding work.

Improved health and wellbeing for older people

The council should:

- Secure further improvements in the health and wellbeing of older people and their carers.
- Address gaps in access to and the flexibility of local transport.
- Ensure hospital discharge arrangements work well for everyone and reduce the rate of emergency re-admissions.
- Continue to enhance the availability, range and quality of support for older people and their carers.

Increased choice and control for older people

The council should:

- Make it easier for people to raise concerns and ensure timely investigation and feedback about the outcome of complaints.

What Halton was doing well to ensure their capacity to improve

Providing leadership

The council:

- Benefited from having stable, strong and effective senior managers and elected members.
- Had a clear and shared vision and was making good progress in improving outcomes for older people and their carers.
- Had strong partnerships secured by comprehensive plans and effective deployment of resources.
- Had developed robust staff development and training opportunities to equip staff to do their jobs well.
- Set ambitious targets and ensured clear governance and accountabilities underpinned its improvement work.

Commissioning and use of resources

The council:

- Had a sound awareness of the needs and strengths of people living in the area.
- Had achieved wide ownership of shared agendas to transform local services.
- Effectively managed and controlled its resources.
- Actively promoted the involvement of older people and their carers in developing local services.
- Had successfully driven up standards and promoted innovative services.

Recommendations for improving capacity in Halton

Providing leadership

The council should:

- Strengthen the involvement of older people and their carers in key activities such as mystery shopping and review of the quality of local services.
- Continue to strengthen the involvement and contribution of all organisations to the work of the Safer and Healthier Halton partnership programmes.

Commissioning and use of resources

The council should:

- Ensure effective co-ordination of and enhancement of the role and contribution of local community, voluntary sector and faith groups.

Context

Halton Borough Council became a unitary authority in 1988. It was a district of Cheshire County Council prior to this. It has a population of approximately 120,000 people. Its two biggest settlements are Widnes and Runcorn. Halton's population is currently younger than national and regional averages. There are 17,100 people over the age of 65. This is predicted to rise by 40 per cent over the next decade. The population is predominantly white (97.6 per cent). Gypsy and traveller communities have settled in the area. In recent years small numbers of migrant workers from Poland and Slovakia have come to live in Halton.

Many local people experience significant health, social and environmental problems. Cancer rates, heart disease and life expectancy are amongst the worst in the country. Halton is ranked as the 30th most deprived area in England. A third of the population live in the top 4 per cent most deprived health areas in England. Over 50 per cent of people over the age of 65 have a limiting long-term condition or disability. There are 13,500 carers offering regular and substantial levels of care to family members or friends. Halton has a higher proportion of carers, many of whom are also in poor health, compared to other areas in England. Over 2,400 carers are currently registered.

The council has a Leader and Cabinet model of governance. The Labour party holds the majority of seats. The council is structured into four directorates. The Adults and Community Directorate was restructured on 1st April 2010 into five departments: Community Services, Prevention and Commissioning Services, Catering and Stadium Services, Complex Care Services and Enablement Services. The Directorate has a gross budget of £46,178,820 for 2010-2011. The council employs approximately 650 adult social care staff.

The council's Fair Access to Care Services (FACS) criteria includes people who fall within moderate, substantial and critical levels of need. The directorate dealt with a total of 1946 referrals in 2009-10. This included 359 safeguarding adult referrals. The majority of referrals (231) concerned the safety of older people.

Halton Borough Council has been rated by the Audit Commission as an 'excellent' council for a number of years. It is rated as good in its use of resources. The council's performance in the delivery of adult social care has been rated by the Care Quality Commission as excellent overall in the delivery of outcomes. All domiciliary care providers and 87 per cent of care homes operating in the area have been rated as good or excellent by CQC.

In 2009, the Care Quality Commission rated the performance of Halton and St Helens Primary Care Trust as good in the quality of commissioning, and fair in its financial management arrangements. The 5 Boroughs Partnership NHS Foundation Trust was rated as excellent in the quality of services delivered.

Key findings

Safeguarding

People who use services and their carers are free from discrimination or harassment in their living environments and neighbourhoods. People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.

People who use services and their carers are free from discrimination or harassment when they use services. Social care contributes to the improvement of community safety.

The council and its partners were active and vigilant in their approach to promoting the safety and well-being of local people. There had been a steady decrease in the incidence of reported crime in the area in recent years. Older people and people with learning disabilities reported positively about the support they had received from the police in helping them to feel safe.

The council strongly promoted equality and fairness in the way it conducted its business. Senior managers and elected members worked closely with local people to address concerns and build safe and supportive communities. Community safety, children and adult safeguarding and public protection arrangements were well-developed and were being continuously enhanced.

There was a significant programme of work to identify people who were vulnerable to abuse and to increase reporting of concerns including hate crime and domestic abuse. Arrangements for supporting people at risk of domestic abuse had been reviewed and strengthened. The Safeguarding Adults Board's (SAB) '*Don't turn your back on abuse'* and dignity campaigns had wide coverage and encouraged local people to report incidences of poor treatment or abuse.

Halton Speak Out[1] had a strong leadership role in raising awareness about abuse and how to deal with bullying. It was in the process of setting up a reporting centre to enable people to raise concerns in a supportive environment. There was positive work undertaken with students at the local college to promote the needs and rights of people with disabilities. This work was effective in supporting their social inclusion. The council was proactive in its encouragement of a number of inter-generational initiatives to promote wider understanding and respect between younger and older people.

Adult social care staff worked closely and effectively with partner agencies in sensitively addressing risks to people who were vulnerable to harm or exploitation. Cheshire Fire and Rescue Service referred people to the council and voluntary sector organisations where it identified concerns about their safety or well-being. Home security and assistive technology was provided to help people feel safe.

[1] Self-advocacy group for people with learning disabilities.

People are safeguarded from abuse, neglect and self-harm.

The council and its partners were committed to and demonstrated 'zero tolerance' of all forms of abuse. There was clear recognition of individual and joint agency responsibilities and accountabilities. Partner organisations had reviewed and strengthened their capacity and systems to deliver the Safeguarding Adults Board's priorities and work plan. Arrangements for sharing sensitive and confidential information between agencies were clear, complied with legal requirements, and were being continuously improved. There was strong management oversight and support for the work of front-line staff.

Safeguarding adults and dignity in care information was effectively promoted via the council website and through information leaflets, postcards and posters. Information was available in other languages and formats with easy read versions for adults with learning disabilities. The '*Inside Halton'* magazine went to every household and contained articles about safeguarding adults. The council held an awareness-raising event for local voluntary and community sector organisations that promoted their wider understanding of and contribution to safeguarding work. A number of dignity events had been held involving a wide range of partners, including people using services. These had been well-received and informed local priorities in identifying and addressing poor standards of care.

Safeguarding policies and procedures were comprehensive and had been recently reviewed and updated. They promoted best practice and incorporated learning from a wide variety of sources. The Safeguarding Adults Board had recently commissioned its first serious case review. Transition arrangements for young people moving into adult services had a clear focus on safeguarding. There was joint work taking place with neighbouring councils to streamline procedures and strengthen support to people who moved from one council to another. Work to develop a shared approach to safeguarding competences and to establish a multi-agency learning network should further enhance local safeguarding practice across the wider partnership.

There was a clear, joint and well-targeted approach to safeguarding people. Work had taken place to improve understanding of risk and levels of abuse. As a consequence the number of inappropriate referrals made under safeguarding procedures was reducing. Referrals made to the police protection unit had fallen, but the number of those being investigated had increased. NHS partners had seen an increase in the number of safeguarding referrals as a result of improved awareness and scrutiny of care provided. There was appropriate alignment of safeguarding adults and serious and untoward incident procedures. Staff working in Halton Direct[2] and the emergency duty team had sound systems in place for identifying and managing safeguarding concerns.

We saw many examples of work with service providers to learn lessons from safeguarding incidents and to embed learning to prevent recurrence. Care was taken to ensure they had the appropriate levels of staffing and expertise to support people with high and complex needs, including people whose behaviour placed themselves or others at risk. The council proactively supported people who experienced

[2] The council's customer contact centre

difficulties in managing their finances.

The council and its partners were working to strengthen the focus and reliability of safeguarding data to improve awareness of incidences of abuse and local trends. There were some areas where the collection and analysis of information about safeguarding activity required further development. This included learning from people's experiences of being safeguarded and the impact of preventative work in supporting people to be safe.

We found that safeguarding investigations were well-managed from the initial alert through to closure and involved appropriate partners. Safeguarding referrals were given high priority and were promptly followed up. Strategy discussions and meetings routinely took place and were clearly recorded. There was strong support from managers in planning and monitoring the effectiveness of actions to address risk. The standard of case recording was good. Safeguarding investigations were appropriately closed and outcomes were clearly identified and reported. Quality assurance and case file auditing supported wider learning and improvements.

Safeguarding work had a strong focus on promoting personal independence and expanding social and personal support networks to reduce the risk of further incidences of abuse. We found sensitive and effective multi-agency work to support people with complex needs, including those who were reluctant or felt unable to withdraw from abusive situations. Care was taken to build their trust and confidence and to help them to develop strategies to protect themselves. We found good practice in ensuring mental capacity assessments were routinely undertaken to inform actions taken in the best interests of individuals. Individual safeguarding plans were well-developed and regularly reviewed. People who needed help in staying safe told us:

"I am glad of all the support and advice I have been given to keep myself safe".

"There are people I can turn to who give me the support I need".

Care was taken to inform and involve people, and their carers and families as appropriate, in investigating risks to their personal safety or well-being. The council and its partners recognised the need to promote the use of advocacy to all people about whom there were safeguarding or deprivation of liberty concerns. This included increasing the availability of advocacy to people in hospital and care homes.

There was a need to strengthen support to carers of alleged victims and to perpetrators who were themselves vulnerable. There were some areas where work was required to build peoples' understanding of the safeguarding process and the options open to them. There was some good group work practice in supporting people with learning disabilities and women who had experienced domestic abuse that could be further built on.

There had been a number of positive developments to ensure effective alignment of children and adult safeguarding procedures and to promote a 'whole family' approach to safeguarding work. The focus of drug and alcohol services was reviewed to promote stronger joint working with children's services. There were a number of actions that consolidated joint working and quality assurance of practice in

supporting children whose parents had mental health needs. Partnership working with supported housing providers had been strengthened to ensure early identification of people vulnerable to abuse and reduce the risk of their being made homeless.

People who use services and carers find that personal care respects their dignity, privacy and personal preferences.

The council was innovative and challenging in its approach to ensuring local people received high quality, individually tailored support that recognised their uniqueness and promoted their dignity and privacy. The role, leadership and contribution of the dignity in care co-ordinator was highly valued and effective in raising standards and tackling discrimination or poor treatment of people in a variety of settings. There were many examples of the positive impact of this post in promoting and sharing best practice and tackling poor performance.

The council and its partners were working to embed a shared culture and customer care standards centred in implementing the Dignity in Care Charter and action plan. A dignity issues log had been developed to promote awareness of areas where practice fell below the required standards and to track the outcome of concerns raised. Some providers had undertaken detailed dignity in care audits and customer care surveys which provided a reality check of their performance. Other services would benefit from this rigorous approach in striving for excellent standards. The Local Involvement Network (LINk) was well-developed and positively contributed to improvement activity in a number of areas.

The *'Sticks and Stones'* campaign led by the 5 Borough Partnership NHS Trust had improved awareness of the discrimination faced by many people with mental health needs. The council and its partners had reviewed and strengthened their arrangements for promoting human rights and preventing people from being inappropriately deprived of their liberty. Care was taken to ensure care home providers understood their responsibilities in supporting people who lacked mental capacity. Health and social care staff had strengthened their focus on the care and treatment of people assessed as having continuing health care needs.

Frontline staff sensitively supported people in dealing with carer or relationship breakdown issues. Attention was paid to addressing the concerns of carers. Support plans increasingly reflected individual needs and preferred activities and routines. High priority was given to ensuring individual faith, dietary and cultural needs were met.

Social care staff were alert to concerns about the quality and reliability of providers. The council encouraged feedback from people using services about areas for improvement. However, some people we met did not feel confident or were worried about raising concerns, especially on behalf of others. This was an area that required further review.

The council had strong procurement and contract management arrangements. Service specifications required high standards of performance by service providers in

the promotion of equality and diversity, dignity and privacy. There were unannounced visits and detailed checks made of the quality and experiences of people using local services. Care was taken to review provider practices in areas such as infection control, medication, staff training, complaints and management of safeguarding incidents. Improvements were closely monitored to assess progress in addressing gaps or areas of weak practice.

People who use services and their carers are respected by social workers in their individual preferences in maintaining their own living space to acceptable standards.

The council and its partners had a strong focus on addressing a wide range of health inequalities and home/environmental issues that posed risks to personal safety and well-being. We found many examples of effective joint working between health, housing and social care staff to maintain people in their homes and local communities.

Halton Speak Out provided a positive challenge and contribution to the review of supported housing services for adults with learning disabilities. Outcomes included an expansion of opportunities for people to shape the development of their support service and be more actively involved in the life of their local communities.

Improved health and wellbeing

People in the council area have good physical and mental health. Healthier and safer lifestyles help lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well-timed, well-coordinated treatment and support.

People are well informed and advised about physical and mental health and wellbeing. They take notice of campaigns that promote healthier and safer lifestyles. This is helping to lower the rates of preventable illness, accidents and some long-term conditions.

Senior managers and elected members gave a high priority to improving the health and well-being of local people. The council and its health partners had been working over a number of years to embed a shared approach to identifying and addressing the underlying causes of poor health. There were joint strategies to prevent ill-health, improve earlier identification of need, ensure targeted rehabilitation and support for people with long-term conditions. This was a significant challenge given the legacy of poor health and extent of deprivation experienced by local people.

Detailed research was undertaken to improve understanding of the health needs and experiences of local people. This has led to better targeting of health improvement work towards individuals and communities facing particular risks. Awareness raising and risk management had been strengthened as a result. For example, the council and primary care trust staff were working with local voluntary sector organisations, older people, housing providers and GPs to reduce the incidence of winter deaths. Halton Direct was implementing improved screening of the health needs of people who made contact with the council. Work was required to improve identification and support for older people and family carers who were dependent on alcohol or substances, including prescription medication.

There were a number of targeted campaigns to inform and advise people about risks to their health. Information about specific health conditions and sources of support was widely promoted. The council's approach to assisting people to manage their health and well-being was inclusive of their physical, mental health and emotional needs. There was a range of practical support to assist them in managing their finances or maintaining their home including help with claiming welfare benefits, handyperson and emergency alarm systems.

There was good awareness of and support to people with learning disabilities as they aged. Priority was given to identifying and supporting people who were reluctant to accept or may not know about help locally available. The council took into consideration the limited literacy levels of some people and used other media such as the radio and outreach in community venues to reach them.

There was effective work with members of the local gypsy and traveller communities to encourage their awareness of and take up of health screening and exercise groups. A health inequalities checklist was being used by front-line staff to

proactively identify individual needs and risks arising from their home or environment. This early identification of concerns supported improved targeting and involvement of other agencies to deliver the 'whole system' impact required to address the multiple problems experienced by some people or communities.

There was a strong focus on promoting the health and well-being of carers. There was good partnership working between the council, GPs and the local Carers Centre to ensure better access to health checks for carers and to advise them of social, leisure, training and employment opportunities locally available. An on-line support service was developed for carers who were lesbian, gay, transgender or bi-sexual that allowed them to have their needs recognised and met in the way they wanted.

The council and its health partners had a strong focus on enabling older people to live longer, active and more fulfilled lives. Support provided by Community Bridge Builders and Sure Start to Later Life positively promoted new opportunities and innovative practice. There was a clear focus on reducing social isolation and encouraging the active participation of older people in a wide range of social and community activities. The involvement of older people as volunteers was growing and there was potential to further build on this. There was positive use of exercise classes and falls prevention programmes to promote improved mobility and agility. One older person who enjoyed attending a lunch club told us:

"It stimulates me mentally. I enjoy the social company and the good food. It is a welcome day out. Otherwise I would be isolated".

Travel training was effectively used to help some older people to be independent in the use of public transport, important in an area of relatively low car ownership. People valued the community transport that was provided. However, it had a waiting list and people found it insufficiently responsive, particularly out-of-hours. There was a particular need to expand the availability of wheelchair accessible transport.

People who use services and carers go into hospital only when they need treatment. They are supported to recover through rehabilitation, intermediate care or support at home. This helps them to keep or regain their independence as far as possible.

Community-based health and social care staff worked well together in addressing the needs of older people and their carers, including those with complex mental health needs, sometimes over long periods of time. The council had established a *Social Care in Practice* project in one locality where social care staff were linked to GP surgeries. This ensured a prompt and shared response to addressing people's needs and provided easy access to a wide range of support for people in crisis. There were positive outcomes for people with long-term conditions including significant reductions in admission rates to hospital for some people. One older person told us:

"*I have been very impressed by the multi-disciplinary work of social services, the NHS and my GP".*

The council and primary care trust had enhanced access to out-of-hours and

emergency back-up services. This was effective in providing targeted support to people as their needs increased and provided a prompt response to crises. They had also had significantly expanded rehabilitation services. This was routinely offered to people in advance of decisions being made about how their long-term needs were best met. There was effective deployment of the expertise of team members to assist older people in regaining their skills or adjusting to changes in their health or mobility. Family carers were actively involved and were well-informed and supported in their role. Cardiac rehabilitation and after-care support was valued.

Care was taken to assist people to overcome any barriers to their personal safety and to ensure their home environment remained appropriate to their needs. The council and its partners had strengthened local arrangements for the delivery of items of equipment and assistive technology. There was a good range of equipment provided and older people reported high satisfaction rates with a positive impact on their ability to remain safe and independent. Waiting times for home adaptations had significantly reduced. There was creative work with housing partners to deliver improved outcomes. A few people told us that the delays in having a ramp installed to help them get out and about were too long.

We had positive feedback about many health and social care staff who were involved in supporting older people. The work of the specialist rehabilitation worker supporting people who were newly registered as blind or partially sighted was valued. People were supported to develop new skills and enjoy fuller and more active lives. Older people who were deaf or hard of hearing had identified some areas where they required additional support, which were being addressed by the council. However, some older people told us that there were too many changes of workers as people moved through different health and social care systems. Older people using services, particularly those with dementia and their carers would welcome more consistent support.

Outcomes from joint work to prevent avoidable admissions to hospital or care homes were good and improving. The council performed very well in supporting older people to live independently. There was relatively low usage of care homes in Halton compared to other areas. The council had very good performance in ensuring there were no delays in discharge from hospital for social care reasons. There were positive alternatives to in-patient care for older people with mental health needs. There was work taking place to reduce the length of stay of some people with long-term conditions.

Work was required to ensure hospital discharge arrangements worked well for everyone. This included ensuring shared and robust arrangements for identifying and managing risk. For people with complex needs this required a more person-centred approach with regular review of changes to their well-being or home circumstances. There were relatively high emergency re-admission rates to hospital for Halton residents. There was a need to improve communication and the sharing of information to support discharge arrangements. Some people also highlighted areas where there was a need to improve the care and dignity of older people in hospital settings. Senior hospital staff were working with the dignity in care co-ordinator to promote improvements.

There was a carer pilot project in one local hospital that sought to improve the focus

on and support to carers. This was seen to be working well and required expansion. The practical support provided by the Red Cross service on discharge from hospital was valued.

The council and its health partners were working to improve the quality and range of local services supporting older people with mental health needs. We saw some examples of sensitive work with individuals that provided reassurance and effectively involved or distracted them when they were distressed or were at risk of harming themselves or others. However, some service providers were not sufficiently skilled or responsive in meeting the needs of older people with dementia. Some carers highlighted areas for improvement in the level of support and communication by service providers. There was potential to be more creative in engaging with people with dementia and to offer a person-centred and stimulating range of activities.

People who use services in care homes or in their own homes have meals provided that are balanced, promote health, and meet their cultural and dietary needs. People who need support are helped to eat in a dignified way.

The council and primary care trust recognised the importance of ensuring older people were able to enjoy meals that promoted their health and wellbeing. The choice of meals and quality of food was routinely checked by the quality assurance team during their visits to care homes. There was also an assessment made of the quality of the environment and recognition of individual support needs.

The expertise of the speech and language therapist in the rehabilitation team was used to inform healthy eating and the provision of balanced diets in a number of settings. Individual cultural and faith requirements in the preparation and provision of food were recognised. There was targeted provision of hot community meals for some older people. Support plans increasingly included details about the levels of support and preferences of individuals.

At the end of life, people who use services and their carers have their wishes respected and are treated with dignity.

Older people with a diverse range of health needs were supported to die in the place of their choice. This included older people at the end stages of dementia as well as those with palliative care or other progressive conditions. Increasingly older people were able to die in their own homes in line with their wishes. Care was taken to involve wider family and friends and ensure a prompt and flexible response to meeting people's needs. This included provision of appropriate equipment with support provided at a number of levels by voluntary sector, health and social care staff. Work had taken place to strengthen the capacity of residential and nursing homes to care for people at the end of their lives. Domiciliary care staff had received appropriate training to support people with terminal conditions.

Family carers commended the quality and speed of response in meeting individual needs and supporting them before and following the death of their family member. One family member told us:

“Staff were very supportive, and organised a package of care, transfer home and equipment in a sensitive and timely manner”.

Joint arrangements for supporting people with continuing health care needs had been strengthened. There were now clear systems in place that focused on accountabilities, monitoring and review of changing needs to ensure appropriate care continued to be provided.

Increased choice and control

People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support.

All local people who need services and carers are helped to take control of their support. Advice and information helps them think through support options, risks, costs and funding.

The council provided a high level of information, advice and support to local people. It had reviewed its Fair Access to Care Services criteria and included people with moderate needs. Information leaflets were well-presented and translated into other formats or languages on request. The council's website provided good and easy access to information about local services. The One Stop Shops and advice bus were well-used and provided a comprehensive range of information. Customer services staff had a sound awareness of the needs of older people and their carers. They had a good understanding of changes within the directorate to support the personalisation agenda.

Local GP surgeries and libraries also provided a good range of information and advice on health and social care matters. The gypsy and traveller liaison worker played an important role in building people's awareness of and confidence in using local services.

The council had strengthened access to and the co-ordination of advice and support across its wider partnerships. It was working with other councils to expand on-line self-directed support and procurement options. Joint working with Age Concern and Sure Start to Later Life enabled a comprehensive response to individual needs. Arrangements for signposting people onto other agencies for additional advice or support were clear. Work was taking place to promote better understanding of the impact of support provided at a wider partnership level. The work of the local Carers Centre was highly valued. The number of people registered as carers was good and continued to increase. These approaches ensured improved targeting of information, advice and peer support.

People using services had been engaged in developing and giving feedback on the quality of public information. Most people reported that information was easy to access. A few people said they would have benefited from knowing about help available at an earlier stage, and that charging for services could be clearer.

Information and practical advice to support people using Direct Payments or personal budgets and employing their own staff was well-developed. The council had recognised the need to expand advocacy for older people, including out-of-hours. It gave priority to ensuring people with complex needs or communication difficulties were able to say what they wanted to see happen. It had commissioned additional capacity to support increased patterns of use. There was work in progress to encourage the development of user-led organisations to provide a higher level of peer support.

People who use services and their carers are helped to assess their needs and plan personalised support.

Many older people and their families praised the work of frontline staff in enabling them to be safe and independent. Older people and carers told us:

"Our social worker is very supportive and treats my husband and me with dignity and respect".

"All my needs have been dealt with quickly".

"They look at things from our perspective- they try hard to understand what we want and will explore alternatives".

The council was working to transform the way it met the needs of older people and their carers. Changes had been made to assessment, care planning and review arrangements to deliver more flexible and creative responses to peoples' needs and personal circumstances. These were informed by consultation with people using services and partner organisations. There was a carer support worker linked to each of the frontline care management teams that provided a strong focus on the specific needs of carers. Adult social care staff worked well with their local health colleagues in supporting older people with a diverse range of needs. There remained a few gaps in implementing single assessment across the wider health system that still needed to be addressed.

The use of pen pictures promoted improved understanding of the history, interests and talents of older people. Care was taken to actively involve them so that their priorities and wishes underpinned the help they received. This approach had also been positively adopted by some service providers, including care homes. There was evidence of stronger partnership working in enabling people to access a range of community-based activities.

The equality of older people and carers was strongly promoted. There was a clear focus on preventing age-related discrimination in promoting access to services. Frontline staff sensitively responded to the diverse faith, cultural and lifestyle preferences of local people. There was appropriate access to interpreting and translation services for people whose first language was not English. The needs of carers were clearly identified and promoted. Arrangements to support carers in the event of an emergency were well-developed.

Casework demonstrated sensitive practice in working at the pace of and in accordance with the older person's wishes. Advocacy was effectively used where there were differences of opinion or uncertainty about the best way forward. Best interest decisions were carefully taken to secure shared understanding and agreement in supporting people who lacked mental capacity. Assessments of individual needs were thorough and paid attention to risks and areas where the older person required additional support to maintain their dignity and relationships.

Duty and access arrangements had been reviewed and strengthened. Demand and trends were carefully monitored. Staff capacity was flexibly deployed to support transition to new ways of working and address local priorities. This included

strengthening social work input to the older person's mental health team to support wider awareness of and take up of personal budgets.

The workload of frontline teams was well-managed and there were few delays or unallocated work. Management support and supervision arrangements were well-developed. Record keeping was of a good standard. There were clear arrangements in place to support case transfer or closure. Case records were routinely audited including by senior managers.

Service development and review arrangements were robust and guided practice so that new ways of working were sustainable and effectively managed risk. A risk enablement panel had been established to support decision-making in complex cases. Resource allocation systems had been piloted and a model for costing personal budgets had been agreed. A wide range of partners were proactively engaged in understanding the costs, workforce issues and changes required to fully implement self-directed support. Direct Payment arrangements had been reviewed to ensure alignment with new personalisation developments.

People who use services and their carers benefit from a broad range of support services. These are able to meet most people's needs for independent living. Support services meet the needs of people from diverse communities and backgrounds.

Older people had access to a broad range of support services. High numbers of people, including those with complex needs, were helped to live at home. There were few delays before people accessed the help they needed. Most people told us they were satisfied with the level of support provided. There was low and decreasing use of care homes. New models of support were being developed that offered increased choice to older people and their carers.

There was positive joint working with housing, rehabilitation and specialist health partners to help people live safely at home. The outcomes of the council's work with registered social landlords to expand the availability and timeliness of home adaptations was impressive. There was increasing use and enhancement of the capacity of assistive technology. The council had one extra-care housing scheme that was highly regarded by local people and was working to commission others.

Local services strongly promoted the social inclusion of older people and sought to strengthen their support networks. The Community Bridge Builders scheme supported older people to be active and develop new skills. A new sitting service had been developed to support carers of people with dementia, with improved levels of support out-of-hours. Care homes were strengthening their links with local voluntary sector organisations to enable people to access a wider range of opportunities.

There was wide promotion of personal budgets. The use of Direct Payments by older people and carers was steadily increasing. Recruitment, training and back-up support for people using personal assistants had been strengthened.

There were some areas where there was a need to further improve the quality and

availability of local services. Some older people told us that the service provided by their domiciliary care agency was not sufficiently flexible or responsive to their needs. This included issues around the timing of calls and choice of provider. Some carers reported gaps in local short-breaks services. The council was working to make booking arrangements more flexible and widen the range of options available.

People who use services and their carers can contact service providers when they need to. Complaints are well-managed.

Older people told us it was easy to get help from the council including out-of-hours. Halton Direct provided a single point of access to the council. The emergency duty team effectively responded to crises out-of-hours. The 5 Boroughs Partnership Trust had established a single point of access that provided a timely response to adults and older people with mental health needs. Surveys undertaken indicated high customer satisfaction with the council's response to requests for help.

The council had good performance in reviewing the needs of older people and their carers. The option of self-directed support and individual budgets was routinely offered. Reviews were outcome-focused and provided a clear picture of how well individual needs were being met. They involved appropriate partners and clearly recorded individual wishes. They took account of changes in individual need and ensured contingencies were in place to manage future risk.

Reviews had a strong focus on safeguarding including the effectiveness of support to people who lacked mental capacity and deprivation of liberty issues. Reviews also focused on the quality of life experienced by older people and their carers. This provided important information about inequalities and progress made in addressing risks.

The council encouraged feedback from people using services to inform its understanding of the quality of local services. There were a number of surveys and focus groups held to identify what was working well and areas for improvement. The dignity in care co-ordinator had undertaken an analysis of all complaints to inform preventative work. Information about making a complaint was widely available. Elected members were proactive in passing on any concerns brought to them by local people.

The council received a relatively low number of complaints about adult social care services. Some local people told us they were worried about or reluctant to complain. There was work required to build the confidence of older people and their carers and ensure independent support in enabling them to raise concerns. Our analysis of recent complaints identified the need for a timely response and to ensure the outcomes of the investigation and improvement actions were clearly shared with all relevant people.

Capacity to improve

Leadership

People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce.

People from all communities engage with councillors and senior managers. Councillors and senior managers show that they have a clear vision for social care services.

The council benefited from having strong, stable and effective leadership. Senior managers and elected members had regular contact with and a sound awareness of the needs of local people. The council encouraged and challenged its partners to ensure shared understanding of local priorities and promote better use of resources and expertise across the wider system. It was working to continuously improve satisfaction rates, value for money and outcomes for local people. People who used services and their carers told us they had seen real improvements over the last five years, and that they felt safe and happy living in the area.

The council had a clear and ambitious vision and goals to deliver high quality and sustainable responses to the needs of individuals and communities. The council had strong values centred in reducing inequalities in the life chances and outcomes experienced by many local people. Senior managers and elected members were energetic, responsive and accountable in the discharge of their responsibilities. Elected members were actively involved, well-informed and supportive of new developments in safeguarding and personalisation work. Partner agencies commended the council for its role in sharing learning and promoting innovative practice.

Links between children and adult safeguarding and wider community safety arrangements were developing well. Members of the Safeguarding Adults Board were working to continuously strengthen partner agency involvement in keeping people safe. The safeguarding event for local community and voluntary sector organisations provided a useful platform for widening awareness of individual and collective responsibilities in preventing and reporting abuse.

The Older Persons Empowerment Network (OPEN) and LINk had a strong focus on the experiences of local people. They were actively engaged in identifying and supporting improvements across a wide range of council and health services. The development of peer support groups for people with dementia and their carers was a positive development in tackling social isolation and ensured wider representation and involvement of older people.

People who use services and their carers are a part of the development of strategic planning through feedback about the services they use. Social care develops strategic planning with partners, focuses on priorities and is informed by analysis of population needs. Resource use is also planned strategically and delivers priorities over time.

Older people and carers were actively engaged in a range of user-led forums, partnership boards and joint planning groups. Strengthening their involvement in quality assurance activities such as mystery shopping and review of local services should ensure a comprehensive focus on the wishes and experiences of older people and their carers. As highlighted earlier in the report enhancing the involvement of people who were at risk of or who had been abused should provide important feedback on the effectiveness of safeguarding approaches and support provided.

The council had strong and enabling relationships with a wide range of partners. It had skilfully woven together a number of strategies and partnerships to keep people safe and to promote their independence and personal control. It was inclusive in its approach to addressing challenges and managing change at strategic and operational levels. The social care in partnership work with local GPs and work taking place to integrate hospital discharge arrangements should ensure wider learning and improved capacity to support people as they moved between different health and social care systems.

There was a sound focus on delivering efficiencies, securing value for money with close scrutiny of capacity to meet changes in demand and address risks. Plans were up-to-date, comprehensive and secured by robust governance and reporting arrangements. The council was effective in its management and control of resources. Medium term financial planning was closely aligned to service development and improvement priorities. Alternative funding had been secured to support new ways of working.

The terms of reference, representation and partner agency contribution to the work of the Safeguarding Adults Board had been reviewed and strengthened. The police and local health organisations had increased their capacity and focus in relation to the recognition and support of people at risk of abuse. There was positive joint working with neighbouring councils to align safeguarding policies and procedures. However, there were still a few partners that needed to be actively involved and increase their contribution to the work of the Board and its sub-groups.

The safeguarding work plan was well-developed. Good progress had been made in all areas. There was work in progress to develop practice networks that included a range of staff involved in safeguarding work. This was welcomed by frontline staff to support wider learning and review of their work, particularly in supporting people whose needs or personal circumstances were complex.

Joint approaches with health, community and voluntary sector organisations were being expanded to improve targeting and co-ordination of work to address the health and wellbeing and quality of life of local people. There was good progress being made and wide ownership of the personalisation agenda. The council had built open and transparent relationships with service providers. As highlighted elsewhere in the

report the joint approach to implementation of *'Dignity in Care'* in Halton was challenging and effective in recognising the value and human rights of people who were reliant on others for their safety and well-being.

The social care workforce has capacity, skills and commitment to deliver improved outcomes, and works successfully with key partners.

Frontline staff and their managers impressed us with their sense of purpose, enthusiasm and commitment to deliver high quality and responsive support. The council invested in a range of apprenticeships, professional training and leadership programmes that contributed to high staff morale and a stable workforce. There was a comprehensive programme of staff development and training to equip staff across the sector with the knowledge, skills and sensitivity required to meet the diverse needs of older people living in the area. The directorate restructuring process had been well-managed and the new operational teams worked well together.

The council's recruitment and employment practices complied with legal requirements and promoted high professional standards. Disciplinary procedures were promptly and appropriately used where there were concerns about the performance of staff. The council's quality assurance team routinely checked the procedures and practice of local providers.

There was a comprehensive programme of multi-agency safeguarding training and guidance to build the expertise and confidence of the workforce across the sector. Partners reported positively on ease of access to and the quality of safeguarding training. Training provided by the local police force supported improved joint working and understanding of evidence gathering requirements. Audits were undertaken of the effectiveness of training and its impact in delivering better outcomes. This approach to learning from and refining the delivery of training, including assessment of value for money was robust.

Workforce planning was well-developed and had a clear focus on the areas where change was required to support full implementation of the personalisation agenda. There had been a range of development work to promote awareness of the responsibilities of people employing their own personal assistants.

The council had positively used external support to strengthen its arrangements for carers and to develop new tools and approaches to deliver person-centred support. New ways of working were being introduced that promoted innovative working with people who had high or complex needs.

Performance management sets clear targets for delivering priorities. Progress is monitored systematically and accurately. Innovation and initiative are encouraged and risks are managed.

The council was strong in challenging its own performance and that of its partners in its quest for the highest possible standards and top performance. The directorate had a solid track record in raising and sustaining high performance, with an improvement-driven culture that supported a wide range of transformational activity. The council set ambitious targets and performed well in meeting them, including its local area agreement targets. There were sound systems in place for identifying and managing organisational risk.

Changes in performance levels and trends were carefully monitored and evaluated. Comprehensive quarterly performance reporting was undertaken. Policy and performance boards had a clear focus on the assessment of progress in meeting key targets, with detailed analysis of cost and efficiency and the quality and effectiveness of local services. Performance against key and wider partnership indicators, risk management and equality actions was routinely reported. The Safeguarding Adults Board and its sub-groups were working to continuously improve the collection and analysis of data.

Frontline staff had a good awareness of their own personal and team performance and contribution to wider organisational priorities and targets. Service development days and performance clinics were held to promote wider learning and shared approaches to service delivery. There was a strong emphasis on learning from compliments and complaints. Partnership agreements were in place and regularly reviewed to ensure the required outcomes were achieved. Action planning to support improvements was robust.

Commissioning and use of resources

People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value.

The views of people who use services, carers, local people, partners and service providers are listened to by commissioners. These views influence commissioning for better outcomes for people.

The council gave a high priority to involving and listening to its partners, including people who used services and their carers. The Older Person's Empowerment Network had a large membership. There were engaged in work to identify unmet need and were consulted on the development of new models of support. The Carers Strategy was well-informed by the wishes and views of carers. Progress was reviewed and new priorities identified through a range of consultation and focus groups.

The LINk was actively involved alongside senior managers and elected members in work to address a range of health and social care issues that mattered to local people. Their *'Fact or Fiction'* events provided an important means of ensuring local people got clear messages about national and local policy changes and the implications for them.

The council hosted a number of personalisation events over the past year. "*Celebrating Our Successes"* was effective in promoting wide awareness of the impact of new ways of working in enabling people to have more choice and control over their lives. The council through its *"Working for Change*[3]*"* pilot with provider organisations demonstrated creative work and positive outcomes for adults with mental health needs. Its improvement focus and priorities were positively shaped by the experiences and views of people using local services.

Halton Speak Out had undertaken some innovative consultation work with older people with a learning disability. This included work on identifying peoples' future dreams and aspirations. There were positive outcomes including improved access and opportunities for people to make a positive contribution to the life of their local communities. Older people with mental health needs including dementia would also benefit from a targeted focus on the quality of their lives and the opportunities open to them.

[3] Department of Health initiative to enable organisations consider the workforce and commissioning implications in supporting the shift to personalisation

Commissioners understand local needs for social care. They lead change, investing resources fairly to achieve local priorities and working with partners to shape the local economy. Services achieve good value.

Senior managers and elected members had a sound awareness of the needs and strengths of people living in the area. They were continuously striving to secure new opportunities and to deliver 'whole system' change to address the deprivation and inequalities experienced by local people. The joint strategic needs assessment had been updated and local people gave feedback on the issues they saw as most important for them and their communities. The council and its local health partners had a detailed understanding of the needs and risks to the safety and well-being of local people. It had achieved wide ownership of shared agendas through the work of policy and performance boards, local partnership boards, joint strategic needs assessment and joint commissioning arrangements.

The council had developed strong and shared approaches to maximising use of its own and partner agencies' expertise and resources. The work of the Carers Centre, Sure Start to Later Life and Community Bridge Builders enabled older people to have help at a number of levels and participate in a wide range of activities. The council was working to further expand these services in response to increased demand. Dignity in care was a 'golden thread' that supported a shared culture, standards and joint improvement projects across the partnership. Developments in assistive technology should further strengthen links between teams and agencies and provide better management and monitoring of risk.

There was a significant programme of work to address the current and future needs of older people. There had been additional investment in intermediate care services. High numbers of people did not require ongoing support, or a reduced level following their period of rehabilitation. The council was working with its health partners to shift investment from hospital care to ensure a stronger focus on early intervention and prevention and to expand the levels of specialist and out-of-hours support available in community settings. There was effective joint working with housing partners to expand approaches to meeting the needs of older people. The joint commissioning strategy for people with dementia supported an improved focus on early diagnosis, treatment and the delivery of person-centred support.

The council was effective in the management and control of its resources. Pooled budgets were well-managed. There was a clear focus on securing value for money and building organisational flexibility to address future risks and changes in demand. The council was working to address the impact of future funding constraints for its own and partner organisations. Care was taken to safeguard and continuously improve frontline operations whilst seeking efficiencies in its back office functions. It had refined and reduced its use of care home provision and worked sensitively with local providers to expand support to people with complex needs. It had freed up block contracting arrangements and had decommissioned some of its traditional services to enable a wider choice of options and flexibility of funding.

The council had a good track record in working with local providers to challenge poor performance and to drive up and maintain high standards of service delivery. Contract management and monitoring promoted a strong joint focus on work to continuously improve the responsiveness, quality and consistency of service

providers. There was a review of sheltered housing taking place to strengthen levels of support and the quality of local services. Further review of domiciliary, day care and short breaks services was required to achieve more individually tailored support arrangements.

The council was working to strengthen the capacity and contribution of local community and voluntary sector organisations. There was work required to ensure effective co-ordination of and enhancement of the role and contribution of local community, faith and voluntary sector groups in supporting the delivery of local priorities.

The council was working to update and improve the capabilities of its electronic social care recording system. There was work in progress to improve data capture across its partnerships. New management information systems aimed to strengthen analysis of the diverse needs of local people and improve performance management of outcomes across the wider system.

Appendix A: summary of recommendations

Recommendations for improving performance in Halton

Safeguarding adults

The council should:

1. Strengthen the collection and analysis of information about safeguarding activity to support wider learning and targeting of areas of risk (Page 13).
2. Ensure people have good access to advocacy support to promote their full understanding and involvement in safeguarding work (Page 13).

Improved health and wellbeing for older people

The council should:

3. Secure further improvements in the health and wellbeing of older people and their carers (Page 16).
4. Address gaps in access to and the flexibility of local transport (Page 17).
5. Ensure hospital discharge arrangements work well for everyone and reduce the rate of emergency re-admissions (Page18).
6. Continue to enhance the availability, range and quality of support for older people and their carers (Pages 18-19, 24 and 31).

Increased choice and control for older people

The council should:

7. Make it easier for people to raise concerns and ensure timely investigation and feedback about the outcome of complaints (Pages 14 and 24).

Providing leadership

The council should:

8. Strengthen the involvement of older people and their carers in key activities such as mystery shopping and review of the quality of local services (Page 26).
9. Continue to strengthen the involvement and contribution of all organisations to the work of the Safer and Healthier Halton partnership programmes (Page 26).

Commissioning and use of resources

The council should:

10. Ensure effective co-ordination of and enhancement of the role and contribution of local community, voluntary sector and faith groups (Page 31).

Appendix B: Methodology

This inspection was one of a number service inspections carried out by the Care Quality Commission (CQC) in 2010.

The assessment framework for the inspection was the commission's outcomes framework for adult social care which is set out in full on our website. The specific areas of the framework used in this inspection are set out in the Key Findings section of this report.

The inspection had an emphasis on improving outcomes for people. The views and experiences of adults who needed social care services and their carers were at the core of this inspection.

The inspection team consisted of two inspectors and an 'expert by experience'. The expert by experience is a member of the public who has had experience of using adult social care services.

We asked the council to provide an assessment of its performance on the areas we intended to inspect before the start of fieldwork. They also provided us with evidence not already sent to us as part of their annual performance assessment.

We reviewed this evidence with evidence from partner agencies, our postal survey of people who used services and elsewhere. We then drew provisional conclusions from this early evidence and fed these back to the council.

We advertised the inspection and asked the local LINks (Local Involvement Network) to help publicise the inspection among people who used services.

We spent six days in Halton when we met with five people whose case records we had read and inspected a further twenty case records. We also met with approximately hundred people who used services and carers in groups and in an open public forum we held. We sent questionnaires to 150 people who used services and 41 were returned.

We also met with

- Social care fieldworkers
- Senior managers in the council, other statutory agencies and the third sector
- Independent advocacy agencies and providers of social care services
- Organisations which represent people who use services and/or carers
- Councillors.

This report has been published after the council had the opportunity to correct any matters of factual accuracy and to comment on the rated inspection judgements.

Halton will now plan to improve services based on this report and its recommendations.

If you would like any further information about our methodology then please visit the general service inspection page on our website.

If you would like to see how we have inspected other councils then please visit the service inspection reports section of our website.

REPORT TO: Executive Board

DATE: 2nd December 2010

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: Service Inspection of Adult Social Care – September 2010

WARDS: All wards

1.0 PURPOSE OF THE REPORT

1.1 To present the Executive Board with details of the outcome of the Service Inspection of Adult Social Care recently carried out by the Care Quality Commission (CQC).

2.0 RECOMMENDATION: That the Board:

(1) Receive a presentation from Susan Talbot, CQC Lead Inspector
(2) Note the contents of the report and associated appendices

3.0 SUPPORTING INFORMATION

3.1 Background/Methodology to Inspection

3.1.1 The CQC is the independent regulator of health and social care in England. CQC regulate care provided by the NHS, local authorities, private companies and voluntary organisations. The inspection of Adult Social Care services is an integral part of the wider performance assessment of Councils. Service inspections of adult social care use the CQC Adult Social Care Outcomes Framework including domains relating to capacity for improvement. Evidence is assembled and reported against outcomes and constituent performance characteristics for the areas selected for an individual inspection.

The areas inspectors assess include:

- how well local services meet people's needs
- whether they provide the right specialist services and how good they are
- how effectively the council involves local people in planning services.

The resulting inspection report looks at areas that are successful, areas that are less successful, and states what needs to be changed and improved.

3.1.2 An inspection team from CQC visited Halton in September 2010 to find out how well the Council was delivering adult social care. To do this, the inspection team looked at how well Halton was:

- Safeguarding adults whose circumstances made them vulnerable

  As part of safeguarding, inspectors would have considered how we safeguard people from abuse, neglect and self harm. How we ensure that people who use services and their carers are free from discrimination, respected in terms of individual preferences, dignity and privacy.

- Improving the health and wellbeing of older people

  Inspectors would have reviewed whether we ensure that people are well informed and advised about their physical, mental health and wellbeing and how this helps to lower rates of preventable illnesses and long term conditions. Inspectors would have reviewed how we support people to recover following treatment in hospital through rehabilitation, intermediate care or support at home. At the end of life, do we ensure that people who use our services and their carers have their wishes respected and are treated with dignity.

- Increasing choice and control for older people

  Services would have been assessed in terms of how people are supported to take control of their support including the assessment of their needs and whether we support their choices via a wide range of services that help promote independence. Inspectors would have also reviewed how effectively we manage complaints.

3.1.3 Before visiting Halton, the inspection team reviewed a range of key documents supplied by the Council and assessed other information about how the Council was delivering and managing outcomes for people. This included, crucially, the council's own assessment of their overall performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the Council was performing. During their visit, (which involved 6 working days fieldwork within Halton) the team met with people who used services and their carers, staff and managers from the Council and representatives of other organisations.

3.2 Summary of Findings

3.2.1 CQC judges the performance of Councils using the following four grades: -

- performing poorly
- performing adequately

- performing well
- performing excellently

3.2.2 In respect of the three areas outlined in paragraph 3.1.2, CQC concluded that Halton was :-

- performing ***excellently*** in safeguarding adults.
- performing ***well*** in supporting improved health and wellbeing of older people.
- performing ***excellently*** in supporting increased choice and control for older people.

3.2.3 CQC also rates a Council's capacity to improve its performance using the following four grades:-

- Poor
- Uncertain
- Promising
- Excellent

CQC concluded that the capacity to improve in Halton was ***excellent***

3.2.4 A copy of the Inspection report produced by CQC can be found at Appendix 1.

3.3 Action Plan/Monitoring Arrangements

3.3.1 Appendix A of the Inspection report (pages 31 & 32), provides a summary of the recommendations made by CQC for improving performance in Halton and as a result the Council (in conjunction with it's partners) has completed an Improvement Plan to address the issues raised. (This Improvement Plan is supported by a more detailed internal action plan). A copy of the Improvement Plan is attached at Appendix 2.

3.3.2 This Improvement Plan has been incorporated into Halton Safeguarding Adults Boards (HSAB) and the Health SSP performance management and business planning processes to ensure appropriate action/progress is taken/made.

3.3.3 The Improvement Plan will steer the work of the Council and its partners, with regards to adult social care over the next few months. The Council already have a strong base to make further improvements and recognise that we will do more to ensure that Halton residents receive the services they need. Given the dedication of our staff to deliver quality services and the commitment of the Council (and its partners) to support improvements we feel we can achieve the actions set down in the plan.

4.0 POLICY IMPLICATIONS

4.1 These are identified within the action plan at Appendix 2.

5.0 FINANCIAL IMPLICATIONS

5.1 The outcomes that are expected to be achieved will be done so from within existing budgets, however consideration will need to be given in respect of the ongoing efficiency review and other associated budgetary issues and the possible impact on service delivery.

5.2 At this stage it is anticipated that the actions linked to transport (Action point 2.2.2 'Address gaps in access to and the flexibility of local transport') may require further review and if resources are required then the implications etc will have to be addressed by the Council's Executive Board.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

No specific issues identified

6.2 Employment, Learning and Skills in Halton

No specific issues identified

6.3 A Healthy Halton

The outcomes of the Inspection and it's resulting action plan clearly demonstrates the Council's commitment, (along with it's partners), in recognising the needs of Service Users and their Carers in promoting the health and wellbeing of vulnerable adults within the Community.

6.4 A Safer Halton

The Council and its partners (via the HSAB) continue to ensure that adults whose circumstances make them vulnerable are safeguarded.

6.5 Halton's Urban Renewal

No specific issues identified

7.0 RISK ANALYSIS

7.1 The main risk associated with the delivery of the outcomes outlined in the action plan are linked to financial implications as outlined in paragraph 5 of this report.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 No specific issues identified

Improvement Plan - Halton Borough Council

Improvement Area 1 – Strengthen the collection and analysis of information about safeguarding activity to support wider learning and targeting of areas of risk		
How is this to be achieved / action	Expected evidence of improvement	Timescale (by)
1. Review & update the Safeguarding Board's Quality & Performance Sub-group work plan and continue to progress work already underway.	Evidenced by :- a) Information will be reported to the Safeguarding Board's Quality and Performance Sub Group and Safeguarding Adults Board for analysis and comment. b) The above will be inclusive of partner agency data. c) Analysis of safeguarding data, feedback from service users and carers, and provider monitoring will all inform the Safeguarding Adults Board about the effectiveness of the management of Safeguarding activity. d) Analysis and interpretation of the above information will inform service development and commissioning. e) Data will be of good quality. f) Electronic Safeguarding Case Recording Form will be implemented. Staff fully trained in how to use electronic form. Any implementation issues resolved. g) Multi agency auditing will be established and reported to Safeguarding Adults Board 6 monthly. All agencies will address areas for development identified.	1. December 2010
2. Implement monitoring systems to track progress towards national dignity measures – data collection will be ongoing once system implemented		2. March 2011

Improvement Area 2 – Ensure people have good access to advocacy support to promote their full understanding and involvement in safeguarding work		
How is this to be achieved /action	Expected evidence of improvement	Timescale (by)
1. Develop Advocacy 'hub' specification for individuals/family and develop appropriate pathways	Evidenced by :- a) Advocacy Hub • All relevant elements and different types of Advocacy will have been determined • All relevant local services will have been appropriately mapped • Gaps in information, advice and advocacy will have been identified • Services specification will be in place which will determine what will be commissioned, decommissioned, how this will be completed and the agreed timescales. b) All Family members of service users who are the subject of Safeguarding cases will receive written information that states an advocacy service will be sought where needed.	1. December 2010
2. Commission provider to deliver 'hub' and ensure appropriate publicity of service		2. September 2011
3. Review & update advice leaflet 'Explaining Adult Protection Inquiries – Information for Families, Advocates & other Carers'.		3. December 2010
4. Implement updated advice leaflet 'Explaining Adult Protection Inquiries – Information for Families, Advocates & other Carers' via assessment teams		4. March 2011

Improvement Area 3 – Secure further improvements in the health and wellbeing of older people and their carers		
How is this to be achieved / action	Expected evidence of improvement	Timescale (by)
1. Nutrition guidelines will be developed to support Care Homes, Domiciliary Care, Sheltered Accommodation etc. Staff to be trained on appropriate guidelines	Evidenced by : - a) 90% of key identified frontline staff trained in alcohol awareness/identification and brief advice by November 2011 b) 70% of trained key frontline staff undertake alcohol screening/brief interventions with older people by January 2012. Ongoing process with quarterly updates to be made available. c) Brief intervention for alcohol and signposting training offered to all identified key frontline professionals by December 2011. Training sessions commence January 2011. d) Guidelines on emotional health and well being for older people developed by December 2011, training for staff commences January 2011. e) Consultation with carers and support into services commenced by December 2010. Health Checks+ commenced for carers by December 2010. Carers literature on health improvement initiatives available by June 2011.	1. January 2011
2. Increase the number of brief interventions for alcohol and signposting into relevant services for older people. These interventions will be undertaken by key frontline professionals who come into contact with older people, e.g. Age Concern and Primary Care. Training for staff will be in accordance with Identification and Brief Advice Training (IBA)		2. November 2011
3. Undertake an audit of hospital alcohol related admissions by age and condition to inform service delivery.		3. December 2010
4. Provide support and training to staff within Care Homes, Domiciliary Care, Sheltered Accommodation etc to improve the Health and Wellbeing of older people and their carers. To include:- a) Brief intervention Training on 1 to 1 Weight Management to tackle obesity b) Emotional Health and Wellbeing (inc. development of guidelines)		4 a) June 2011 4 b) December 2011

c) Stop Smoking Intermediate Training		4 c) March 2011
5. Continue to implement the 2010 Action Plan to Improve the Accessibility of Health Improvement Information for Carers.		5. January 2011

Improvement Area 4 – Address gaps in access to and the flexibility of local transport		
How is this to be achieved /action	Expected evidence of improvement	Timescale (by)
1. Transport gaps including issues around Community Transport and Wheelchair Accessible vehicles to be considered as part of the efficiency review of the Logistics division, incorporating Client Transport and Fleet Management.	Evidenced by :- a) Fleet Management and Transport are included within the current wave of efficiency reviews. As part of this review, shortfalls identified in various transport areas including community transport and wheelchair accessible vehicles will be addressed. This will be evidenced within the Efficiency Board Closure Report at the conclusion of the review	1. March 2011

Improvement Area 5 – Ensure hospital discharge arrangements work well for everyone and reduce the rate of emergency re-admissions		
How is this to be achieved / action	Expected evidence of improvement	Timescale (by)
1. To continue with the implementation of the Integrated Discharge Teams in Warrington and Whiston Hospitals.	Evidenced by:- a) a reduction in readmissions to hospital from the 2009/10 baseline- 9.6% (Warrington) (9.3% Whiston) to 8% by September 2011. b) a reduction in lengths of stay from the 2009/10 baseline- equivalent to 12 beds, in Warrington and 24 beds in Whiston, by September 2011. c) a reduction in people being discharged from hospital care directly to long term institutional care- from a 30% baseline 2009/10 (Further work required on accuracy of the data) d) an increase in the number of people receiving Intermediate Care/Re-ablement services. e) patient satisfaction on discharge from hospital.	1. January 2011
2. Develop and implement documentation, pathways, risk management and communication between the Hospital Teams and Care Management Teams, on admission and discharge.		2. November 2010
3. Develop processes to ensure that carers are partners in planning for discharge from hospital – To take account of the learning from the DoH Carers Demonstrator Site Project		3. January 2011

Improvement Area 6 – Continue to enhance the availability, range and quality of support for older people and their carers		
How is this to be achieved /action	Expected evidence of improvement	Timescale (by)
1. Review adult placement, domiciliary and residential services to identify capacity and skills to deliver support to people diagnosed with dementia	Evidence by :- a) Will aim to achieve objectives within the National Dementia Strategy, including Objectives 4, 5, 6 and 9. This will be further enhanced by the implementation of a 17 point local action plan. The following are the key milestones to complete by March 2011: • Dementia service pathway mapping complete • Proposed redesign of existing dementia services • Draft specification for the Assessment, Care and Treatment Service agreed. Each of these targets and the others within the local action plan will be monitored through the Multi-agency dementia steering group. b) Actions 6 and 7 will be monitored through a range of consultation exercises that will be taking place with different carers across the borough. This will include at the Carers Event in December 2010, as part of the review of Adult Placement and as part of the development of Dementia Champions in the borough. c) Refreshing the Carers Strategy action plan to reflect findings in respect to the need for respite.	1. March 2011
2. To continue to implement the Local Dementia Strategy		2. March 2015
3. To further develop and modernise Oakmeadow Community Support Centre in order to improve the range and quality of enabling support provided including activities and day opportunities		3. April 2011
4. Pilot electronic monitoring of domiciliary care with a local provider with a view to introducing borough wide electronic monitoring within 12 months		4. October 2011
5. Negotiate with a small number of providers to agree allocated beds for planned respite.		5. November 2010
6. Undertake a full needs assessment to identify both met and unmet need for short breaks/planned respite.		6. January 2011
7. Refresh commissioning action plans to incorporate findings from needs analysis		7. April 2011

Improvement Area 7 – Make it easier for people to raise concerns and ensure timely investigation and feedback about the outcome of complaints		
How is this to be achieved / action	Expected evidence of improvement	Timescale (by)
1. Form a Halton Customer Care Group working group (to include partner agencies e.g. Acute Trust) to develop a process to enable people to raise issues less formally in Halton and encourage an approachability ethos - linked to the developing Customer Service Excellence programme. The Contracts Team will work with providers to roll out a consistent approach across all sectors.	Evidenced by :- a) Action 1 (the formation of a Halton Customer Care Group working group) has commenced, with the 1st meeting held on 10th November 2010. Evaluation will be the formulation of new informal ways to raise concerns and the marketing of such an approach (as described in action 2) b) Action 3 ensures that this will remain under scrutiny and the outcome is evidenced through an analysis of resulting data and feedback (both unsolicited and proactive)	1. June 2011
2. Develop a marketing plan to promote the approachability culture to people who use services and their carers along with staff and the wider public, including attendance and promotion at user consultation forums, staff training etc. Also work with other colleagues to strengthen the approachability message across all organisations serving Halton residents.		2. May 2011
3. Review progress and consider and plan future activity		3. July 2011

Improvement Area 8 – Strengthen the involvement of older people and their carers in key activities such as mystery shopping and review of the quality of local services		
How is this to be achieved /action	Expected evidence of improvement	Timescale (by)
1. In conjunction with Halton OPEN, implement mechanisms to ensure that Older People are able to effectively contribute to service monitoring and reviews, including the development of mystery shopping. (Need to give consideration that all Halton OPEN members are volunteers.)	Evidenced by :- a) Complete three agreed focus groups as set out by Halton OPEN by March 2011 – These have been provisionally agreed to cover Dementia, Sensory Impairment and Complaints b) Involve Older People in the review of information services in the Borough c) Commissioning will develop a performance framework to ensure that Halton OPEN operates to an agreed governance arrangement as well as to a specific business model. In addition each of the actions will have completed documents to support their implementation and evidence the impact of the intervention. This will include a business plan, focus groups, minutes of meetings and monitoring paperwork	1. December 2010
2. Develop Peer monitoring pilot programme with Halton OPEN – this will initially include mystery shopping of the contact centre and local information providers.		2. January 2011
3. Develop an Older People's Community Engagement strategy to support Older People and their Carers to effectively contribute to service planning, developments etc.		3. March 2011

Improvement Area 9 – Continue to strengthen the involvement and contribution of all organisations to the work of the Safer and Healthier Halton partnership programmes		
How is this to be achieved / action	Expected evidence of improvement	Timescale (by)
1. Review representation on partnership programmes to ensure all key partners are appropriately represented. Put in place a framework for routine follow up.	Evidenced by :- a) All key partners are engaging effectively and contributing to partnership programmes - This will be evidenced through Boards and working groups and an annual review will be undertaken of relevant work plans	1. April 2011
2. Review effectiveness of Sub Groups and the contribution of partner organisations		2. April 2012

Improvement Area 10 – Ensure effective co-ordination of and enhancement of the role and contribution of local community, voluntary sector and faith groups		
How is this to be achieved /action	Expected evidence of improvement	Timescale (by)
1. **BME & FAITH NETWORK:** Commissioners establish a link into the network and engage with the participants in future consultations to shape commissioning to support better outcomes for marginalised people.	Evidenced by :- a) 3 Consultations to be held with the BME & Faith Network over the next twelve months b) Themed local area forums meetings:- • Area Forum for Birchfield, Farnworth & Halton View holding a themed daytime event on "Support for Older People" in January 2011 • Area Forum for Grange, Halton Brook, Heath & Mersey holding a daytime themed event on "Intergenerational Activity" in January 2011 • Area Forum for Castlefields, Norton North & South & Windmilll Hill hosting a daytime meeting on "Drugs & Alcohol" in February 2011 • Area Forum for Appleton, Kingsway & Riverside hosting a daytime meeting of "Employment & Welfare Support" in January 2011. c) Partner agencies, including the third sector become embedded in the Local Area Forum mechanism d) EVOLVE monitoring process – piloted with 10 VCS organisations before full roll out – Full roll out by May 2012. e) 'Here to help' searchable website with	1. November 2011
2. **LOCALITY MANAGEMENT:** The local area forum mechanism is extended to include partners at planning meetings, three per year per area forum area. Provide focussed community development to support community involvement at public meetings and agree a minimum of one themed daytime meeting per year per area forum, a total of seven per year responding to local concerns.		2. January 2012
3. Undertake a Corporate review of partnership and coordination of local community, voluntary sector and faith groups		3. September 2011
4. Working with partners in Health, ensure the effective co-ordination of information and intelligence on voluntary and faith sector provision		4. May 2012

	intelligence on voluntary and faith sector provision will be fully populated by May 2012.	

REPORT TO: **Health Policy & Performance Board**

DATE: **11th January 2010**

REPORTING OFFICER: **Strategic Director, Adults & Community**

SUBJECT: **Halton Multi Agency Transition Strategy for Young People Aged 14- 25, 2010-2013**

1.0 PURPOSE OF REPORT

1.1 To present the updated Halton Multi Agency Transition Strategy for Young People Aged 14-25 2010-2013 (Transition Strategy) which is attached at Appendix 1.

2.0 RECOMMENDATION:

That the Policy & Performance Board

i) note and comment on the contents of the report.

3.0 SUPPORTING INFORMATION

3.1 The Strategic Transition Group which oversees the Transition Strategy has worked to expand the Strategy from 14 -19 to 14-25 and to refresh the existing Strategy to ensure that this is focused and purposeful.

3.2 The Strategic Transition Group has representatives from Halton Adults Social Care, Halton Children & Young People's Directorate, NHS Halton and St Helens, Riverside College, Transport Services, Housing commissioning and Greater Merseyside Connexions Partnershp.

3.3 A Focus Group of young people is supported by the Transition Co-ordinator to input into the Strategy. Halton Speak Out has also made a positive contribution.

3.4 The Strategy sets out very simply the domains in the transition from Children's to Adult services, what we are doing already and how we can improve. It is hoped that this format will be more attractive to parents and carers of young people who need to access transition services.

3.5 The experience of young people moving through transition is greatly assisted through the joint Children and Adults Transition Co-ordinator post which is currently vacant. The previous post holder has managed to lever in additional funding and was pivotal in raising the profile of Halton.

3.6 Currently transition strategies and services are monitored in each Local Authority by a Transition Support Worker who reports to the Department of Education. This is a three year programme and each year each Local Authority has been required to submit a self assessment of its performance in transition. This year Halton's rating was improved with the consequence that it was eligible to apply for funding from the innovations fund. This fund may cease given the current financial climate.

3.7 The lead for Transition in Halton has been with the Operational Director Prevention and Commissioning, Adults & Community and this will transfer to Children's & Young People's Services from 1st April 2011.

4.0 POLICY IMPLICATIONS

4.1 This Transition Strategy is in line with Government guidance on transition.

5.0 OTHER IMPLICATIONS

5.1 Financial

To date £50,000 is available to spend this year, which sits within the Sure Start budget.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

This Strategy will ensure that the needs of children and young people are met.

6.2 Employment, Learning and Skills in Halton

None.

6.3 A Healthy Halton

This Strategy will ensure that the most vulnerable adults needs are met.

6.4 A Safer Halton

None.

6.5 Halton's Urban Renewal

None.

7.0 RISK ANALYSIS

7.1 Transition is always the focus of any inspection in Adult Social Care or Children's Social Care. Good, robust arrangements need to be in place to ensure that all services work together to support a young person moving into adulthood.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Young people who need to move through transition are some of the most vulnerable and socially excluded in the community. This Strategy seeks to ensure that they can participate in mainstream community life.

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

DOCUMENT	PLACE OF INSPECTION	CONTACT OFFICER
Halton Multi Agency Transition Strategy for Young People Aged 14-25, 2010-2013	People & Communities 2nd floor, Runcorn Town Hall	Emma Sutton-Thompson

HALTON MULTI-AGENCY TRANSITION STRATEGY

FOR

YOUNG PEOPLE AGED 14-25

2010 - 2013

HALTON BOROUGH COUNCIL

connexions GREATER MERSEYSIDE

Halton Children's Trust
...Working together to make the difference

NHS
Halton and St Helens

CONTENTS

INFORMATION SHEET

Service area	All service areas
Date effective from	November 2010
Responsible officer(s)	Policy Officer
Date of review(s)	Annually
Status: • **Mandatory (all named staff must adhere to guidance)** • **Optional (procedures and practice can vary between teams)**	Mandatory
Target audience	All staff
Date of committee/SMT decision	A&C SMT 22/09/10 & 17/11/10 C&YP SMT 01/12/10
Related document(s)	N/A
Superseded document(s)	Halton Multi-Agency Transition Strategy for Young People with Complex Needs (2007-2010)
File reference	CC0034/Nov2010

PREFACE

This Strategy supersedes the Halton Multi Agency Transition Strategy for Young People with Complex Needs (2007-2010).

The Transition that this Strategy refers to is the process of change between being a young person to being an adult. This is a time of great change and opportunity for all young people, but it can also present challenges, particularly for young people who have social and health care needs arising from sensory and physical disabilities, long-term conditions, learning disabilities or mental health problems. These young people are the focus of this strategy.

Young people with social and health care needs are likely to require support from a variety of professional organisations during the transition process, and this strategy looks at how those organisations can work together in the interests of the young people and young adults and their families who need their support. The strategy covers a broad area, and links with a number of other strategies and work streams. Where appropriate these are referenced in the document.

In Halton we recognise that planning for this transition needs to start early, and the planning processes will be geared to this from Year 9 at school (when the young person is about 14). Although young people officially reach adulthood at 18, we recognise that young adulthood continues to be a time of considerable change, and so the transition arrangements will continue until the age of 25. This widens the remit of this strategy over its predecessor.

DWAYNE JOHNSON
STRATEGIC DIRECTOR
ADULTS & COMMUNITY
HALTON BOROUGH COUNCIL

GERALD MEEHAN
STRATEGIC DIRECTOR
CHILDREN & YOUNG PEOPLE
HALTON BOROUGH COUNCIL

DAVID SWEENEY
OPERATIONAL DIRECTOR
OF PARTNERSHIP COMMISSIONING
NHS HALTON & ST HELENS

JANE LUNT
OPERATIONAL DIRECTOR
CHILD & FAMILY HEALTH COMMISSIONING
NHS HALTON & ST HELENS

SECTION ONE: TRANSITION IN CONTEXT

THE NATIONAL CONTEXT

The Transition Support Programme is a government programme to improve support for disabled young people in their transition to adulthood, and sets out five focus areas for improving support at transition in local areas:

1. **Participation** of disabled young people and their families
2. Effectiveness of **personalised approaches**
3. **Joint assessments** processes within children's trusts and adult services
4. Realistic **post 16 opportunities** for living life
5. Strategic **multi agency working**

It is part of a wider programme called Aiming High for Disabled Children (AHDC), which is transforming local services in England for all disabled children, young people and their families (*National Transition Support Team, February 2010*).

THE LOCAL CONTEXT

The Transition Support Programme exists because although many local areas have improved the way they support disabled young people in their transition to adulthood, there is still significant progress that needs to be made before all disabled young people have positive outcomes and are supported to live the lives that they choose. For Halton, this might mean:

- Effective engagement with and participation from disabled young people and also their families;
- Effectiveness of personalised approaches including person centred planning, use of individual budgets and direct payments;
- Joint assessment processes within Children's Trust services, including schools and with adult social care;
- Realistic post 16 opportunities for living life and to help reduce the numbers of disabled young people who are not in education, employment or training;
- Strategic partnership working including commissioning, to ensure that all agencies are fully engaged in providing transition support. In addition ensuring that other AHDC activity and universal offers, like the youth strategy, take into account the needs of disabled young people at transition.

A VISION for HALTON

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

Halton's Strategic Partnership Board has set out five strategic priorities for the Borough, in its Community Strategy, 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**

Our vision in Halton is that young people with social and health care needs should enjoy the same rights to citizenship and inclusion as all young people.

Support services should therefore be directed towards helping young people to develop choices that are right for them, to realise their full potential, and participate fully in the wider community.

In the sections that follow, the vision is broken down into specific Aims. In each section, there is an evaluation of how far these Aims are being met already, and how we can improve further, leading to specific actions, which are summarised in Sections 15 and 16.

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. The mid-year population estimates, population projections for under 19's, in Halton shows that there has been an increase in the numbers in the 0-4 year olds, the 5-9 and 15-19 year old populations have remained static over the past few years but the 10-14 year old population has decreased. Population projections show that the 10-14 and 15-19 population is predicted to decrease in the next few years.

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.

ASSESSMENT OF NEED

The following tables details actual and projected areas of need, based on young people currently receiving or likely to need Adult Social Care, those expected to leave school in 2010 – 2012 and those currently receiving services from connexions for clarity and future service and commissioning development.

Young People receiving or likely to need adult social care (Financial Year):

	2010/11	2011/12
Turning 18 – still in school	6	9
Leaving school (may go on to college)	7	7
Leaving college	8	12

Young People expected to Leave School in 2010 - 2012

School year beginning	ASC (inc Aspergers)	Physical Disability	Learning Disability	Social & Communication Difficulties for Severe Learning Disabilities
Sept 10	27	9	27	1
Sept 11	36	13	28	3
Sept 12	26	9	21	3

Young People 19-25 with Learning Disability & Difficulties currently receiving services from Connexions

ASD	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24	Total
Aspergers Syndrome	6	2	2	1	0	0	11
Autism	1	1	0	5	1	0	8
Total	7	3	2	6	1	0	19

PHYSICAL	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24	Total
Cerebral Palsy	1	0	1	1	0	1	4
Cystic Fibrosis	1	0	0	0	0	0	1
Head Injuries	0	1	0	0	0	0	1
Hydrocephalus	1	0	0	0	0	0	1
Other Mobility Problems	1	1	0	1	0	0	3
Restricted Growth (Achondraplasia)	0	1	0	0	0	0	1
Spina Bifida	2	0	0	0	0	1	3
Wheelchair User	0	2	0	1	2	1	6
Total	6	5	1	3	2	3	20

SLD	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24	Total
Severe Learning Difficulties	10	8	2	5	2	1	28
Total	10	8	2	5	2	1	28

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.

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'.

The Joint Strategic Needs Assessment (JSNA) published in 2008 summarizes the needs of Halton's residents. The key findings relevant specific populations and specific conditions to this strategy are highlighted below:

Children

- Population estimates indicate that Halton has a younger population than the regional and national average. However, overall the 0-19 population is decreasing.
- Windmill Hill is ranked the most deprived ward in the borough across all domains and is ranked the most deprived ward in terms of health.
- Over 50% of Halton's children live in the 20% most deprived areas nationally and a further 15.5% live in the 40% most deprived areas nationally, with only 8% of children living in the 20% least deprived areas nationally.
- A number of major health issues relevant to children and young people in Halton have been identified through the JSNA and the Children and Young Peoples Plan. Key issues include, higher rates of infant mortality and low birth weight, high rates of teenage pregnancy, high rates of obesity for both reception and year 6 children. In Halton, 24% of reception age children are overweight and 11.6% are obese, and 36.3% of Year 6 children are overweight and 22.3% are obese. All of these levels are above the England average

Pregnant Women & Newborns

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

Conditions

- **Mental Health and Emotional Well-being** – it is estimated that 2000 children and young people in Halton have moderately severe problems requiring attention from professionals trained in mental health, and approximately 500 children and young people with severe and complex health problems requiring a multi-disciplinary approach.

- **Obesity in Adults –** nationally the levels of overweight and obesity are increasing and this pattern is reflected in Halton. Between 20% to 25% of adults in Halton are obese and these figures have increased in recent years. Considered alongside the increased levels of obesity in children this is a key priority

- **Diabetes** – If the current rates of obesity continue, by 2010 4.4% of the adult population will have type 2 diabetes which will rise to an estimated 6.16%, or 6,700, GP registered patients by 2020.

- **Substance Misuse** – Whilst the rates of Substance Misuse have remained stable from 2008 to 2009 in England and the Northwest, Halton has seen an increase of 2.9% to 12.3%, placing Halton higher than the average for Northwest (11%) and England (9.8%). The adult needs assessment is seeing changing patterns in drug use amongst those aged up to 25. This group of young adults are presenting to services using a combination of alcohol, cocaine & cannabis, or are injecting steroids. The number of individuals injecting steroids far out weighs the number of heroin and crack cocaine injectors in the Borough. There are also indications that there is a rise in the use of 'legal highs' by young adults, however, there is currently no local data available with regards to this particular issue.

- **Alcohol** - Halton has been identified as the eighth worst local authority area in England for alcohol related harm[1] and estimates are that 1 in 4 adults would benefit from reducing their alcohol intake to within safe recommended levels; this estimate does not include dependent drinkers. Halton is the second worst local authority in England for alcohol specific hospital admissions for under 18s, i.e. 325th out of 326 Local Authorities and this does not include hospital attendances. 51% of pupils indicated that they had had an alcoholic drink at some point. In relation to consumption in the previous 4 weeks however 64% had not had an alcoholic drink although 18% indicated they had been drunk at least once.

- **Smoking** – The results of a Halton survey of 15-16 year olds highlighted that the smoking rates of 15-16 year olds match that of adults, although there is a significant difference in smoking take up rates -18% male and 29% female.

- **Food and Nutrition** – males in the 18-34 age group have the poorest diet, with lower intake of fruit and vegetables, and more poor diet habits

- **Sexually Transmitted Infections** – in addition, the number of young people diagnosed with sexually transmitted infections is increasing.

The updated position of Halton's Joint Strategic Needs Assessment (JSNA), published in Autumn 2009, highlights:

- improved Chlamydia screening coverage in under 25s, with rate of positive infections decreased
- increased number of under 18 conceptions, but decreased number of under 16 conceptions
- child obesity levels continue to be a challenge and a priority

The overall aim for health as detailed in the Community Strategy is: To create a healthier community and work to promote well being and a positive experience of life with good

[1] LAPE 2010

health, not simply an absence of disease, and offer opportunities for people to take responsibility for their health with the necessary support available.

To achieve this aim NHS Halton and St Helens produced two key documents, 'Ambition for Health' and the 'Commissioning Strategic Plan' in 2008.

Ambition for Health is a key document for NHS Halton and St Helens in terms of improving the health of the local population. The document set out key 'ambitions' that are based on understanding the needs of the local populations. These are as follows:

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

The Ambition most relevant to this strategy is 'To provide services which meet the needs of vulnerable people'; which will be measured via the below outcomes:

- Ambition 19 – by 2013 more people with learning disabilities will be able to achieve their aspiration and have more choice and control over their lives, better health and improved quality of life
- Ambition 21 – by 2013 people with physical and sensory disabilities will experience a greater quality of life, barriers to health and health care that are experienced by people with physical and sensory disabilities will have been identified and actions taken to remove them

Following on from this NHS Halton and St. Helens then produced the *Commissioning Strategic Plan*. This document turns the Ambition for Health goals into action by delivering transformational change in a number of key areas that support the strategic priorities.

The six priority areas identified in the Commissioning Strategic Plan are:

- Alcohol
- Obesity
- Early detection: Diabetes, respiratory, heart disease, cancer
- Early Detection: Depression
- Prevention: Tobacco Control
- Safety, Equality and Efficiency: Planned and Urgent Care

SECTION TWO: OVERSEEING THE TRANSITION PROCESS

AIMS

- Relevant agencies are engaged fully in supporting young people through the transition process, and work together in the interests of the young people.
- Professionals working with young people in transition are clear about their roles and responsibilities and discharge them fully and in a timely manner.
- At Year 9, there is a process to identify all young people who are likely to require support in the future.
- These young people are monitored between the ages of 14 and 25, to ensure that agencies that can help are involved in a timely way.

WHAT ARE WE DOING ALREADY?

A Transition Protocol agreed by key agencies identifies professional roles at each stage in the transition process.

Connexions have a key role in providing a personal advisor service to all young people with a Statement of Special Educational Needs

A transition coordinator was appointed by Halton Borough Council in 2007 to support transition, working closely with Adult and Children and Young People's Services. This has been effective in identifying any problems, and helping people to understand what is expected. The transition coordinator can help answer people's queries, and help to collate information, and chase up things that need to happen. The transition coordinator has a remit to work across all adult service areas, including learning disability and mental health services, and services for people with physical disabilities or sensory impairments.

A termly tracking meeting considers young people from Year 9 who are the subject of a Special Educational Needs Statement, identifying young people who are likely to require future support from Adult Services, and coordinating processes such as reviews and referrals. Operational Managers attend monthly meetings to monitor the progress of young people known to the Children and Young People Directorate who will require Adult Services. Young people can be added to these systems at any time after Year 9 if it becomes clear they will need support in the future.

Looked After Children are included in these arrangements, and discussions include a consideration of the respective roles in each case of the Leaving Care service, which has statutory responsibilities to support Looked After Children into early adulthood, and Adult Services which have responsibilities to undertake Community care Assessments on eligible adults.

The system has worked well - different agencies have worked well together - and this has largely avoided the situation where planning has to take place at the last minute for young people who have not been identified early enough.

One recent exception to this was a young person who developed mental health problems and needed specialist placement at age 17, but Adult Services were not involved.

A Children & Adults Transition Strategy Group attended by senior managers meets every 4 months to look at broader issues around the transition process, representatives include:

- Operational Director – Prevention & Commissioning, Adults & Community Directorate, Halton Borough Council (Chair)
- Operational Director – Children & Families Services, Children & Young Peoples Directorate, Halton Borough Council
- Divisional Manager – Assessment, Adult & Community Directorate, Halton Borough Council
- Divisional Manager – Adult Learning Disabilities, Adults & Community Directorate, Halton Borough Council
- Divisional Manager – Prevention & Commissioning, Adults & Community Directorate, Halton Borough Council
- Divisional Manager – Child Protection & Children in Need Services, Children & Young Peoples Directorate
- Divisional Manager – Inclusion 0-25, Children & Young Peoples Directorate, Halton Borough Council
- Assistant Director of Child & Family Health Services, NHS Halton & St Helens
- Assistant Director (Halton) – Greater Merseyside Connexions Partnership Ltd
- Head of Student Services – Riverside College Halton
- Senior Commissioning Manager – Partnership Commissioning, NHS Halton & St Helens
- SEN Inclusive Advisor – Greater Merseyside Connexions Partnership Ltd
- North West Regional Advisor, National Transition Support Team

HOW CAN WE IMPROVE?

- Special Schools and local Colleges are key partners in improving transition for young people and young adults. Their increased participation in strategic planning for transition will be sought.

- The tracking of young people through transition has been an important part of the transition arrangements agreed between the relevant agencies. It has become clear that this needs to formally include young people and young adults from 14 – 25.

- It is in everyone's interests that meetings to develop and oversee the transition process are efficient and their purpose is clear.

WHAT ARE WE GOING TO DO?

- Review all meetings to develop and oversee the transition process for efficiency and purpose

- Update Transition Protocol

SECTION THREE: PLANNING WITH INDIVIDUALS

AIMS

- Year 9 and subsequent annual reviews involve the young person meaningfully, as well as their families and relevant professionals, and look at broad issues around each young person.

- Arising from the Year 9 Review, a person centred transition plan is prepared that touches on every area of future life, and this informs the support the young person receives

- There is a smooth hand over between professionals who work with children and professionals who work with adults, with adults' professionals involved early enough to ensure this happens

WHAT ARE WE DOING ALREADY?

During 2009/10, staff responsible for arranging Special Educational Needs (SEN) reviews in both mainstream and special schools are being given training in making reviews more participative and focussed on broad issues, not just education. Health practitioners are typically involved in reviews, including education-led reviews, of young people with complex health needs.

During 2009/10, Halton Borough Council worked with Helen Sanderson Associates to develop skills around supporting individual plans in relation to developing Individual Budgets.

Halton Speak Out was commissioned to support young people from Year 9 to develop their own person centred transition plans.

Improved tracking of individuals going through the transition process has facilitated allocation of social workers from adult teams when young people are 17.

Halton are in the process of introducing individual budgets for people. This gives people greater opportunities for people to arrange their own services and customise them to their own requirements. Individual budgets for children are being piloted in Halton.

HOW CAN WE IMPROVE?

- Although individual planning has undoubtedly improved, we need to develop a system for checking the quality of individual planning on an ongoing basis, so that we can be sure that progress is sustained

- For young people with more complex needs who clearly meet eligibility requirements for adult services, the arrangements are working well, but there are concerns that some young people who do not meet the eligibility requirements for social care services remain potentially vulnerable. We need to improve the safety net for young people aged 18-25 in this position by strengthening preventative services.

- Individual planning is likely to be inspired by positive role models, and this gives a responsibility to promote and celebrate the successes of young disabled people, and where possible use peer encouragement to help motivate others.

- The introduction of individual budgets provides a good opportunity for newcomers to adult services to arrange services on that basis - also for any children already receiving direct payments or individual budgets to continue to receive them into adulthood, where eligibility continues.

- It has become clear that for some young people with more complex needs allocation of a social worker from an adult team needs to be arranged before the young person's 17th birthday to allow sufficient time to plan and arrange the services required as an adult.

WHAT ARE WE GOING TO DO?

- Extend the scheme to support person centred Transition Plans, building on the work from Halton Speak Out, to capture the new cohort of Year 9s and ensure that annual reviews continue to embrace person centred principles, with Year 10 reviews building on ideas of citizenship.

- Develop a system to quality check SEN Reviews and Transition Plans.

- Extend the existing Prevention & Early Intervention Strategy 2010-2015 to include special consideration of 18 - 25 year olds, and within this develop additional preventative services for this age group in conjunction with other stakeholders, e.g. Leaving Care service and Halton Youth Service.

- Continue to roll out individualised budgets, and within this prioritise young people, who are new entrants to adult services.

- Ensure direct payments from Children and Young People's Services continue smoothly where eligibility continues into adulthood

- Develop rule of thumb criteria for allocation of social workers from adult services earlier than a young person's 17th birthday. This will include young people likely to need specially commissioned services.

SECTION THREE: COMMISSIONING SERVICES

AIMS

- A mechanism to aggregate individual plans into commissioning plans as part of a proactive approach to anticipating future needs.

- Robust local services, reducing the need for young people to move away from their local communities to receive the services they need.

WHAT ARE WE DOING ALREADY?

The tracking of young people from age 14 – 25 who are likely to need support into the future provides useful information to help plan future services. It also gives potential early warning of future gaps in services that need to be addressed in commissioning plans.

The Transition Coordinator produces an annual report for the Transition Strategy Group, which includes summary data of young people in the transition tracking process.

When children and young people move out of the local area to receive special schooling or college placements, this has long-term implications for future care and support, as well as diverting resources away from local provision. Commissioners of such placements therefore look first at utilising local options to meet identified needs.

Although there are good practice examples of creatively developing local services in response to local need, there is room for improvement and development in the future.

HOW CAN WE IMPROVE?

Commissioning partners for health and social care services are the NHS Primary Care Trust, and the Local Authority. The Education Funding Agency (EFA) / Skills Funding Agency (SFA) commissions education and training provision**.** In April 2010 Halton Borough Council took over responsibility for the planning and commissioning of training and education for 16-19 year old learners, and up to 25 years old for learners with learning difficulties and disabilities (LLDD), from the EFA / SFA. The Coalition Government has confirmed that local authorities have a strategic commissioning and influencing role that should include maintaining the strategic overview of provision and needs in their area by identifying gaps, enabling new provision and developing the market and work closely with the EFA / SFA in order to maintain control of the available budget.

- The local authority will then be responsible for Strategic Commissioning and the Education Funding Agency will be responsible for the funding post 16 provision.. All partners need to develop a proactive and collaborative approach to commissioning services as part of their overall strategy for young people and adults, in partnership with local providers.

- Within the strategy, particular attention will need to be paid to promoting local options, reducing the need to commission out of area provision, which has the effect of depleting local resources.

WHAT ARE WE GOING TO DO?

- Strengthen local commissioning partnerships to support the development of local resources for disabled young people and young adults.

- Ensure young people and young adults with health and social care needs are positively represented in emerging local strategies.

- Look at innovative ways of combining education and social care funds within individual budgets, so that flexible person centred programmes of learning and support can be tailored to individual needs.

SECTION FOUR: SUPPORT FOR FAMILIES

AIMS

- Support to enable young people to continue to live with their families, where they choose to do so.

- Ensure there is recognition and practical support for family and other informal carers.

WHAT ARE WE DOING ALREADY?

Halton's Joint Commissioning Strategy for Carers, produced with wide carer participation, provides a comprehensive analysis of needs, summarises the range of current services available for carers, and sets out plans for developing services further. The key present and future role of family carers is highlighted in the strategy, which underlines the local commitment to offer carers recognition and support. The particular needs of young carers are included, some of whom are involved in the care of siblings with complex needs.

Currently there are specific assessors attached to Children and Adult teams providing assessments for carers.

The whole range of services referred to in this strategy is important for supporting family life. However short break services are particularly important for many families.

Increasingly, families are able to exercise choice and flexibility over short break services. The Aiming High for Disabled Children programme has delivered an increased range of provision, and capital funding has been used to improve access to a range of community facilities, benefiting children, young people and their families, benefits that continue into adult life.

Choice is further enhanced by the opportunity to access direct payments, which may be part of an individualised budget (self directed support), or as an alternative to a service identified following traditional assessment. Where services are received in this way by a young person, provided there is continuing eligibility for adult services, services can continue in the same way when the young person becomes an adult.

Despite the growth of respite provision and direct payments, some young people still access more traditional short break facilities at a residential unit. These have been targeted on children and young people with the greatest need. Corresponding services are available to adults, but in some cases the number of nights available per year to adults will reduce.

In April 2010 a joint commissioning unit was been established with members from the local authority, health and the voluntary sector. The joint commissioning unit will explore the emerging health, education and social care agenda for children and young people.

HOW CAN WE IMPROVE?

- Where families of young people are receiving a high level of short break support, this is a likely indicator of the need for early intervention from adult services (i.e. before 17th birthday) to allow sufficient time for planning.

- Although an increasing number of carers have received assessments, this needs to be a systematic part of the transition process.

- We need to build on good practice to increase access to direct payments and self directed support.

WHAT ARE WE GOING TO DO?

- Where young people living with family carers are being assessed for adult services, a separate assessment of carers' needs will be undertaken (unless declined). To confirm this is happening, the Transition Coordinator's annual report will summarise details of carer assessments carried out relating to young people in transition.

- Halton will continue to promote the increasing take up of direct payments and self directed support.

- The receipt of high levels of short break services as a young person will be one of the criteria for early allocation of a social worker from an adult team.

SECTION FOUR: SUPPORT WITH ACCOMMODATION

AIMS

- When young people want to leave home and live independently, there is a range of signposted accommodation options available

WHAT ARE WE DOING ALREADY?

The Halton Learning Disabilities Partnership Housing and Support Strategy provides a detailed analysis of housing options for people with learning disabilities available locally. Over the years, Halton has worked with a range of housing providers and support providers to provide a high level of supported accommodation for adults with disabilities.

Further work has taken place to create a register of local adapted properties, suitable for people with mobility and other related needs. Floating support schemes funded by Supporting People are available for people who need a few hours support a week

There is little local reliance on residential care, reflecting a local commitment to helping people to access community housing. This has been strengthened further by the publication of information about how people can access a range of housing options ("Six Ways to get a Home").

Improved tracking of young people through transition, supported by the work of the Transition Coordinator, has enabled housing needs to be picked up at an early stage. As a result, some young people with complex needs have been supported to find local accommodation, accessing vacancies within supported houses, or working with local providers to create new shared schemes.

PERSONAL STORY

The transition planning process started for Rose as she got closer to her 17th birthday. Rose has complex needs so to support her making the transition in adulthood multi agency meetings were arranged in order to provide the necessary foundations to work with Rose and develop her own transition plan, using the Person Centred Planning Framework.

By using this approach it allowed Rose and her family to work with the range of professionals to explore the options and empower the family to make positive choices and maintain those positive relationships which had been built up over Rose's childhood. Due to the extensive planning and preparation
Rose was able to move into her own supported tenancy where she was supported by staff and where her family were confident in the care and support she would receive.

HOW CAN WE IMPROVE?

- Although there are good examples of work in individual cases, there is a lack of an overarching process involving all the key stakeholders to support the planning and allocation of resources in response to accommodation needs of adults with

disabilities. This means that accommodation needs identified during the transition period have been dealt with in an ad hoc, rather than a systematic, way.

- Despite the signposting of options within “Six Ways to get a Home”, there is little evidence that these options are being actively pursued (for example, there has been no take up of Shared Ownership). An overarching steering group would help give further impetus to this. It would also help identify gaps in provision.

- There is anecdotal evidence that the range of schemes offering low-level support needs to be developed (e.g. the development of “key-ring” services”). Such schemes would need to be competent to support people with Higher Functioning Autism (Aspergers Syndrome).

- Appropriate housing is also the key to offering local alternatives to young people who due to their complex needs have required placement out of area, or who for similar reasons have been placed in out of area colleges in young adulthood.

WHAT ARE WE GOING TO DO?

- Partners to review the overarching mechanisms to carry out a sustained audit of current provision and future need for accommodation, including young people in transition, and implement a more robust system.

- Within this, review the need for all kinds of accommodation, including low level support schemes, and adapted or specialised properties.

- Also within this, provide more detailed guidelines for professional staff who will be instrumental in signposting people towards housing options.

SECTION FOUR: SUPPORT WITH DAY TIME ACTIVITY

AIMS

- Support for people to live fulfilling lives, with well signposted choices
- Support routes into employment for those who are able

WHAT ARE WE DOING ALREADY?

Over the last few years, day services for disabled adults and adults with mental health problems have been transformed, with a move away from using large segregated bases, towards a greater variety of activities based in ordinary community settings, including small community businesses, and the service is looking to expand this further with new ideas and opportunities.

This has been given greater momentum by the development of direct payments and self-directed support, increasing the choice and flexibility open to people.

The Community Bridge Building Service now provides the gateway to activities, by working with people to identify their needs and wishes, and helping them to arrange individual programmes of activity, using all the resources the community has to offer. Young people are able to access the Community Bridge Building Service as part of their transition plan.

The Community Bridge Building Service has carried out successful pilots working with young people at College to help plan next steps in advance of their college leaving dates, and also to arrange supplementary activities where young adults are looking for a five-day programme, and college provision is only available on limited days.

PERSONAL STORY

When Community Bridge Builders received a referral to help Barry, he had recently been admitted to a local psychiatric hospital, and things were not going well. Barry's person centred plan had explained he was a long time supporter of Widnes Vikings and had been doing a photography course at a local college.

When Community Bridge Builders told Barry there was a possibility he might be able to help on the turnstiles at the Stobart Stadium on match days, it certainly hastened his recovery! Barry has been working on the turnstiles for several months, now. During that time he has been able to pursue his interest in photography by joining the official photographers on match day. Barry says these new experiences are helping him to gain fulfilment and confidence and stay well.

Various local organisations offer schemes to support people into work, including Halton into Jobs, the Shaw Trust and the Richmond Fellowship. A certain level of "readiness for work" has to be demonstrated before these schemes are likely to be able to help, but they are seeking to extend their eligibility criteria to support a wider group, e.g. by seeking funding to offer schemes to people accessing work for a few hours per week, which would offer a helpful stepping stone for some.

HOW CAN WE IMPROVE?

- Build on the pilot work carried out by the Community Bridge Building Service, to reach into students with disabilities attending local colleges.

- Extend eligibility for Bridge Building Services to vulnerable young adults between 16 and 25 as part of a preventative service to people who are on the borderline of meeting the eligibility criteria for social care services, creating extra capacity within the Bridge Building Service to meet this demand.

- Halton is in the process of drawing up an Employment Strategy, which will provide more details of routes into employment, and will look in more detail at the needs of 16 – 25 year olds.

- Where young people are indicating that they would like to consider employment options, we need a concerted person centred approach to support that aim from an early stage, so that preparation and training, work experience, and links with potential employers can be prioritised and coordinated, backed up by positive support from professionals. To facilitate this, there needs to be access to advocacy and brokerage for individuals, helping them to break down barriers, including lack of expectations.

WHAT ARE WE GOING TO DO?

- Allocate development funding to target advocacy and brokerage to develop and implement a supported Employment Pathway for young people who want to choose employment.

SECTION FOUR: PERSONALISATION AND SELF DIRECTED SUPPORT

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. A Self Directed Support Group has been established (which reports to the Transforming Adults Social Care Group) whom aim it is to establish effective arrangements across the whole of adult social care to deliver self-directed support and personal budgets.

SECTION FIVE: EDUCATION AND TRAINING

AIMS

- A range of flexible local Education and Training options accessible to disabled young adults, designed to maximise individual potential.

- Minimise the number of young disabled adults who due to lack of suitable local provision are forced to move away from home to obtain education and training.

WHAT ARE WE DOING ALREADY?

In 2009/10, the Education / Skills Funding Agency supported a local Transition Brokerage Project. This was designed to ensure that young people wanting to pursue college options were able to consider a local offer, tailored to the particular individual requirements of the student.

Government plans to disband the Learning and Skills Council (which funds post-14 education and training) from April 2010. Its functions will be split between Local Authorities (for 14-19 provision) supported by the Education Funding Agency, and the Skills Funding Agency for Adult (19+) training provision. This is likely to begin to affect provision from the 2010/11 academic year. The Government has pledged that the changes will be effected smoothly. It is too early to predict the likely affect of this, and it may take a time for changes in provision to occur.

HOW CAN WE IMPROVE?

- We need to ensure that education and training provision is tailored to individual learning needs, linked with plans for the future. We need to explore more imaginative and flexible ways of doing this to improve outcomes for individuals, and use available funding and resources more efficiently.

WHAT ARE WE GOING TO DO?

- The development of an Employment Pathway (see Section 7) will involve education and training providers, and will help model good practice for the future.

SECTION FIVE: FRIENDSHIPS AND RELATIONSHIPS

AIMS

- Opportunities and support for vulnerable and disabled young people to make and sustain safe friendships and relationships.

WHAT ARE WE DOING ALREADY?

Connexions offer a Teenage Pregnancy and Sexual Health support service.

Many young people find that the transition from comparatively sheltered special school environments into college life and beyond presents particular social difficulties, and local agencies including Connexions, local Colleges, the PCT, Brook, Terence Higgins Trust and the Local Authority have been looking at ways to develop specific targeted advice and guidance services, under the banner “Ready, Steady, College”.

Person centred planning addresses all areas of life, and making and sustaining friendships and relationships is an important area. For some this will mean taking care that there are opportunities for friendships created during long years at school to continue.

People with more complex needs can easily find that when opportunities at school and college are no longer available, their only “friends” are the staff who support them. The development of person centred approaches means that these issues are increasingly addressed in a way that is right for the person, and with the person at the centre of decision-making about their future.

HOW CAN WE IMPROVE?

- There is a need to continue to develop and embed the ethos of person centred planning and person centred services, backed up by staff training and the development of appropriate policies.

- Social isolation can be a problem for vulnerable young adults with less intensive support needs who have often been on the margins of social care services. Among this group are young people with Asperger Syndrome and ADHD. Failure to recognise their support needs can contribute to mental health breakdown, drug and alcohol problems, and other social problems in the future. Development of low-level support schemes, which include social networking, is required to help address these problems.

WHAT ARE WE GOING TO DO?

- Multi agency “Ready Steady College” Project to continue, supporting the social transition from school, developing opportunities for vulnerable young people to develop awareness and skills. Innovation Funding bid to support the programme, developing multi-media curriculum materials for use with young people and others.

- Refresh guidelines for staff on supporting relationships and maintaining appropriate professional boundaries.

- Plan the development of low-level support schemes for vulnerable young adults

SECTION FIVE: STAYING HEALTHY

AIMS

- Young people and young adults with disabilities have equal access to general health advice and health care
- In recognition of the particular health challenges faced by disabled people, all disabled young adults are introduced to appropriate health screening programmes.
- All young people in transition are encouraged to complete a Health Action Plan as part of their person centred Transition Plan.

WHAT ARE WE DOING ALREADY?

Work is currently underway to ensure all adults with learning disabilities known to social care services are identified by their General Practitioners, and receive the offer of an annual health check. This has been promoted by the designation by the NHS of annual health checks for people with learning disabilities as a Directed Enhanced Service. The scheme has required General Practitioners to receive special training. Over 80% of local General Practitioners have signed up for the scheme, and the Community Learning Disability Team is completing work to ensure that appropriate registers are updated.

A variety of Health Promotion programmes are accessible to all children and young people, including universal healthy school programmes, Mend, Fit for Life, Family Cook and Taste, and schemes for education about smoking and the Stop Smoking support service.

HOW CAN WE IMPROVE?

- A systematic approach to developing Health Action Plans for young people in transition needs to be developed to ensure that everyone has support to develop a Health Action Plan as part of their planning from Year 9.
- As the system for offering adult health checks for adults with learning disabilities is being newly introduced, this will be monitored and supported closely in the initial stages by the community Learning Disability Team, with support and encouragement to eligible people to take up their offer. This will particularly apply to young adults, some of which will have received most of their healthcare as children from specialist paediatric services and within school.

WHAT ARE WE GOING TO DO?

- Record and monitor statistics of take up of both Health Action Plans for young people in transition (aged 14 – 25) and Health Checks of young adults (aged 18 – 25).

- Develop a Care Pathway for young disabled people in transition, clearly identifying the roles of each professional, including the School Nursing Service and community nurses to ensure that Health Action Plans are included as part of transition planning from Year 9, and transition to adult health services is smooth, and appropriate information is shared.

- A community nurse within the Community Learning Disability Team will be given oversight of young people in transition to support relevant processes, including ensuring that each young person is supported to receive a Health Action Plan.

SECTION FIVE: SPECIALIST HEALTH SUPPORT

AIMS

- Young people with complex health needs receive the specialist services they need, with smooth transition between specialist children and specialist adult services

WHAT ARE WE DOING ALREADY?

The Adult Complex Needs Panel looks at social care funding proposals for individuals and approves on a case-by-case basis. This enables plans to be agreed in advance. Separate applications for Continuing Healthcare funding are submitted to the PCT. However there is now a single combined Panel to explore ways in which Health and Social Care needs can be met in a coordinated way, and funding agreed.

Pathways for transfer from CAMHS into both adult Learning Disability services and adult Mental Health services have been developed within the 5 Boroughs Partnership NHS Trust.

HOW CAN WE IMPROVE?

- We need to ensure there is early planning for transition of young people with complex health needs, with identification of key health worker to manage the transition process.

- Previous difficulties in coordinating health and social care funding have led to recent improvements, but it is necessary to keep these arrangements under review to ensure effective mechanisms for assessing and allocating appropriate funding for people with complex needs.

- Access to Acute Hospital settings when required can be a particularly difficult experience for people with disabilities. Although there is currently some support from community teams, the approach needs to be further developed.

- We would like to offer individualised Health Budgets, and support their development locally.

WHAT ARE WE GOING TO DO?

- Review the pathway for managing the transition of young people with complex health needs into adult services, including use of key workers. The pathway must ensure that plans are founded on comprehensive needs assessment, including specialist assessments, and that timely mechanisms for completing these are in place.

- Review of palliative care services and development of equipment and wheelchair services are expected to lead to increased availability of appropriate support to young people.

- Review the arrangements for supporting young people who need to access Hospital settings, including consideration of introducing a “Health Passport”.

- Community learning disability services will continue to be modernised to deliver care, support and treatment closer to home.

- Funding for a Specialist Community Positive Behaviour Service has been agreed, and this will be developed from 2010. This is designed to support people of all ages, from children to adults, and part of the rationale for this was to support planning for people with complex needs by a single team through the transition process. The service will target people with severe learning disabilities who present the most challenges.

- Be ready to offer individualised Health Budgets when mechanisms are agreed nationally, and assist the development process.

SECTION SIX: TRANSPORT

AIMS

- Local public transport is affordable, accessible and convenient to allow young disabled people access the community facilities of their choice.

- Young people are given support to access a range of transport options that meet their individual needs and develop opportunities for independence and choice.

WHAT ARE WE DOING ALREADY?

Across the Borough, work to implement the Local Transport Plan (2006-11) has included upgrading all bus stops to allow disabled access. This work has been progressing well. A good proportion of local taxis are accessible to people with mobility difficulties.

Halton has two posts created to deliver the Travel Training scheme. A DVD is available to publicise and explain the scheme, and help raise expectations about using public transport independently. This is used widely in schools and with other groups. Further travel training is carried out by the Community Bridge Building service, as part of introducing people to community activities of their choice.

The national Concessionary Fare scheme is available locally to eligible disabled people, giving free off-peak travel by bus. Halton has used its discretion to extend this scheme to the use of Dial-a-Ride, a service operated by Halton Community Transport with financial support from the Borough Council, allowing flexible door to door access to community facilities for eligible people.

Halton Community Transport also runs an Accessible Learner Service, liaising with Riverside College to transport disabled students to and from college to accommodate their individual timetables. It also arranges transport to and from the Independent Living Centre in Runcorn.

The Neighbourhood Travel Team is able to offer subsidised taxi travel to work in individual cases, where other public transport is unavailable, and are about to introduce a Scooter Commuter Scheme to assist young people.

An annual “Wheels for All” event showcases the range of bikes suitable for use by disabled people, and Halton has encouraged the use of bicycles as part of School Travel Plans, with financial incentives to cycle where there is eligibility for assisted transport.

HOW CAN WE IMPROVE?

- Halton still operates a fleet of fully accessible vehicles providing transport to specific Centres across the Borough. This is supplemented by individual taxi contracts where these are cost-effective. Discussions are underway with the PCT to consider whether non-emergency patient transport can be managed as part of an integrated service.

- Provision of transport is operating in a fast changing environment where services may be expected to become more personalised. Halton recognises that provision of transport needs to keep pace with this changing agenda.

WHAT ARE WE GOING TO DO?

- In 2010, Halton will complete an Accessible Transport Study, to take account of the developing personalisation agenda, and future demographic changes. This will include consideration of the needs of young disabled people.

- Findings of the above will inform the development of the next Local Transport Plan.

SECTION SEVEN: SAFEGUARDING

AIMS

- Ensure that there is continuity of protection for young people as they move into adulthood

WHAT ARE WE DOING ALREADY?

Halton has established procedures for both Child Protection and Adult Safeguarding, with agreements in place between relevant agencies, and programmes of staff training. Although arrangements for children and adults are necessarily different due in part to different legislation affecting children and adults, they are nevertheless underpinned by similar principles, and safeguarding strategies have much in common.

Strategic continuity is aided by the appointment of the Operational Director for Adults and Community Directorate (Prevention & Commissioning) as the chair of the Halton Safeguarding Children Board, which will be taken over by Children and Young People's Services in April 2011.

A key priority in ensuring continuity is the sharing of information when key roles are transferred during the transition period. Where young people approaching adulthood have been subject to child protection concerns, and where those young people are being considered for adult services:

- It is the responsibility of Children and Young Persons' Services to alert Adult services to those concerns as part of the handover arrangements.
- It is the responsibility of Adult Services to consider how Safeguarding Adults procedures will need to be applied in each individual case.

The introduction of clear arrangements for transfer of responsibility from Children and Young Persons' Services to Adults' services means that this handover is managed systematically. Training of staff from Adult Services in Child safeguarding procedures is helpful in ensuring that they are aware of how safeguarding issues would have been previously addressed.

In adults' services, in each case a community care needs assessment is undertaken and considered carefully against Fair Access to Care Services (FACS) criteria, taking account of any safeguarding issues.

Needs assessed as critical, substantial or in some cases moderate meet the criteria for service provision through the care and support planning process.

Where young people are not eligible for adult services (for example, due to their having been assessed as having no disability or mental health issues resulting in eligibility for services), there is no basis for the involvement of adult services, although young people who fit the relevant criteria are eligible to receive continuing support from Children and Young Persons' Services under leaving care arrangements.

Where young people are on the borderline of eligibility for adult services, Adult teams work cooperatively in situations where there may be doubt about which team should

assume responsibility for supporting vulnerable young adults, and there are written protocols setting out these arrangements.

We are proud of our social care services in Halton, and judged ”excellent” in the 2010 Safeguarding Adults Inspection and 2009-10 Annual Assessment conducted by the Care Quality Commission.

HOW CAN WE IMPROVE?

- The arrangements for safeguarding in transition appear to be working well, but this will be subject to scrutiny in 2010 as safeguarding adults arrangements will be one of the focal points of an inspection of adults' services to be carried out in Halton by the Care Quality Commission. This will look at not only adult social care, but how agencies work together to the benefit of services users.

- Safeguarding children, young people and vulnerable adults (i.e. those whose circumstances render them vulnerable to abuse) is everyone's responsibility. We should ensure that all employees, including both paid staff and unpaid volunteers, are able to recognise possible indicators of abuse and know how to report concerns. This includes staff predominantly working with adults knowing what to do if they have a concern about a child or young person. Also, children and young people, parents/carers and the general public should be clear that safeguarding is their responsibility too, and be aware of how to report any concerns and where to seek support. Awareness raising is key to achieving this and should be co-ordinated by Halton Safeguarding Children Board and Halton Safeguarding Adults Board.

- Halton Safeguarding Children Board will continue to ensure that training and development opportunities are available to staff, ensuring that workers from both children's and adults' services train alongside one another. Training courses will also be evaluated to ensure that the additional vulnerabilities of children with complex needs are highlighted.

- Children and young people with complex needs may be additionally vulnerable for reasons such as receiving intimate personal care, having special communication needs or having a high number of workers or agencies involved in providing services to them.

- We need to be confident that the workforce, including volunteers, is as safe as possible by ensuring that safer recruitment practices are in place and that organisations operate a “safe culture” which deters individuals who pose a risk of harm to vulnerable groups entering the workforce.

WHAT ARE WE GOING TO DO?

- Safeguarding children, young people and vulnerable adults is everyone's responsibility. Raising awareness of this key message will be undertaken by the Halton Safeguarding Adults Board and Halton Safeguarding Children Board and will involve some joint work.

- Halton Safeguarding Children Board Training Sub group to evaluate single and multi-agency training programmes.

- A joint Safer Recruitment Sub group will report to both Safeguarding Boards, overseeing Safer Recruitment practices in organisations.

- Implement any changes to “Working Together” guidance following the Monroe review.

SECTION EIGHT: INFORMATION

AIMS

- Helpful information packs for parents and young people to explain the support and services available in clear and appropriate formats

WHAT ARE WE DOING ALREADY?

In 2007, a "Guide to Transition for Parents and carers" was written, with a simplified, easy read version available for young people with learning disabilities. These documents are available at Halton Direct Link, and are given to families as part of the planning process when young people are in Year 9.

At the same time a Transition Protocol was written, designed to clarify roles and responsibilities of professionals at different stages of transition.

HOW CAN WE IMPROVE?

- Information contained within the Guide and the Transition Protocol now needs to be updated to reflect current policy and practice, including the move towards personalisation.

WHAT ARE WE GOING TO DO?

- "Guide to Transition for Parents and Carers" to be updated, and revised accessible version.

- Transition Protocol to be updated.

SECTION NINE: INVOLVING YOUNG PEOPLE & FAMILIES

AIMS

- Developments in policy and services affecting young people going through transition are made with the involvement of young people and their families.

- Young people are empowered to speak out about their own wishes and feelings, and are listened to.

WHAT ARE WE DOING ALREADY?

The involvement of Halton Speak Out to help young people in Year 9 to develop Person Centred Plans (see Section 2, above) has been positive in helping young people to think about choices and articulate their thoughts. Appendix 1 is a report on this.

Halton Speak Out arranged an event - the "Supermarket of Life" - for young people approaching school leaving age, where young adults who have recently faced similar issues were invited to give the benefit of their experience. Appendix 2 provides a report on this event.

The Learning Disability Partnership Board has a cabinet of people including a portfolio holder for Transition.

Parent partnerships arising from the Aiming High for Disabled Children initiative have provided opportunities for involvement in shaping services. Families have been involved in local Parent Partnership conferences, and local parents have been active participants and contributors to regional events set up as part of the Transition Support Programme. A focus group of parents has contributed to this Strategy.

HOW CAN WE IMPROVE?

- Empowering young people to speak out is a major contributor to improving opportunities for themselves, improving the ways in which services are delivered, and raising the awareness and expectations of professional staff, and sometimes families. These expectations may relate to aspiring to living independently, using public transport, obtaining paid employment, and many other areas. Existing programmes such as "Planning for Life" that had been agreed on a time-limited basis need to be established into the future and built upon.

- It is important that voices of families of young people with complex needs are heard, and that they are encouraged to participate in relevant forums.

WHAT ARE WE GOING TO DO?

- Continue the "Planning for Life" programme, building in additional preparatory workshops in Year 9, and extending the programme to include reviews. Annual report from programme informs service development.

- Arrange workshops along the lines of “the Supermarket of Life” each year for young people approaching school leaving age.

- Support the Learning Disability Partnership Board portfolio holder for Transition to contribute to service development and planning.

REFERENCES

National Transition Support Team (2010), *"Transition Support Programme Year 2: Initial Report from the Self Assessment Questionnaire Analysis – February 2010",* National Transition Support Team [online]. Available from: http://www.transitionsupportprogramme.org.uk/pdf/Initial%20Report%20from%20the%20SAQ2%20Analysis%20February%202010.pdf

Appendix 1

ACTION PLAN

AREA	WHAT WE ARE GOING TO DO	LEAD	BY WHEN	OUTCOME
Overseeing the transition process/ Information	Update Transition Protocol, and arrange staff training for professional groups affected	Transition Coordinator	Feb / Mar 11	Update and revise protocol in accordance with legislation changes
Planning with individuals/ Involving young people and families	Extend "Planning for Life" programme to next cohort of Year 9s, and Reviews of existing Plans	Halton Speak Out, in conjunction with CYPD / PCT Commissioners	Ongoing	All Year 9s should have an up to date & accurate health action plan completed prior to transferred to Adult Services
Planning with individuals	Develop system to quality check SEN Reviews and Transition Plans from Year 9	Special Needs Division	Oct 10	A stage 1 and stage 2 audit process is already established but is open to further refinement & is on-going. The SEN Assessment Team has established key targets in the Team Plan for 2010-2011 to monitor that all review documents are returned in time, to gather views on annual review process from schools and parents, to amend the Statements if necessary, as an outcome of Annual Review & transition, to continue tom record participation/contribution to Annual reviews by parents & pupils and to continue with the case file monitoring.
Planning with individuals	Extend the existing Prevention & Early Intervention Strategy 2010-15 to include specialist consideration of 18-25 yr olds	Older People's Commissioning Manager in conjunction with Transition Coordinator, Leaving Care Service & Halton Youth Service	Feb 12	As part of the review process, extend the Prevention & Early Intervention Strategy 2010-15 to include transition.
Planning with individuals	Develop Criteria for early allocation of Adult Workers	Operational Management Group	Mar 11	Adult allocation is timely.

AREA	WHAT WE ARE GOING TO DO	LEAD	BY WHEN	OUTCOME
Commissioning	Coordinated commissioning mechanisms between Education Funding Agency / Skills Funding Agency, LA and NHS	Divisional Manager for Inclusion	Mar 11	Clear evidence of co-ordinated commissioning being undertaken.
Commissioning	Devise mechanisms to combine education and social care funds within individual plans for young people and adults unable to access traditional college routes.	Connexions	From Sept 10	Funding qualified at an early stage.
Support for families	Carer assessments undertaken (unless declined) alongside community care assessments for young people in transition.	Care Management Teams	Ongoing	Assessments are collated and monitored by the Transition Co-ordinator.
Support for families	Transition Coordinator's Annual Report details carer assessments	Transition Coordinator	Mar 11	Maintain accurate & timely carers assessment data within the Annual Report.
Support with accommodation	Review of mechanisms for auditing future needs for accommodation, including options for young adults	Adults Commissioning Manager	Jan 11	Clear information for professionals, young adults and families on options for accommodation.
Support with day time activity	Improve advocacy and brokerage to implement a supported Employment Pathway for young people interested in this option	Transition Coordinator	Mar 11	Increasing employment opportunities for young people to gain paid employment based on their aspirations.
Specialist health support	Review transition arrangements for young people with complex healthcare needs, including key working and Continuing Healthcare	Senior Commissioning Manager PCT / Healthcare for All Group	Mar 11	Halton Speak Out to develop accessible materials based on existing consultation, information & statistics following the school/college's scheme of work. Ambition 19 – by 2013 more people with learning disabilities will be able to achieve their aspiration and have more choice and control over their lives, better health and improved quality of life.

AREA	WHAT WE ARE GOING TO DO	LEAD	BY WHEN	OUTCOME
Specialist health support – cont'd	Review transition arrangements for young people with complex healthcare needs, including key working and Continuing Healthcare	Senior Commissioning Manager PCT / Healthcare for All Group	Mar 11	Ambition 21 – by 2013 people with physical and sensory disabilities will experience a greater quality of life, barriers to health and health care that are experienced by people with physical and sensory disabilities will have been identified and actions taken to remove them.
Staying healthy/ Specialist health support	Develop Care Pathway, identifying roles of each professional, for developing HAPs and smooth transition to adult health services.	PCT via Healthcare for All	Jan 11	Increase the numbers of HAPs.
Staying healthy	Record and monitor statistics for Health Action Plans (14-25 year olds) and Health Checks (18-25 year olds).	Senior Commissioning Manager - PCT	Ongoing	Refer to Ambition 19 & 21 above.
Staying healthy	Community Nurse within Adults with Learning Disability Team to oversee transition work	Divisional Manager for Assessment	Mar 11	Refer to Ambition 19 above.
Staying Healthy	Review arrangements for supporting young people who need to access hospital settings, including consideration of introducing a "Health Passport"	PCT	March 11	Refer to Ambition 19 & 21 above.
Transport	Carry out an Accessible Transport Study to take account of the needs of young disabled people, the developing personalisation agenda & future demographic changes	Lead Transport Co-ordinator	Mar 11	Undertake Accessible Transport Study and link findings into the development of the next Local Transport Plan.
Information	Update "Guide to Transition for Parents and Carers", with accessible version	Transition Coordinator / Principal Manager for Disabled Children's Services	Jan / Feb 11	Use of DVD or other media formats to be adopted to improve accessibility and understanding of information for young people and their families.

AREA	WHAT WE ARE GOING TO DO	LEAD	BY WHEN	OUTCOME
Involving young people and families	Annual report from Planning for Life programme used to inform developments in services	Transition Coordinator	Ongoing	Transition Coordinator has to consult with parents / carers and provide evidence of
Involving young people and families/ Planning with individuals	Workshops for young people approaching school leaving age	Connexions in conjunction with Halton Speak Out	Apr 11	Halton Speak Out / Connexions to plan one-off workshop to consult with young people approaching school leaving age.
Involving young people and families	Support LDPB portfolio holder for transition to contribute to service development and planning	Halton Speak Out	Ongoing	Halton Speak Out to consult with young people and families to inform service planning and development.

Appendix 2

TRANSITION IN OTHER WORKSTREAMS

AREA	WORKSTREAM	WHAT TRANSITION ISSUES ARE RELEVANT	LEAD	BY WHEN
Planning with individuals	Adult Preventative Strategy	• 18-25 year olds to be considered	Commissioning Team	Ongoing
Planning with individuals	Individualised Budgets	• Young people in transition prioritised for individual budgets. • Continuity of Direct Payments from C&YP to Adults Services	Care Management Teams	Ongoing
Commissioning	Commissioning Strategies	• Ensure needs of young people and young adults are considered	Commissioning Team	Ongoing
Support for families	Carers' Strategy	• Ensure needs of carers of young people in transition are addressed	Carers' Lead	Ongoing
Support with accommodation	Housing Strategies	• Ensure needs of young people and young adults are considered	Commissioning Team	Ongoing
Support with accommodation	Guidelines for professional staff on routes into housing	• Staff able to signpost young adults appropriately	Divisional Manager for Assessment	Jan 11
Friendships and relationships	Guidelines for staff on supporting relationships and maintaining appropriate professional boundaries	• Affects all young people and young adults in supported settings	TBA	Jun 11
Specialist Health Support	Palliative Care Review; Equipment/Wheelchair service development	• Increased availability of appropriate support for young people	PCT	Ongoing
Specialist Health Support	Reconfiguration of Intensive Learning Disability Community Health Team	• Increased availability of therapeutic support for young adults	PCT with NHS Providers	Sept 11
Specialist Health Support	Development of Specialist Positive Behaviour Team	• Support planning for young people with behaviour that challenges	Complex Care Division	From Sept 10
Specialist Health Support	Individualised Health Budgets (when available)	• Opportunity for qualifying young people and young adults	NHS leads	TBA
Transport	Accessible Transport Study & Local Transport Plan	• Ensure needs of young people and young adults are considered	Transport Leads	Sept 10
Safeguarding	Action Plans arising from 2010 Inspection	• Any suggested improvements in adult safeguarding arrangements	Prevention and Commissioning	Jan 11

Appendix 3

Halton Speak Out

Planning For Life Report

2009/2010

1. Purpose of this report

This report has been requested to evaluate the effectiveness of the Planning for Life Project and its impact on services locally during April 2009 to March 2010

2. What is the Planning for Life Project?

The 'Planning for Life' project in Halton is centred around Person Centred Facilitation and Person Centred Planning. The latter is the planning approach for determining planning and working towards the preferred future of a young person with a learning disability.
The purpose of the Project is

- To learn from young people what is important to them,
- To engage with families to obtain their views and reflect on current service provision and to clarify desired future service requirements.
- Helping professionals involved to ensure adequate resource are made available and to use resources efficiently

3. Targets for the Planning for Life Project

- To review the 16 plans that were facilitated in 08/09
- To facilitate a PATH for each young person for each young person who meets the eligibility criteria for adult services
- To facilitate all 'looked after' children in a person centred manner
- To facilitate 5 new plans for young people with complex needs
- To facilitate 10 x ½ day awareness sessions for staff and teams working with young people with complex needs

4. How have the above targets been met?

The project has:

- Facilitated 46 child in need person centred reviews (24 more than previous year)
- Facilitated and reviewed 24 person centred plans
- Facilitated 8 plans for children with complex needs
- 2 plans for young children with complex need still to be facilitated. One is delayed due to obtaining parental permission; another is waiting date to be agreed with professional involved.
- 8 x ½ day training sessions for staff arranged (2 were cancelled due to family bereavement).

In addition:

- 3 'team around the child' reviews have taken place, facilitated using person centred thinking tools
- Both Cavendish and Chestnut Lodge Schools have incorporated the education review in with the child in need review. This incorporation of meetings is beneficial to the young person, family and professionals and ensures efficient and productive outcomes.
- Both Cavendish and Chestnut Lodge Schools have asked that the year 9 students not open to social care have their reviews facilitated in a similar style and both schools have agreed to fund this out of their own budgets

5. An evaluation outlining how the project has achieved the desired outcomes

i. Be healthy

Halton Speak Out, young people, their families and partner agencies have worked together to build good local systems for supporting both social care and health within the transition process. This can be evidenced within the plans of review documents and person centred plans that have been facilitated

By using a person centred approach this has addressed important health issues that have needed to be considered. Where there have been issues of health that have been of a sensitive and/or very personal nature, a judgment has been made about who needs to know the information and in what detail.

ii. Stay Safe

The following description indicates the process for one of the meetings. The meeting differed from a usual review or meeting in both tone and content. Everyone contributed to the meeting and Hatty (name changed to maintain confidentiality) was clearly at the centre. Hatty chose the music to play as people arrived, and the meeting began with everyone introducing themselves in relation to how they knew Hatty and something that they liked or admired about her. The meeting was in two parts, one to collect information, the second to review the information and agree actions. For Hatty's meeting lots of flip chart paper was put on the walls:

- What we like and admire about Hatty
- What is important to Hatty now
- What is important to Hatty for the future
- What support and help Hatty needs
- Questions to answer/issues we are struggling with
- What is working and not working (four sheets – what is working and not working from Hatty's perspective, from the families from the school's perspective and others' perspective,

By using these approaches within the transition planning process staff employed by Halton Speak Out and other professionals were able to:

- Help young people and their families build an increasingly clear idea of how they want to live their lives as adults, what specific actions are needed to progress their aspirations and who can help
- Become clearer about how the services and supports that young people are eligible for can support their aspirations during the final years at school – and take action flowing from this
- Build towards a plan that can be used to shape adult services and supports at school leaving

iii. Enjoy and Achieve

Through the work that has been undertaken we are finding out what people want that they are not currently able to get and are using this aggregated information plan to make changes.

iv. Make a Positive Contribution

By using person centred approaches with young people, their families **and** others, there is evidence beginning to emerge that indicates:

- People see their family member differently:
- Families gain confidence and are beginning to take initiative
- Hope for the future
- Strengthening families

v. Achieving Economic Wellbeing

Halton Speak Out, through using person centred processes, have worked with other key professionals and agencies to support their work with young people and their parents to help them understand, access and maintain new opportunities.

By raising awareness of person centred thinking and approaches for professionals working with young people, the workforce are better equipped to understand how young people need to be supported if they are to achieve their ambitions.

6. Feedback from the Plans

i) Supporting building and maintaining friendships

- I don't see my friends anymore
- I want to see my friends but I don't know how
- Mum doesn't like me to have a girl friend
- Its boring going to the same places
- I don't want a baby sitter I want someone my age
- I don't like going for days out that's for babies
- There are bullies where I live so I don't go out

Questions to Answer
How can we support young people to stay in contact with their friends when they go to college out of Borough?
How can we offer direct payment/individual budgets to more young people so they can choose who supports them?
What activities are there for young people to access in school holidays? How do we get this information to them and their families?

ii) College

- It's too noisy and I don't like it
- I don't like some of the things we do there
- I know people really well in school and they know me. I am worried about leaving my school
- I want a job, I don't want to go to college
- I want to go to college because my friends will be there
- I don't know how to get a job
- A special bus picks me up I don't like that

Questions to Answer
How can we ensure that young people access the college course that has a progression to employment?
How can we ensure young people have more choice in the college they go to?
How can we ensure that information on colleges and courses are presented in a way that allows the young person to be involved in the decision making process?

How can we ensure that young people are supported to look at the choices they have college or employment?
How can young people be supported to find information about accessing the right link courses at college?
How can we ensure feedback is given to young people and professionals following taster days at college?
How can young people be supported and preparation work be undertaken to ensure that any move from one educational base to another works for the young person?

iii) Employment

- I want a real job
- I want money
- I don't know what I want to do, can you tell me?

Questions to Answer
How can professionals be supported to recognise the gifts and skill of young people and then build on these when looking at employment opportunities?
How can others match the person with the job?
How can education and training support the pathway to employment?
How can people be offered the opportunity to increase 'taster sessions'?

iv) Relationships

- I want to have a girlfriend/boyfriend
- I only see my boyfriend in school
- Me and my girlfriend went out for a meal my Mum came and her Mum - it cost me £80 - I cant afford to go again

Questions to Answer
What support do young people receive around relationships?
What support do young people get around sexual health?
How can relationships be supported?
How can young people be supported to understand all the different emotions they feel?

v) Families

- Mum gets tired I worry about her
- My brother goes out - he is younger than me but I have to stay in
- My sister looks after me when Mum goes out but I don't want to go there - it is boring

Questions to answer
How can we ensure that respite/short breaks are provided in a way that works for the young person and meet the family needs?

vi) Choice, Control and Independence

- I want to do more on my own
- I want to choose what happens when I leave school
- My Mum and Dad want me to go to college but I don't want to go
- I need help to make choices
- I don't know what a direct payment is.
- I want someone to help me think about my future….not my teacher
- I want to move to my own house, but mum says no
- I want my own money

- I always have to rely on other people to help me get around and sometimes they are busy
- I want to travel on the bus but mum says no

Questions to Answer
How can we support young people and their families to look at independence and support them to take safe risks?
How can we develop decision-making agreements for young people of all ages?
How can we support young people and their families to understand direct payments and individual budgets?
How can young people be supported to look at having their own home once college has ended (residential college)?
How can we provide a greater choice of housing for young people?
How do ensure young people and their families have the right information when looking at independent living that will support the decision making process?
How can young people and their families be supported to look at different ways they can travel around and be more independent?
Mobility cars…..who chooses and uses them

vii) Building and supporting communication

- I have a dynovox, it is too slow and not cool
- People don't listen to me
- It's hard for people to understand me

Questions to Answer
How can we ensure all professional are listening to the young person?
How can we support professionals and families to use communication charts and learning logs?

viii) Health

- I find personal care 'difficult'.
- People don't always get my health care right
- I get fed up when people stop me doing things they say are bad for me

Questions to Answer
How can we incorporate health action plans into person centred plans?
How can we support health professional to address health issues in a person centred manner?
How do we get the right balance between what is important *to* the young person and what is important *for* the young person?

ix) Support

- Different people help me - I don't like that
- I don't get to choose what I do
- I don't like going out in a group
- I need people to read things to me and they don't
- Why do people treat me like a baby and not an adult
- We do things that little kids do
- In school they treat me like a child
- I do the same boring things
- Sometimes I don't want to go out but I have to

- I want to go out on different days but I can't
- I told people I don't like going there but we still do
- We go the same boring places and do the same boring things

Questions to Answer
How can current commissioned services respond to the individual needs of young people?
How can we support a more creative workforce?
How can we monitor the age appropriateness of services?
How can support agencies be encouraged to use techniques that support ongoing learning (learning logs) - how will information be aggregated from this new learning?

x) Leisure and Social Opportunities

- When I leave Brookfield's, where will I go swimming?
- I want to try new things - I am bored
- I do things at school but there is nothing to do afterwards
- I want to play football but I don't know where to go or who will help me
- I go out with Barnardo's but I get bored doing the same things
- I go to clubs but I am not interested in the things they do there
- I don't like going to Crossroads it's boring
- Baby sitting is for babies not for me

Questions to Answer
How do we build on the current social activities young people participate in?
How do we build new and inclusive social and leisure opportunities for young people?
How can we offer more young people or direct payments rather than purchasing block contracts?

7. Key messages

- Young people really valued their friendships and wanted to develop more friendships and relationships

- Young people wanted the choice to go to college and to have a job that was paid

- Young people valued the role their family had in their lives but want greater independence

- Young people said having the right support was very important and this included health, but they wanted staff to have the right qualities, accessibility, understanding communication etc

- Young people wanted more opportunities to have control over the decisions that were being made about their futures

8. Additional Issues

- How do we support and engage with families? This would help them understand the process and their role.

- Meetings still have to be arranged at times that suit professionals and not the young person

- Who will pick the person centred plans up in adult services?

- Young people and their families are becoming increasingly familiar with the person centred processes. How can we ensure this work continues in adult services?
- How can we begin to work and engage with young people and their families at an earlier age?
- How can we engage the different agencies to document their learning to aid the gathering of information prior to a person centered plan or review
- Parents' low expectations
- Limited college courses/ job opportunities
- Lack of work experiences matching what the young people are interested in
- Parents' concentrating on what is safe rather than what the young people actually want
- Limited activities from current providers ….needs wider variation
- Current services been delivered in ways that young people do not want e.g. 'babysitting services'
- Lack of younger personal assistants - being offered befriending services

Appendix 4

Halton Speak Out

Supermarket of Life Project Report

March 2010

1. Introduction

In March 2010, Halton Speak Out worked with a number of young people due to leave school in 2010 or 2011. They were helped by a number of young adults who have left school in recent years. The aim of the day was to support young people to think about leaving school. A “Supermarket of Life” theme was used to make the day interesting. The recent school leavers shared what had been important for them, and they gave their advice about leaving school, and also what would make this transition better.

2. What Young People Said:

- May need help to learn how to get out and about on my own – travel training
- Not residential
- I leave school in 2011 and would like to go to Pettypool with my friends (I have already been for a visit and I liked it) I would like to do an animals course
- May need help to meet up with my friends when I have left school
- To take my girlfriend for a meal
- Future work maybe on the computer / talking on the phone (maybe work experience in an office to see if I would like it)
- Enjoys drama at school and would like to continue this after leaving
- Help with looking at all the different jobs I could do
- College- I like computers- possible computer course.
- Would like to have a paid job in the future but not sure what doing yet.- possibly photography as I am really interested in fashion
- To stay living with my family
- When I leave school I would like to go to a college near where I live, I want to do a course like drama/ anything to do with the theatre or film
- I also wouldn’t mind doing a cookery course to help me cook for myself but this is not to work in café.
- I have my back up plan
- I would like to have a boyfriend but it has to be the right boy
- I would like to spend time with my friends outside of school and have sleep-overs.
- I want to have fun and people have to help me to do this
- I would like to live with a few of my friends-may be in my 20’s. I would like a house that was near to my family
- I would like to do a basic cookery course (for pleasure & home)
- I would like someone to talk to about relationships and boys- would like to get married

- Help with choosing a course, help in choosing a college- to visit the college first to see if I likes it- to meet the staff at the college
- I want a job, don't think I want to go to college, don't think I would like it
- What qualifications will I need to work at a zoo/ safari park with big wild animals, do you have to go to college to do them?
- I want to find out how to get a mortgage and choose a house- if it hasn't got a lift –how can i get one?
- To meet a girlfriend in the future- to mix with other young people of his age and meet new friends.
- I need someone to help me they have to have a good sense of humour/ funny

3. Thoughts of young people who have left school:

What worried you about leaving school?

- It is a big world and scary
- I was frightened about meeting new people, leaving my friends (they all signed my jumper)
- Worried that I wouldn't be able to look after myself
- I wasn't given a choices were I went other people choose for me
- Would I fit in, would people like me
- We were 'top dog' in school, now we would be bottom of the ladder
- Scared...everything was going to change
- In school I had a routine and friends and teachers I knew. I was bullied at school and I was worried I would get bullied at college
- Not being able to go to the discos anymore
- Leaving the people on the transport
- Friends going to different colleges and I will never see them again
- I loved my school, they had a sports hall, and computer room

What excited you about leaving school?

- College links with Warrington helped and taster days
- People told me the college I was going to was really good
- I just wanted to get out and go to college. I was nervous but I go use to it
- I wanted the best out of my life and the best future
- I wanted to follow in my Auntie's footsteps
- I was going to be treated like an grown up that was good
- I was getting away from the bullies they picked on me because I wore glasses.
- I was really happy to leave school
- Getting a new teacher

4. What would make transition better?

- To have more help to think about the future
- To have better advice.....to guide us where to go
- To have a chance to work before we leave school
- Having more easy to read information to help us decide

- Talk to people who are at college who can tell us what it is like
- To go to college and to have a job
- People should listen to us not other people
- More college courses to choose from
- Not to have to go to college if you don’t want to
- To have people who understand me to work with me
- To have a chance to work before we leave school
- Having more easy to read information to help us decide
- Talk to people who are at college who can tell us what it is like
- To go to college and to have a job
- People should listen to us not other people
- More college courses to choose from
- Not to have to go to college if you don’t want to
- To have people who understand me to work with me
- To have fun days like today to talk about me

5. Our message to people who make the rules:

- Make sure we get the right help and support to make decisions
- Make sure it is what we want to do not what other people want for us
- Give us time to work with our friends ....we can help each other
- Help us listen to other people’s stories...people who have already left college. They may be able to give us some ideas about what to do
- Make sure we get help to think about the jobs we want to do, so we go on the right course when we go to college....don't waste our lives
- Help us to meet the people who could give us a job, they could tell us what sort of people they would want working for them
- We should be able to try more work experience.
- If we find work experience we like....we should not have to leave
- We should spend more time talking and thinking about the future
- We should be able to talk about the future with people we like
- Thinking about the future in a fun way (like today) makes it easier

6. Our most important messages...post transition students

“Help and support young people to stay in touch with their friends when they leave school or college”

“Young people need help when they have a boyfriend to girlfriends. They need help to think about their feelings and problems”

“We want a job, to try different work experiences. It can be hard trying to decide when we have not tried things before”.

“Help young people to understand money, how much they have and how to spend it”

“Help them to think about where they will live when they are older, maybe buy a house”

“Sometimes we change our minds about what we want to do, people need to listen”

“Tell more young people about direct payments, and individual budgets”

“Start working with people when they are a lot younger...help them to think about their future”

“People should have more choices about the courses they do at college”

“Courses we do at college, don't help us get the jobs we want to do, this needs to change”

This is a text-only version of the “Supermarket of Life” Report. To see the full version, please contact Halton Speak Out.

REPORT TO:	Health Policy and Performance Board
DATE:	11 January 2011
REPORTING OFFICER:	Strategic Director, Adults & Community
SUBJECT:	Electrically Powered Scooters and Wheelchairs
WARD(S):	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 Halton residents are increasingly purchasing their own electrically operated scooters or being supplied with electrically powered wheelchairs via Halton Wheelchair Service. Once they have this equipment, a request is made to their Registered Social Landlord (RSL) or Halton Borough Council (HBC), or both, to supply a permanent ramp to their property, and at times, adequate storage facilities.

1.2 This report states the position of Halton Borough Council, towards the provision of permanent ramps and storage facilities for these items.

2.0 RECOMMENDATION: That

i) Members of the Board note the contents of the report.

3.0 SUPPORTING INFORMATION

3.1 The use of electrically powered scooters and wheelchairs has been increasing in popularity in recent years. When therapists at Halton Wheelchair Service prescribe an electrically powered indoor or outdoor wheelchair, they will request an assessment by the Occupational Therapists (OT) employed by HBC to arrange the provision of ramped access.

Electrically powered wheelchairs

3.2 The OT will carry out an initial assessment to determine if ramped access is 'necessary and appropriate' and ask for a technical feasibility study by technical staff to ensure that the recommendation is 'reasonable and practicable'.

3.3 Funding available for adaptations to a persons home is derived from the Housing Grants, Construction and Regeneration Act 1996. This enables local authorities to provide financial assistance (in the form of Disabled Facilities Grants or through Halton's 50/50 partnership arrangements) to people with permanent and substantial disabilities to modify their homes, when this is considered 'necessary and appropriate' by the local authority OT, and 'reasonable and practicable' by technical staff.

3.4 Considerable investment has been given over the past two years to improve the timescales for completing adaptations that provide access to essential facilities for example toilets, bathrooms and bedroom. Improved access in the form of ramps or step lifts has been provided for permanent wheelchair users when necessary.

3.5 New design and access standards require level thresholds in all new homes to allow unimpeded access for all disabled people and their mobility equipment. However Halton has a high level of older properties with stepped access and there is a tendency to remove permanent ramps constructed to different properties when the disabled tenant no longer lives there.

3.6 Electrically powered indoor wheelchairs (EPIC) are only supplied to people who:

- Are unable to walk or are unable to self propel a wheelchair, or it would be detrimental to their medical condition for them to do so,
- Would gain a measure of independence form the provision of such a chair
- Is mentally and physically capable of safely operating the powered chair

3.7 Electrically powered indoor outdoor wheelchairs (EPIOC) are only supplied to people who:

- Meet the criteria for electrically powered indoor wheelchairs and
- Have no difficulties with visual, cognitive, visiospacial or other higher cortical functions or medical conditions which would make them a danger to themselves, pedestrians or other road users while suing the wheelchair
- Comply with the DLVC requirements for motor vehicle drivers in connection with an epileptic condition or other causes of loss of consciousness
- Can demonstrate that the use EPIOC will significantly improve their quality of life / independence to a greater level than that supplied by the EPIC

3.8 The assessment for the provision of EPICs and EPIOCs is rigorous and takes into account the person's medical condition, their need for mobility equipment and their ability to use the equipment safely. The sale of electrically powered scooters does not take any of this into account, only the person's ability to pay for the equipment.

3.9 The Department of Transport has outlined its growing concern about safety due to the unregulated use of electrically powered scooters and has recently held consultations on the proposed changes to the laws governing them. The responses have been analysed and passed to Ministers to await their decision.

Electrically powered scooters

3.10 One suggestion in the consultation document included taking forward some of the recommendations contained in the DfTs 2005 review. For example:

- Improve advice to potential users when purchasing a vehicle and provide training on its use,
- Require users to have third party insurance,
- Devise a fitness to drive assessment
- That an appropriate body e.g. British Healthcare Trades Association should assist buyers in researching the best value for money

4.0 POLICY AND OTHER IMPLICATIONS

4.1 HBC is committed to promoting independence and choice for disabled people. When mobility equipment is provided, following an assessment by therapists, as an essential part of a disabled person's day to day life and allows them access in their home and to the wider community, HBC and RSLs will assist the disabled person to modify their home if this is considered 'necessary and appropriate' and 'reasonable and practicable'.

4.2 To widen the scope of any adaptation policy to provide ramped access to properties of people who have privately purchased electrically powered scooters we would need to consider:

- **Funding Arrangements -** Do they meet the requirements for financial assistance under the legislation referred to in point 3.3 above?
- Is additional funding available to meet an increase in adaptations?
- **Fitness to drive test** - Are they mentally and physically capable of using the scooter?
- Do they present a danger to themselves and other pedestrians and road users?
- Who would carry out the fitness to drive assessment?
- **Training -** Who could provide training in the use of the mobility scooter and what steps can be taken to regulate this?
- **Assessment of Home environment -** Will the storage of the scooter present a danger to themselves and other tenants, particularly in sheltered schemes? Who will carry out this assessment and for ramped access?

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People in Halton

This report would be equally relevant to disabled children and young people in Halton.

5.2 Employment, Learning and Skills in Halton

None identified.

5.3 A Healthy Halton

This report supports disabled people to access and use mobility scooters to enable them to remain independent and safe. It also supports the efficient use of resources to provide disabled people with a range of home adaptations.

5.4 A Safer Halton

This report supports the safe use of mobility scooters by disabled people and raises issues in relation to the safety of pedestrians, road users and other people in Halton.

5.5 Halton's Urban Renewal

None identified.

6.0 RISK ANALYSIS

6.1 This report clarifies the criteria for the provision of home adaptations for users of mobility scooters taking into account resource and safety implications.

6.2 The report acknowledges the Department of Transport's growing concern about safety due to the unregulated use of electrically powered scooters and recommends Halton Borough Council review this policy and strategy when the Government respond to the recent Department of Transport consultation on proposed changes to the law governing powered mobility scooters and wheelchairs.

7.0 EQUALITY AND DIVERSITY ISSUES

This report encourages and supports the safe use and storage of mobility scooters by disabled people further improving independence.

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

Document	Place of Inspection	Contact Officer
Housing Grants, Construction and Regeneration Act 1996	HHIILS	Mr P Brown 01928 704463
Cheshire and Merseyside Wheelchair services – criteria for supply of equipment	Halton Wheelchair Service	Mrs S Lightfoot 01928
Consultation on proposed changes to the laws governing powered mobility scooters and powered wheelchairs (DfT-2010-10)	DfT website	Mr Terry Deere 020 7944 2046
College of Occupational Therapist response to DfT consultation 2010-10	HHIILS	Mrs J Wood 01928 704462

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 11th January 2011

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: A Vision for Adult Social Care: Capable Communities and Active Citizens

1.0 PURPOSE OF REPORT

1.1 To highlight the main factors of A Vision for Adult Social Care: Capable Communities and Active Citizens, published in November 2010.

2.0 RECOMMENDATION

It is recommended that:-

i) Members of the Policy & Performance Board note the contents of the report.

3.0 SUPPORTING INFORMATION

3.1 On Tuesday 16th November 2010, the Government launched its *Vision for Adult Social Care: Capable Communities and Active Citizens* and the consultation, *Transparency in Outcomes: A Framework for Adult Social Care.* This is the first in a series of government reforms and includes a useful timeline of forthcoming documents:

- Public Health White Paper – end of 2010.
- Law Commission report on Adult Social Care Legislation – spring 2011.
- Commission on the Funding of Care and Support report – summer 2011.
- Care and Support White Paper – end of 2011.
- Social Care Reform Bill – spring 2010.

3.2 The Vision provides a clear and coherent picture of the future direction of adult social care. One of the most helpful features is how the Vision links measures to prevent dependence with health improvement, stressing the connections between social care and public health as a crucial relationship.

3.3 Much of the Vision for adult social care is recognisable from *Putting People First* and the further development of choice, control and personalisation. The main shifts in emphasis are a greater focus on councils stimulating informal community support, and a more

diverse range of service providers, and is built on the following seven principles:

- *Prevention*: communities are empowered to help people retain and regain independence;
- *Personalisation*: individuals control their care through good quality information, and personal budgets, preferably as direct payments;
- *Partnership*: care and support is delivered as a partnership between individuals, the voluntary and independent sectors, the NHS and local authorities – across all services;
- *Plurality*: a broad market of high quality providers meets people's diverse needs;
- *Protection*: sensible safeguards against the risk of abuse or neglect are in place, but risk is no longer an excuse to limit freedom;
- *Productivity*: greater local accountability and published information drives up standards;
- *People*: a skilled and compassionate workforce from all disciplines works alongside users and carers to lead change.

4.0 SEVEN PRINCIPLES OF THE VISION

4.1 Vision for prevention

4.1.1 The Vision supports the value of prevention, stating that it is always better to prevent or postpone dependency rather than dealing with its consequences. Two main types of approach are required for effective prevention, and councils have a lead role in both:

1. Community action in which neighbourhoods look out for those who need support ; and
2. Services such as good information, new technology, reablement and early identification of careers.

4.1.2 The Vision describes a Big Society approach to social care, in which care is transformed not by looking to the state, but to active citizens and strong communities. The role of local authorities, with partners such as community groups, is to establish the conditions in which 'the big society can flourish', such as a 'catalyst' for social action, 'unleashing the creativity and enthusiasm of local communities', 'inspiring neighbourhoods', and 'unlocking the potential of local support networks'.

4.1.3 Local authorities will particularly need to stimulate community activity in areas where social networks are poorly developed

because of deprivation or rural geography. As part of the Government's Big Society programme 5,000 new community organisers are being trained across the country and a new Community First grant programme will help build social capital.

4.1.4 The Vision provides a number of examples which have all been developed through community action:

- 250 time banks operating locally across the UK.
- One of the four 'Vanguard Communities' for Big Society is testing a web-based complementary currency approach for care and support.
- A model of 'Circles' of Neighbourhood Helpers providing flexible support with practical tasks and social opportunities with older people.

4.1.5 The Vision states that councils should work with community organisations and others to develop community capacity and promote active citizenship. With the NHS, housing and others they should commission a full range of early intervention services. The Government will outline councils' new health improvement powers in the forthcoming Public Health White Paper.

4.2 Vision for Personalisation

4.2.1 The Vision indicates that individuals rather than organisations should take control over their care. A wide range of research has shown the benefits of personal budgets and direct payments to individuals. Personalisation is already underway, and social care is the most advanced public service in making direct payments, but there is much scope for further progress. A number of outcome-based tools have been produced to help councils establish and review the outcomes and costs of personal budgets. Individuals pooling budgets can maximise outcomes e.g. employing an organiser for joint leisure activities.

4.3 Vision for partnership

4.3.1 The Vision states that partnerships are essential to effective social care. It gives examples of whole-system approaches such as the role of social care in reducing hospital admissions, and people with learning disabilities using pooling personal budgets with other funding to gain employment.

4.3.2 The Joint Strategic Needs Assessment is the foundation for priority setting, and will be underpinned by new statutory duties for local councils and GP consortia to work together. Other important approaches include joint commissioning, pooled budgets, place-based budgets, and sharing back office functions across councils and NHS commissioners.

4.3.3 Local councils should 'exploit the opportunities of the White Paper' and take a lead role in working with partners on integration, shared priorities and outcomes, commissioning strategies and pooled or aligned funding.

4.4 Vision for plurality

4.4.1 More use of personal budgets, alongside people funding their own care, will require a wider range of person-centred services. Social care provision is already diverse, but more needs to be done to promote a plural market in which 'innovation flourishes' delivered by organisations, such as social enterprises and mutual's that are responsive to local communities. The range should include niche, specialist and mainstream providers alongside universal providers, such as transport, education and employment which do not operate exclusively in social care.

4.4.2 The Department of Health will work with the Department for Business, Innovation and Skills (BIS) to remove barriers and introduce measures that promote a 'dynamic and varied' market. For example, 'social impact bonds' in which philanthropic and private investment supports voluntary sector activity, with successful outcomes rewarded on a payment by results basis. It will also work with the Department of Communities and Local Government to consider the proposed role for Monitor in overseeing the social care market to ensure there is no duplication.

4.5 Vision for providing protection

4.5.1 The Vision indicates that 'a modern social care system needs to balance freedom and choice with risk and protection'. Safeguarding is central to personalisation with some people needing more support than others. However, risk management does not mean trying to eliminate risk, and people might make decisions service providers disagree with. Communities have a role in detecting and reporting abuse and neglect, e.g. Neighbourhood Watch.

4.5.2 Local councils should ensure everyone involved in local safeguarding is clear about their roles and responsibilities; they should establish the right to autonomy and a proportionate approach to managing risk, and champion safeguarding within local communities. The Government will work with the Law Commission on strengthening the law on safeguarding to ensure the right measures are in place.

4.6 Vision for productivity, quality and innovation

4.6.1 The Vision describes the spending review settlement for adult social care as a solid basis for reform. It points to additional funding as a measure of the government's commitment to adult social care – £2

billion by 2014/15; £1 billion in local grant funding in addition to existing social care grants which have increased in line with inflation; £1 billion through the NHS for activity to benefit social care and health, including £300 million for NHS reablement services. An extra £400 million to the NHS for carers' respite was also announced with the Vision.

4.6.2 However the overall context is reduction to overall local government funding, so councils must 'redouble their efforts' to make best use of resources, and describes a framework for delivering efficiencies without reducing services by adopting interventions which have been shown to demonstrate quality and cost effectiveness. These include:

- reablement – the vision describes new NHS responsibilities for 30 days post discharge support from 2012; the NHS and local authorities need to agree what services are needed.
- Integrated crisis or rapid response services.
- Integrated telecare and telehealth.
- Alternatives to residential care such as supported housing.
- Shared back offices.
- Outsourcing, where councils provide a significant amount of residential and day care.
- Reducing high costs in assessment and care management – the government will investigate whether the law could allow some assessments could be undertaken by people themselves, or user-led organisations.

4.6.3 In Halton we are already ahead of the game and services are already in place and options for assessment and care management are being progressed through the Directorate restructure.

4.6.4 Local councils should develop a local plan for reform to ensure they are making the best use of available resources drawing on work undertaken by ADASS and the LGA-led Place-Based Productivity Programme. The Government will support the delivery of efficiency savings by coordinating and disseminating support tools and best practice.

4.6.5 On quality, the Vision describes a move away from top-down performance management to sector-led improvement and local accountability.

4.7 <u>Vision for people</u>

4.7.1 The Vision celebrates the contribution of the social care workforce which does challenging but rewarding work. The personalisation agenda means changes for the workforce – different roles and employers – and measures are needed to ensure it develops in a skilled and responsive way, with the freedom and flexibility to lead

change. The government will co-produce an occupational health strategy to help tackle high sickness absence in councils' adult social care. It will implement the recommendations of the social work taskforce including the creation of a new college of social work.

4.7.2 In regulation, the document indicates that the General Social Care Council proved an expensive model, and failed to extend registration to other care workers. The transfer of responsibility to the renamed Health Professions Council has been previously announced. The Government is reviewing the overall approach to professional regulation in health and care and will make proposals later in the year.

5.0 NEXT STEPS

5.1 Given the strategic importance of the new White Paper it is recommended that the Portfolio Holder for Adults & Social Care and the Chair of the Health Policy & Performance Board submit a letter in response to the consultation on the vision for Adult Social Care.

5.2 That the Council explores the framework and potential to develop a Social Enterprise. This is likely to focus upon adults with a disability and further reports will be submitted to the Board on this matter.

6.0 POLICY IMPLICATIONS

6.1 Personalisation

The Government intends to embed personalisation in the new legal framework that will follow the Law Commission's report; examples of possible developments include improved portability of assessment (so people can more easily move between council areas) and an entitlement to personal budgets or direct payments. It will also look to making it possible to combine health and care personal budgets.

6.2 Transparency in outcomes: a framework for adult social care Consultation

Alongside the Social Care Vision, the Department of Health has also launched a consultation on *Transparency in outcomes: a framework for adult social care* - a new strategic approach to quality and outcomes in adult social care. This is an enabling framework which seeks to place outcomes at the heart of social care, improve quality in services, and empower citizens to hold their Councils to account for the services they provide, and a HPPB report is planned for 11th January 2011, including reference to the Transparency in Outcomes consultation.

7.0 FINANCIAL/RESOURCE IMPLICATIONS

7.1 Financial

7.1.1 Councils should move beyond block contracts and critically examine their procurement arrangements to make sure they are fair to small social enterprises, user-led organisations and voluntary organisations which may struggle with tendering but offer individualised solutions. Better understanding of the market is needed, particularly how to incentivise innovation and best value.

7.1.2 The Government will identify and remove barriers to collaboration and to aligning funding streams across health and social care. It will share learning from trailblazer councils developing health and wellbeing boards, and has announced a £3 million Health and Social Care Volunteering Fund for projects to operate across at least four localities promoting interventions such as personal budgets and healthy eating.

7.2. Workforce Commissioning

7.2.1 Councils should take a leadership role in workforce commissioning, including integrated area workforce strategies linked to joint strategic needs assessments. The Government will support the publication of a workforce development strategy by Skills for Care and a leadership strategy by the Skills Academy. It will publish a personal assistant strategy in 2011 and will extend the piloting of independent social work practices (currently in children's services) to adult social care during 2011.

8.0 OTHER IMPLICATIONS FOR THE COUNCIL PRIORITIES

8.1 Children and Young People in Halton

8.1.1 The implementation of the reforms necessary to meet both this Vision and also those of the documents to follow in the forthcoming months will need to pay close regard to children & young people's services in Halton.

8.1.2 The transition from young people's to adult's services is crucial and the process to create a seamless transition must be maintained and improved upon by identifying relevant wider individual and family needs. Establishing links to the emerging Team Around the Family process within Children's Services will support this.

8.1.3 Joint commissioning will also be key and this is to be a key strategic priority for the Children's Trust from April 2011 and within the new Children & Young People's Plan, which has strong links to the Joint Strategic Needs Assessment. As joint commissioning within the Children's Trust continues to develop, more opportunities will

present themselves for wider commissioning to help make the Vision a reality.

8.2 Employment, Learning and Skills in Halton

None identified.

8.3 A Healthy Halton

8.3.1 Councils should work with community organisations and others to develop community capacity and promote active citizenship. With the NHS, housing, and others they should commission a full range of early intervention services. The Government will outline councils' new health improvement powers in the forthcoming Public Health White Paper.

8.3.2 By April 2013, councils should provide personal budgets for everyone eligible for ongoing social care, preferably as a direct payment. They should also accelerate reform of their systems such as assessment, care management and finance to give a stronger emphasis to choice and outcomes in all settings. Councils must also ensure that good quality, accessible information, advice and advocacy are available for all.

8.4 A Safer Halton

None identified.

8.5 Halton's Urban Renewal

None identified.

9.0 RISK ANALYSIS

9.1 Taking on board the factors of the Vision for Adult Social Care will mean continued planning and development in all the areas mentioned above. This will enable the continued improvement in service efficiency and effectiveness, and most importantly, increased choice, control and independent living for users of services.

10.0 EQUALITY AND DIVERSITY ISSUES

10.1 None.

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

None.

REPORT TO: Health Policy & Performance Board

DATE: 11 January 2011

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: Personalisation

1.0 **PURPOSE OF REPORT**

1.1 The purpose of the report is to update the Health Policy & Performance Board on the Personalisation agenda and highlight the current barriers and risks to full implementation on the personalisation programme.

2.0 **RECOMMENDATION**

i) The Self Directed Support and Resource Allocation Policy be noted and Members provide comments of the report.

3.0 **SELF DIRECTED SUPPORT**

3.1 Halton Borough Council is committed to increasing the number of people who receive Direct Payments and Personal Budgets. This is in line with national priorities and the shift to Self Directed Support (SDS) so that clients and carers have greater choice and control over the support they receive and how it is delivered.

3.2 Self directed support is a central plank of the Government's approach to the delivery of health and social care services. The Government strategy recognises the need for services and supports to be flexible and to empower individuals to be more involved in the delivery of service to them. This places considerable emphasis on values and principles; ownership and leadership; choice and control; and the appropriate use of resources.

3.3 The local transformation of adult social care has progressed significantly and Halton are committed to offering all people in Halton SDS and we are in the process of implementing the changes necessary to achieve the target of 1,996 people with a personal budget by 2011.

3.4 SDS is a term used to describe how people can exercise choice and control over their lives and the services they receive. This requires people to be aware of the financial value attributed to meeting their needs. This is known as an individual budget and allows them to make an informed choice about how this is used.

3.5 SDS includes the use of direct payments and the delivery of individualised person centred services. Attached at Appendix 1 is a draft SDS policy which embraces these mechanisms and applies them across all client group areas.

3.6 The SDS policy provides clarity for all existing self directed support arrangements in Halton and underpins our commitment to supporting personalisation throughout the Authority. It provides a clear framework to support new activity and creates clear guidance for both staff and service users.

4.0 RESOURCE ALLOCATION SYSTEM

4.1 The Resource Allocation System (RAS) outlines the new system for allocating resources through personal budgets and is based on a person's assessed need taking into account all their circumstances. The personal budget system is a robust system of fair funding and provides equality across all service areas. Attached at Appendix 2 is a draft RAS.

4.2 The RAS also explains how individuals who are eligible for social care will take the lead (with support from family, friends or professionals) in making the following key decisions:

- Determining their needs and the outcomes that they wish to achieve
- Deciding whether they want to take full control of the Personal Budget, arranging their own services, or whether they would like the statutory organisations to manage this on their behalf, or a mix of both of these options.

4.3 It is important to note that this is **not** a financial apportionment system but a policy to describe how needs are assessed and resources considered.

5.0 RAS SYSTEM

5.1 The current pilot system for operating the RAS continues to be utilised. A risk enablement panel considers the higher cost packages.

5.2 The Personalisation team currently consists of:

- 1 x Senior Officer
- 1 x Direct Payments Officer
- 1 x Client Finance Officer
- 1 x part-time Clerical Assistant
- 2 x further officers funded from the Transformation grant.

5.3 The current post holder who audits the system and provides the resultant Individualised Budgets and adjusts the system is funded part time until March 2011 from the Council's Transformation grant. The increase in Individualised Budgets, their inputting and IB creation is therefore not sustainable in the long term by this post. Work is being undertaken to consider models which would enable other staff to adjust the system. This requires an appropriately trained employee.

5.4 Indicative budgets as part of the pilot are calculated by the RAS are at present only provided to clients where they are new to the service and have no existing package of care, or where their needs have increased and an increased package of care is required. In all other cases the indicative budget is based on the cost of their existing package of care, thus the package of care following the SDS process should be no more than the cost of a traditional package.

5.5 It was originally anticipated that a carers RAS would be developed, however, there has been no work undertaken on this project. Carers are currently receiving funding via a Direct Payment and therefore offered choice.

6.0 PERSONAL ASSISTANTS

6.1 With a sudden increase in the number of "employers" in the sector (each responsible for the employment of a very small number of workers), the workforce becomes increasingly difficult to both monitor and regulate and it is important to understanding how Direct Payments are impacting on the nature of the workforce within the sector.

6.2 As in all services supporting people to live independent lives, risk management is about achieving a balance between risk mitigation and informed risk taking. Direct Payments are about making informed decisions to ensure that we are meeting people's aspirations about choice, independence and care arrangements that suit the individual and their lifestyle. Training for personal assistants should therefore be seen as an important contribution towards ensuring a quality service and managing risks to the health and safety of service users and personal assistants alike.

6.3 It is important therefore that personal assistants have access to relevant supports, including training, which will help them care for the person being cared for safely and appropriately.

6.4 In supporting service users to directly arrange their own care provision, we need to ensure the service user is aware of

- The skills, competence and standards of care required to support service users' assessed needs;

- Recommend minimum training and/or qualifications to assure safe and appropriate care to meet assessed needs;
- Information on access to relevant training for directly employed personal assistants to assist them to develop the required skills and competence and
- Implications for health and safety of service user and personal assistant if relevant requirements and standards of care are not met.
- Implications of contracting with Agency Providers who are not contracted with the Local Authority.

6.5 A number of new booklets have been devised a "Guide to Employing your own Personal Assistants" and a "Guide to Choosing an Agency Provider" which will further enhance the series of Direct Payments guidance booklets.

7.0 TRAINING

7.1 There are still areas of people who have not received the training e.g. Rapid, Access & Rehabilitation Services, wardens and new staff starters. Long term there is not an identifiable budget to continue the funding and the Council will need to consider ways of providing ongoing training to all staff.

8.0 POLICY IMPLICATIONS

8.1 These are highlighted within the report.

9.0 SAFEGUARDING IMPLICATIONS

9.1 An Adults Safeguarding Audit Tool has been completed and is subject to review by the Policies and Procedures Sub Group of Halton's Adults Safeguarding Board.

10.0 FINANCIAL IMPLICATIONS

10.1 At this stage within the pilot it is envisaged that the additional costs will be to accommodate the increase in the number of new people and extended packages of care.

11.0 EQUALITY AND DIVERSITY ISSUES

11.1 An associated Community Impact Review & Assessment (CIRA) has been completed and will be subject to review by the Directorate Equalities Group.

HALTON BOROUGH COUNCIL

Adults & Community Directorate

SELF-DIRECTED SUPPORT

Policy
November 2010

CONTENTS

INFORMATION SHEET

Service area	All Adult Social Care Service Areas
Date effective from	November 2010
Responsible officer(s)	Helen Moir (Divisional Manager, Transformation Team)
Date of review(s)	November 2011
Status: • **Mandatory (all named staff must adhere to guidance)** • **Optional (procedures and practice can vary between teams)**	Mandatory
Target audience	Operational Managers and practitioners especially those involved in assessment, support planning, Care Management and review of individuals in relation to Self-directed support in Adult Social Care
Date of committee/SMT decision	Directorate SMT & Date
Related document(s)	• Adults & Community Directorate's Business Plan 2010-2013 • Care Management Practice Manual • Adult Services Self-directed support procedures • Direct Payments Procedures and Practice Guidance for Direct Payments (Version 11) • Safeguarding Adults • Mental Capacity Act Overall policy Feb 2010 • Section 117 policy, Mental Health Act 2003 • Deprivation of liberty and mental capacity: guidance note Fair Access to Care Services policy March 21010
Superseded document(s)	Not applicable

Community Impact Review and Assessment completed	TBC
Adult Safeguarding Audit Tool Completed	TBC
File reference	TBC

		PRACTICE
1. INTRODUCTION		
1.1	Following the publication of the Green Paper Independence, Wellbeing and Choice, and the subsequent White Paper, Our Health, Our Care, Our Say on the 10th December 2007, the Government issues a policy document Putting People First, In which they announced that self-directed support and personal budgets will be introduced across England as part of the transformation of adult social care to a system of personalised social care. In Halton Borough Council this approach has been used in a pilot; 'PSD live' for people with Physical Disabilities providing the foundation to expand the pilot across all adult social care groups. This policy outlines the principles for achieving the implementation of self-directed support in Halton by balancing choice and risk, rights and responsibilities. It is recognised that, in the right circumstances, risk can be managed so as to promote positive risk taking supported through responsible supported decision-making. Halton Borough Council and its public service delivery partners are committed to the implementation of Self-directed support for all adults entitled to receive social care services.	**Directorate's vision** "To promote effective, affordable, quality services that are accessible, equitable, timely and responsive and to enable individuals and groups in Halton to make informed choices."
1.2	Self-directed support places an emphasis on advocacy, support and enabling people, rather than on financial control and the rationing of access to services.	**In-Control Vision** "Self-directed support is a new system. It's about people being in control of the support they need to live the life they choose."
1.3	It is a way of providing long-term support to adults of 18 years and older who have eligible social care needs. It allows them to know how much funding is available to them in a personal budget, and it enables them to use that budget to develop a Support Plan through which they choose how to meet their own assessed needs in ways that make sense to them and their carer(s).	See In-Control Fact sheet 22 'Money-Resource allocation'
1.4	This document sets out Halton Borough Council's Policy on Self-directed support for individuals and their carers. Central to this Policy is the council's commitment to ensuring that available resources are allocated to individuals in a fair and transparent way, on the basis of assessed eligible needs regardless of impairment, age, gender, or ethnicity and with respect and dignity at all times.	
1.5	Comprehensive information in relation to this policy, and the use and availability of Self-Directed Support, will also be	

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	available in a variety of formats in order to ensure accessibility for all service users, potential service users, carers, staff, and other agencies.	
	Legislation and guidance	
1.6	The initiative for Self-directed support originated from organisations for disabled people pressing for the right for autonomy over their lives and for control over the assistance they needed in order to live independently.	
1.7	Recent legislation has helped to shape this and provide a framework within which self-directed support can develop and move forward. Of particular relevance are the core duties set out in; **Human Rights Act (1998**) including Article 8 Right to respect for private and family life Article 14 Prohibition of discrimination The **Carers (Recognition and Services) Act (1995** Provides for the assessment of the ability of carers to provide care ; and for connected purposes The **Data Protection Act** Makes provision for the regulation of the processing of information relating to individuals, including the obtaining, holding, using or disclosure of information **The Local Government Act 2000** Defines powers of Well-Being Local authorities are obliged by law to make direct payments available to people who are eligible for them and choose to take the money. The Department of Health has published Guidance on Direct Payments (2009) about how the law should be implemented. This Guidance replaces that of 2003 and reflects changes introduced by amendments made to S57 of the Health and Social Care Act 2001 Act. Halton Borough Council is committed to following this guidance as closely as possible • Fair Access to Care (FACS) – Guidance (January 2003), this guidance provides councils with a framework for setting their eligibility criteria for adult social care. Implementation was intended to lead to fairer and more consistent eligibility decisions across the country • Fairer Charging Guidance (September 2003) – This guidance is issued under section 7 of the Local Authority Social Services Act 1970. This guidance issued by the Department of Health allows local authorities to design a charging policy within specific guidelines, which includes discretionary elements to be adopted to suit the specific needs of the council	

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	The **Carers (Equal opportunities) Act** ensures that carers are able to take up opportunities that people without caring responsibilities often take for granted, such as working. **The Mental Capacity Act (2005)** The need to apply the Mental Capacity Act features strongly in self-directed support where the individual lacks capacity to manage money and/or the ability to make decisions about their care. **Equality Act 2010 (Equality Bill)** Places a new Equality Duty on public bodies which brings together the three existing duties, to tackle discrimination and promote equality for race, disability and gender, and extend them to gender reassignment, age, sexual orientation and religion or belief. The Act contains powers to outlaw unjustifiable age discrimination by those providing goods, facilities and services and carrying out public functions.	It is recommended that all support for decision making in relation to self-directed support be in line with statutory principles of the Mental Capacity Act 2005. In summary we can say: If someone has full mental capacity and is able to make their own decisions, then it is essential that they maintain control and that professionals support their decision-making at every stage (Mental Capacity Act 2005).
	Principles and values	
1.8	The Councils priorities in the implementation of Self-directed support is mapped by the aspirations of other key strategies The council is committed to enabling service users to achieve the outcomes contained in the Government's 2008 Local Authority Circular: 'Transforming Social Care'. Individuals will be supported to have the following outcomes: • live independently, and have the maximum control possible over life decisions and any required support arrangements • stay healthy and recover quickly from illness • exercise maximum control over their own lives and, where appropriate, the lives of their family members • sustain a family unit that avoids children being required to take on inappropriate caring roles • participate as active citizens, both economically and socially • have the best possible quality of life, irrespective of illness and disability • Retain maximum dignity and respect, whilst minimising undue risk of harm to the individual or to others.	
1.9	This operational policy uses as its framework the principles developed by the In Control that are required to conduct the Independence, Choice and Risk Management of self-directed support. These principles are: Right to Independent living- "*I can get the support I need to*	In Control (2003) - an Independent social enterprise with charity status who set up a self-directed support

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	be an independent citizen" Right to an individual budget – "*I know how much money I can use for my support"* Right to self determination-"*I have the authority, support and representation to make my own decisions"* Right to flexible funding-"*I can use my money flexibly and creatively"* Accountability and Responsibility principle- "*I should tell people how I've used my money and anything I've learnt"* Capacity Principle- "*Give me enough help but not too much, I've got something to contribute too"*	model-bringing real, sustainable benefits wit no increase in costs. Their work has strongly Influenced Government policy including Putting People First. These are the In-Control distilled 7 ethical principles that underpin Self-directed support See more at www.in-control.org.uk
1.10	This policy is written in the context of the Council's vision for Self-directed support in Adult Services. • Transform social care in Halton into a system of self-directed support that puts individuals at the centre of the assessment of their own needs and tailoring support to meet them ensuring better value for money • Develop a culture and the tools to enable individuals to take greater control of their lives and the support they receive so that they can make decisions and manage their own risks • Create a quality driven customer focused and efficient model which enables partners to support adults in need in Halton • Support people to achieve maximum independence, well-being and dignity by reducing the barriers which prevent them from accessing mainstream services including transport, work, housing, leisure and financial services	Vision is based on *Putting People First*: A shared vision and commitment to the transformation of adult social care (2007)
2. KEY OUTCOMES		
2.1	Adult Services will conduct its business in accordance with the principles and values intrinsic to self-directed support and National Standards set. These will be delivered through the implementation of this policy and will have the following outcomes. • **Outcome 1** Improved health and emotional well-being: To stay healthy and recover quickly from illness • **Outcome 2** Improved quality of life: To have the best possible quality of life, including life with other family members supported in a caring role • **Outcome 3** Making a positive contribution: To participate as an active citizen, increasing independence where possible • **Outcome 4** Choice and control: To have	

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	maximum choice and control • **Outcome 5** Freedom from discrimination: To live free from discrimination or harassment • **Outcome 6** Economic well-being: To achieve economic well-being and have access to work and / or benefits as appropriate • **Outcome 7** Personal dignity: To keep your personal dignity and be respected by others	
3. KEY FEATURES OF SELF-DIRECTED SUPPORT		
3.1	Self-directed support will not affect the claiming of benefits and it is not taxable	
3.2	Those approaching the council for adult social care support will know at an early stage: • if they are eligible for support • the amount of personal budget that will be available to them to meet their assessed needs (their 'indicative budget') • The level of any financial contribution that they will have to make.	
3.3	The council has developed a transparent, accurate and reliable tool to calculate an eligible individual's indicative budget following an assessment of their needs – the Resource Allocation System (RAS).Resources will be allocated fairly to individuals on the basis of assessed eligible needs, regardless of gender, age, ethnicity, sexual orientation or impairment. The policy framework that determines the way in which this RAS allocates resources to individuals is set out in a separate document.	See RAS policy and procedure
3.4	Individuals who are eligible for social care will take the lead - if necessary with support from family, friends, or professionals - in: • drawing-up their Support Plan, which details what their needs are and what outcomes they wish to achieve in meeting those needs • Deciding whether they want to take full control of their personal budget in arranging for the provision of their own services, or whether they would like to identify a supporter, broker or the Council to manage this on their behalf.	
3.5	Under the Self-directed support framework, if an adult is deemed to be potentially eligible for support (As determined by an initial assessment under FACS) The Initial Assessment Team (at present First Assessors) will undertake a Supported Assessment Questionnaire (SAQ).	

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	The Individual can then use their Personal Budget to meet their eligible assessed needs in accordance with a validated support plan	
3.6	Facilitation of support services that assist individuals and their carers reach personalised outcomes	
3.7	Facilitation of the development of a market offering individuals access to a choice of services and providers that enable them to benefit from more tailored support.	
3.8	Enabling individuals to have greater choice and control over their support can drive up the quality of support services and promote better use of resources.	
3.9	Prioritising prevention, early intervention and re-ablement promotes greater well-being and independence and can reduce the need for ongoing support.	
4. ELIGIBILITY		
4.1	In determining eligibility for adult social care services, Halton Borough Council adheres to the Government's Fair Access to Care Services guidance. Decisions about who should receive services are based on the assessed risks to the independence of individuals in both the immediate and longer term, if help not to be provided.	Fair Access to Care Services policy: Eligibility for Adult Care Services Revised March 2010
4.2	Risks are classified in four categories – critical, substantial, moderate, and low. Subject to paragraph 5.4 below, individuals in Halton are eligible to receive Self-directed support if risks to their independence are critical, substantial, or moderate. Individuals who face low risks are directed to other organisations and services that may be able to meet their needs.	
4.3	For new enquiries about social care support (other than Mental Health), the contact centre or Initial Assessment Team will assess if the individual is eligible. If not, information and signposting will be offered The Mental Health service will continue to receive referrals through the existing mental health pathway	'
4.4	The Specialist Team/ Duty Officer will validate Supported Assessment Questionnaires to confirm level of need	
4.5	Usual judgements about, and response to, crisis will continue to be made. Personal Budgets will not usually be an appropriate response to a crisis situation. The following groups therefore will not be eligible to receive a personal budget: • People whose assessed needs require an emergency or crisis intervention. • People whose liberty to arrange their care is restricted by certain Mental Health or Criminal Justice legislation	

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4.6	Long term care in a care home can be provided under self-directed support, but only if the individual's financial contribution has been assessed under Charging for Residential Assessment Guidelines (CRAG). This is a legal requirement. Additionally, the individuals personal budget, for this purpose, must be accessed through a Council Managed Budget (Virtual budget) Individuals cannot use Direct Payments or a Direct Payment to a Suitable Person to purchase long-term residential or nursing care.	
5. SEVEN STEPS TO SELF-DIRECTED SUPPORT		
5.1	The council has adopted a '7 steps' framework for implementing Self-directed support. This framework determines the process that is used by care managers in the local authority to support people to assess their own care needs and utilise available resources to meet them. The model comprises of the following seven components: • Setting the indicative budget- The Resource Allocation System (RAS) has been developed locally from a national template and is used to allocate funds to eligible individuals. It matches the validated Supported Assessment Questionnaire to a level of budget based on historical spend in individuals with similar needs. • Planning the support- shows how available funds are to be used to meet identified needs and achieve the person's desired outcomes. • Agreeing the plan- Is the process a budget holding manager uses to agree the release of money for the personal budget. They must be able to see and agree a plan that is robust and meets set criteria. The mechanism for identifying the personal budget and the controls around them will be carefully documented. • Controlling the budget-Releasing the funds to the individual. • Organising the support - The individual chooses who they want to receive the payments, manage their personal budget, and help organise their support. • Living the life- The person gets on and lives their life, using the services they had identified in their Support Plan. • Reviewing the plan – Review arrangements are outcome focussed and take place at an agreed level that is proportionate to the assessed level of risk or triggered by a significant change in circumstances.	Many local authorities are adopting the in-Control system of self-directed support, which involves a seven step process for self-directed support-Appendix 3 provides a diagram of how the model operates The detail of these steps can be found in the Self-directed support procedures for Resource allocation, support planning and outcome focussed review Aim is that '….people are able to live their own lives as they wish, confident that services are of a high quality, are safe and promote their own individual requirements for independence well-being and dignity' LAC Para 7 See Preparing for your Outcome Focussed Review booklet Decision making agreement and the

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		outcome of Risk Enablement Panel will help inform different levels of scrutiny (including that of providers)
6. THE MANAGEMENT OF RISK		
6.1	Self-directed support aims to ensure that people have the opportunity to live more fulfilling lives, and shift the balance of decision making from professionals to individual people with a focus on the outcomes they want to achieve. Individual people need to consider risks they may wish to take in their own lives; the ways in which they will manage them will be addressed during the assessment process and the development of their Support Plan.	.
6.2	Adult Services is sharing the management of risk with those individuals who have the capacity to take responsibility for their own lives. The Council will retain it's obligation to ensure that: • Customer's eligible social care needs are being met • Safeguarding duties are full met • It is fulfilling its duty of care and broad statutory obligations • It is fulfilling its responsibility to ensure that public funds are used to enable customers to live independent and full lives	
6.3	Individuals may wish to do things that the council would previously have been reluctant to support. In enabling individual's to manage risks themselves, the council is committed to the following principles: • a person's choice and control over their own lives must be promoted • Recognising that a person is an expert of their own situation • sometimes, a choice involves an element of risk • individual people and their family carers' rights must be promoted • people should understand their responsibilities and the implications of their choices, including the risks involved • it is neither possible nor desirable to eradicate all risk, and attempts to do so often result in a less fulfilling life	See SCIE report 36 Enabling Risk, ensuring safety :Self-directed support and Personal Budgets Recommends that all support for decision making in relation to self-directed support be in line with statutory principles of the Mental Capacity Act (2005). In summary they say: If someone has full mental capacity and is able to make their own decisions, then it is essential that they maintain control and that professionals support their decision-making at every stage (Mental Capacity Act 2005).

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6.4	An individual who has the mental capacity to make a decision, and chooses voluntarily to live with a level of risk, is entitled to do so. Adult Services will ensure that such risk is fully understood an managed in a context of ensuring that the individual's needs and their best interests are safeguarded	
6.5	If there is an issue of the mental capacity of the individual to take control of their support, the care manager will need to carry out a best interest assessment to decide how self-directed support arrangements will operate. The issue to be addressed is how the person's support should be best controlled. This is not the same as how a personal budget is managed- people who have the capacity to control their support arrangements, but not to manage the financial/ technical details can be offered help with that whilst technically staying in control.	The Care Manager will recommend whether the individual with assistance take control themselves or whether a 'suitable person' who understands and is able to act on the individuals best interests. If neither is possible they may have to recommend an appropriate professional
6.6	This policy on Self-directed support promotes choice and the management of positive risk management, based on proportionality and realism. It is consistent with existing risk guidance, such as Positive Risk Taking, the Care Programme Approach (CPA) and that contained in Safeguarding Adults Interagency Policy, Procedures and Guidance 2010. It is also consistent with professional codes of behaviour and clinical practice guidelines.	Please refer to Positive Risk Taking guidance
6.7	The decision-making involved in the assessment of risk and its management is generally effective in avoiding harmful situations from arising. But it is not infallible. If harm occurs to a service user or others because of their actions, any practitioners, officers or agencies involved in the assessment or management of risk might need to defend the decisions they made and their reasoning.	A defensible decision is one where: -All reasonable steps have been taken to avoid harm -Reliable assessment methods have been used -Information has been collected and thoroughly evaluated -Decisions are recorded and subsequently carried out -Policies and procedures have been followed -Practitioners and their Managers adopt an investigative approach and are proactive -Regular reviews of

		PRACTICE
		the decision are undertaken
6.8	To assist staff in delivering a consistent, evidence based approach to proportionate risk management, Adults' Services have provided a supported decision-making tool for staff to support individuals when making decisions with an implication of risk.	See guidance Halton Supported Decision tool In more complex circumstances and/or where there are substantial risk management issues, the Risk Enablement Panel will consider the robustness of the plan and whether amendment is required. In very exceptional circumstances, and on case by case basis the panel or Operational Director may reject the release of the Personal Budgets
6.9	Empowering people to take control of their own care and support can generate a perception of increased risk and adverse consequences, However, in reality there is likely to be a reduced risk because individuals have been consulted about their choices, are actively involved in decision-making and take ownership of, and some pride in, the responsibility for achieving their outcomes. Adult Services has introduced robust support mechanisms and access to independent advice and assistance as an integral part of self-directed support.	
7. CONSTRAINTS ON SPENDING THE BUDGET		
7.1	There are a number of conditions regarding the spending of personal budgets: The budget cannot be used to purchase permanent residential or nursing home care, or more than four weeks' respite in any 12 month period when successive periods of care are less than four weeks apart	
7.2	The budget can only be spent on services and activities that meet assessed social care needs	
7.3	The budget cannot be spent on services or activities that put the individual's health or safety at unacceptable risk, or that involve gambling or illegal activities	
7.4	The budget can only be used to provide support from somebody who lives in the recipient's household if there are specific and justifiable reasons	

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7.5	The budget cannot be used to purchase support that should be met through the person's personal income or welfare benefits, or that should be provided by another statutory body outside of the council (e.g. the NHS)	
8. FINANCIAL ASSESSMENT AND MAKING PAYMENT		
8.1	All individuals who have been identified as potential recipients of Self-directed support will be financially assessed under the council's Fairer Charging Policy in the same way as any other service user/carer. Full details of on how financial contributions are assessed are contained in the council's policy document: 'Fairer Charging for Non-Residential Services', April 2010 and any subsequent Fairer Charging document.	
8.2	Payments will be made in accordance with the council's financial procedures and usually every 4 weeks in advance. The exception to this will be in circumstances where payments are made to a Provider acting as broker on behalf of the individual, when payments will be made gross of the individual's assessed charge, in accordance with the usual financial procedures of the council and net of any client contribution.	
8.3	Payments will commence on a date agreed by all parties, subject to all the necessary paperwork being completed including the Support Plan. There is no provision for the backdating of a Self-directed support personal budget.	
8.4	Halton Borough Council operates a very successful and robust Direct Payments scheme that requires evidence that Individuals utilising Self-directed support comply with financial procedures and processes in relation to the monitoring of their use of their personal budget. For auditing purposes robust records will need to be maintained.	See Direct Payments Procedures and Practice Guidance for Direct Payments (Version 11) Please refer to the Direct Payments procedure detailed at 5.11 and (Appendix 15) include copies of all records, income expenditure record, receipts and timesheets
8.5	Where the individual chooses to manage all or part of the Personal Budget themselves, it will not be regarded as "income" for the purposes of taxation or benefits calculation, as it is relating to a support plan designed to meet identified social care needs.	
9. MONITORING AND REVIEWING THE SUPPORT PLAN		
9.1	Monitoring and review of the Support Plan and the quality of services being provided will be carried out in partnership with service users and their carers.	

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9.2	The Council has a statutory duty to review each individual support needs at least annually. Under Self-directed support the council undertakes a first review after 6 weeks to determine how the Plan is being implemented and whether changes need to be made. Reviews may be undertaken more frequently should this be necessary and this will be agreed and recorded in the Support Plan.	Intensity and frequency of review will be based on the level of risk .E.g. An individual with as high level of personal risk will have frequent and intense levels of review.
9.3	Particular attention will be paid at reviews to the monitoring of any personal budget over-spend/under-spend, as this may indicate an inability to manage the budget effectively or inaccuracies in the assessment of need. If a planned purchase has not happened and is still needed, then funds can be carried over to the next financial year providing it is spent in an agreed time. If, however, a higher level of payment has been made than is required to meet assessed needs, any excess is re-payable to the council.	
9.4	If there has been a significant change regarding an individual's care needs, the individual will be required to complete a new supported-assessment questionnaire and develop a revised Support Plan. Their personal budget will be adjusted if required.	
10. SUSPENSION OR WITHDRAWL OF SELF-DIRECTED SUPPORT		
10.1	The council may suspend or withdraw Self-directed support in certain circumstances. Examples include: • Where the council has specified that the recipient may not secure a service from a particular person or organisation, but the recipient continues to employ that person or organisation. The council would be likely to insist that a particular person was not employed where at least one of the following applied: – vetting has revealed offences or behaviour which would deem them unsuitable to work with vulnerable adults – the worker was known to child or adult protection agencies and is considered to be a risk – the person is identified by a relevant Government agency (e.g. POVA; POCA) which indicates unsuitability to work with vulnerable adults	

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	• Failure to provide information for the effective monitoring of Self-directed support • Indications that the personal budget is not being utilised appropriately to meet the needs of service users and/or their carers.	
10.2	In circumstances where the management of a personal budget is withdrawn, the person's individual needs will be re-assessed and a new Support Plan will be implemented to ensure that the person's independence and protection are promoted. This will involve services being provided, purchased or commissioned directly by the Council.	
11. SUPPORT IN VETTING POTENTIAL PROVIDERS OF CARE SERVICES		
11.1	Halton Borough Council is committed to promoting the safety of all vulnerable adults. It will ensure that recipients of Self-directed support are effectively supported in vetting all applicants for care positions, and it will fund Criminal Records Bureau (CRB) checks for personal assistants where they are employed directly by the individual in receipt of a personal budget.	
12. MANAGEMENT AND GOVERNANCE		
12.1	All aspects of Self-directed support will be managed in accordance with relevant Halton Borough Council policies and procedures, and financial regulations. Where an organisation is delivering aspects of Self-directed support on behalf of the council, clear contracts and service level agreements will be drawn up.	
12.2	There is a process for individuals who feel they have not been, or are no longer appropriately assessed.	Details of this process are detailed in the Protocol for Handling Social Care Complaints Comments and Compliments relating to Adults and Community and Children and Young People Directorates
13. PROCEDURES		
13.1	A comprehensive range of procedures has been developed to supplement this policy document and support the implementation of Self-Directed Support. These procedures comply with relevant council policies, and will be updated regularly in accordance with legislation, guidance, and best practice.	

		PRACTICE
13.2	Appropriate training is made available to staff and other relevant parties to support effective implementation of this Self-directed support policy.	
14. CONCLUSION		
14.1	This policy acknowledges that the council is implementing "A challenging agenda, which cannot be delivered by social care alone. To achieve this sort of transformation will mean working across the boundaries of social care such as housing, benefits, leisure, transport and health. It will mean working across the sector with partners from independent, voluntary and community organisations to ensure a strategic balance of investment in local services" It is recognised that learning from this experience of implementation will need to be reviewed and amended.	Lac Jan 2008

APPENDIX 1 - SELF-DIRECTED SUPPORT IN ADULT SOCIAL CARE GLOSSARY OF TERMS

Advocate	If you find it hard to speak up for yourself, you can get someone to help you to put your point across. This person is known as an advocate. Advocates will have undergone training, and will have special skills to support you appropriately. Advocates help people to become more aware of their rights, and to exercise these in order to be involved in, and influence, decisions that are made about them. An advocate could be a friend or a relative authorised to act and speak on your behalf, or a professional person who is trained as an advocate.
Assessment of need (see Supported Assessment Questionnaire)	This means finding out what your needs and wants are, and what may help you. Used to identify your social care and support needs and your eligibility for care and support through use of Fair Access to Care Services eligibility criteria. Most assessments are carried out by an assessing practitioner, and will involve you. The Government's Personalisation Agenda is encouraging greater self-assessment.
Brokerage	Someone who helps you arrange the services and support you need. Brokerage is a function designed specifically to help you gain access to the social care and support services they need. If a person is employed specifically to do this they become a 'Broker'.
Broker	Helps you to choose and arrange services for Self-Directed Support.
Care Home	A home registered with the Care Quality Commission (CQC) and providing nursing and/or personal support as well as living accommodation.
Carer	Someone of any age who regularly provides care and support for a relative, friend or neighbour. but is not employed to do so by an agency or other organisation. .
Care Quality Commission	The Care Quality Commission came into being on 1st April 2009. A regulation organisation that makes sure that health and adult social care services – in hospitals, care homes, in people's own homes or elsewhere – is of a high quality and safe. To find out more see www.cqc.org.uk
Care Services Improvement Partnership	An advisory body reporting to the Department of Health which supports positive implementation of care policy at local levels To find out more see www.csip.org.uk
Citizenship	The rights and responsibilities of being part of the community and involved in public life and affairs.
Community Care	Care or support provided by adult social care services, the NHS and other organisations to assist people in their day-to-day living.
Contact centre	The number for you to call if you want to ask questions about social care services, and find out what help you can get. The contact centre will make sure you get the information and services you need.
Continuing Healthcare	This is offered to people who have a primary need for healthcare. This is established after a specialist assessment which is NHS-led, but all the people involved in providing your care will be involved.

Consent

This is a Legal agreement to a choice or action freely made by an individual without coercion, and acceptance of the responsibilities associated with that choice or action. Individuals must be 'mentally capable' of giving consent before it is valid.

Control

Having autonomy and power over your own life and what happens to you, regardless of how much support is needed to put these choices into action.

Critical Need (see Eligibility Criteria)

A need is deemed critical when:

- life is, or will be threatened; and/or
- significant health problems have developed; and/or
- there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or
- serious abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out vital personal care or domestic routines; and/or
- vital involvement in work, education or learning cannot or will not be sustained; and/or
- vital social support systems and relationships cannot or will not be sustained; and/or
- Vital family and other social roles and responsibilities cannot or will not be undertaken.

Dignity in Care

Care that promotes and supports persons self respect.

Launched in November 2006, the Dignity in Care Campaign aims to put dignity and respect at the heart of care services. With it's ten point charter the campaign aims to The campaign raises awareness, inspires local people to take action; share good practice and give impetus to positive innovation; transform services by supporting people and organisations in providing dignified services; Reward and recognise those people who make a difference and go that extra mile.

To find out more see www.dhcarenetworks.org.uk

Direct Payment

Money paid to service users to enable them to arrange and be in control of the services chosen to meet their assessed needs.

To find out more see www.dh.gov.uk

Directly Commissioned Services

Services supplied to service users by Halton Borough Council and its partners (with 5 Borough Partnership NHS Trust who are Halton Primary Care Trust. Halton and St Helens Primary Care Trust) who make the arrangements with the supplier or supply the service directly without the individual getting involved in the arrangements.
An example is residential care.

Disability

The loss or limitation of opportunities to take part in the normal life of the community as an equal to others due to physical, attitudinal and social barriers that exist in society.

Domiciliary care

Services provided to people at home to assist them to live independently in the community. Includes personal care, meals on wheels, domiciliary care, equipment and adaptation. Previously known as Home Care.

Eligibility Criteria (see Fair Access to Care Services; Critical Need; and Substantial Need)	A part of your assessment to find out whether you can access a care and support service An assessment of an individual's support needs, that takes into consideration how serious a risk is to the individual's independence. By determining level of risk, the criteria provide a structure for determining an individual's eligibility for social care. When determining eligibility criteria, council's follow the Fair Access to Care Services guidance (see below). This is Government guidance to help councils to set out their eligibility criteria for Adult Social Care. Halton has set eligibility at the level of "substantial" and "critical" need.
Empowerment	Having choice and control about how you want to live your life.
Extra Care	Housing schemes with self-contained flats or bungalows, with on-site communal facilities, such as lounges, hairdressers, library services and laundry. Support staff are available 24-hours a day, and all flats have an emergency alarm system. The support provided will meet your individual needs.
Fair Access to Care Services	Social services have its own rules, or eligibility criteria, which we use to decide if you can get a service from us. This is known as Fair Access to Care Services (FACS). The Department of Health gives councils a framework for setting eligibility criteria for adult social care. It aims to achieve fairer and more consistent eligibility decisions across the country. To find out more see www.dh.gov.uk
Fairer Charging for Care Services	Department of Health guidance on how to design *'reasonable and fair'* charging policies for councils who decide to charge for non-residential services. Seeks to ensure greater consistency in charging policies across the country. To find out more see www.dh.gov.uk
Financial assessment	An assessment of an individual's finances to identify how much they will be expected to contribute to the cost of their care and support services.
General Social Care Council (GSCC)	A national organisation responsible for setting standards of conduct and practice for social care workers and their employers. To find out more see www.gscc.org.uk
in Control	Social enterprise set up to transform the current social care system into a system of Self-Directed Support. It helps people get real choice and control over their lives and is supporting local authorities to deliver Self-Directed Support. There are currently 122 local authority members all working to change their systems. In Control overseas the national 'in Control Total' programme. For more information see www.in-control.org.uk
Independent Living Fund	Charitable trust that administers money provided by the Government to support the cost of disabled people who need substantial assistance to live in the community. For more information see www.ilf.org.uk
Independent sector	All organisations delivering care and support, including a wide range of private companies and voluntary organisations, who are not working for the council or NHS

Indicative budget (see also Resource Allocation System)	The amount of funding that can be made available to meet an individual's social care and support needs. The amount is identified through use of a Resource Allocation System (RAS). This is different from the Personal Budget which is the final agreed amount of funding based on the preparation for their Support Plan. We do not currently have arrangements in place to deal with multiple funding streams. Also the Government in their National Indicator (NI130) are judging councils on their use of Personal budgets and not Individual Budgets. For these reasons we will focus on personal budgets and not the term Individual Budget
Indirect Payment	Money paid to a service user's trust fund. The trustees use this to arrange the services the individual has chosen to meet their assessed needs.
Individual Budget (see also Personal Budget)	Designed to bring about independence and choice for people receiving care or support. It is a transparent allocation of resources incorporating different funding streams including; Council provided Social care services, Independent Living Fund, Supporting People, Disabled Facilities grant, Integrated Community Equipment services and Access to Work A pilot programme involving 13 sites carried out a series of pilots to see if income streams could be wrapped around individuals. The Ibsen Report, an evaluation of the pilots, is available to download from www.dh.gov.uk
Individual Service Fund (ISF)	Used by Halton Borough Council to commission services from a service provider on behalf of individual service users. *The individual's Personal Budget remains with the Council, but they are as involved as they want to be in the commissioning of services – for example helping to choose an agency or staff member, and deciding on review participants. The service provider's agreement is with the individual but with the Council listed as a third party.* It is possible to have a mixed agreement, with the individual managing part of their Personal Budget as a Direct Payment, and the rest used as an ISF.
Interpreter	Someone who translates so that you are able to put your point across. An interpreter not only translates languages, but also supports people with sensory impairments, for example, providing sign language services.
Mental capacity	The Mental Capacity Act says *"a person must be assumed to have the capacity to make decisions for themselves unless it is established that they lack capacity".* This means people must have an assessment of their capacity before decisions can be made on their behalf. To find out more see www.dca.gov.uk/menincap/legis.htm
Our Health, Our Care, Our Say	This is the government document, called a White Paper, which sets a new direction for the whole health and social care system. There will be a major shift in the way in which services are delivered, to make sure they are more personalised, and that they fit into people's busy lives. To find out more see www.dh.gov.uk
Outcome	The changes, benefits or other results that happen as a result of provision of social care and support.
Outcome-based Planning	A way for care managers and others to help individuals to work out what social care support they need. Instead of telling the individual they need a particular service, an outcome is agreed that will help them. An outcome might be something like "get out and see more people" or "stay fit and healthy". Individuals can then work out a Support Plan of how best to reach the outcome

that will help them.

Person-centred Planning

This puts people at the centre of planning for their lives. It is about:

- listening to and learning about what people want from their lives
- helping people to think about what they want now and in the future
- Family, friends, professionals and services working together with the person to make this happen.

Person-centred Planning helps people to think about what they want from their lives, their dreams and wishes, and helps them to feel more confident and good about themselves. It helps the people in their lives work together to solve problems, and helps service providers to understand how they can support people in the way that they want.

Personal Assistant

A support worker employed by an individual using Direct Payments to support them with their social care needs.

Personal Budget

The actual amount of money Adult Social Care will make available to meet a service users social care needs as identified in an assessment. Adult Social Care will undertake an assessment of the Service Users financial circumstances to work out if they should contribute towards their personal budget. The personal budget is confirmed once a support plan has been approved by Adult Social Care. The personal budget can be used to purchase a range of services through a Direct Payment or through services arranged by Adult Social Care – or a combination of the two. The personal budget can be used for community based services and not for care in residential or nursing homes.

Person centred Care planning

This puts people needing support at the centre of planning for their lives. It is based on listening to people to find out what is most important to them and what they want from their lives.

Personal contributions

Contribution by the service user towards the cost of the support they receive. The amount an individual must contribute toward the cost of their support is determined by a financial assessment.

Personalisation (see also Putting People First and Our Care, Our Health, Our Say)

Government led agenda to ensure that every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings.

Positive Risk Taking

Allows individuals to take control over their own lives by weighing up the potential benefits and harms of exercising one choice of action over another. Halton's policy is to give people the support they need to take the risks they want and to make informed choices.

Preventative services

Advice, support and practical help so that individuals can continue to live their daily life as normal. The services help prevent people reaching crisis point and help prevent the deterioration of their health or situation.

Primary Care Trust (PCT)

This is a statutory (legal) body responsible for delivering health care to local communities through GPs, community nursing staff and other primary care staff.

Halton Borough Council works in partnership with 5 Borough Partnership NHS Trust who are Halton Primary Care Trust. Halton and St Helens Primary Care Trust wwwhaltonandsthelenspct.nhs.uk

Putting People First	A shared vision and commitment to the transformation of Adult Social Care. This landmark protocol seeks to set out and support the Government's commitment to independent living for all adults and has a concordat signed by key organisations including: central government; local government; professional leadership; providers and the social care regulator. Putting People First recognises that sustained and meaningful change depends on empowering the people who use services. For a copy of the document and more information see www.dh.gov.uk
Re ablement services	Short-term help while you recover from a trauma, such as a stroke or bereavement and are finding it hard to manage at home.
Resource Allocation System (RAS) (see also Support Questionnaire)	The system by which money is allocated from available Adult Social Care funding, according to set criteria, to contribute to a service user's Personal Budget. Based on a series of questions individuals are asked in a Supported assessment Questionnaire. The RAS is part of the assessment of need process.
Respect	Objective, unbiased regard for the rights, values, beliefs and property of the individual.
Risk (see also Positive risk taking)	The government's **personalisation** agenda is about enabling people to manage their own risk through making informed choices.
Risk Enablement Panel (REP)	Risk enablement panel will support, guide and give direction to staff in the event of complex risk situations, where the risk to independence is balanced (with the risk of not 'supporting choice') with high level repercussions, minimised and managed to protect the safety of Service Users and staff. The panel an be called at any stage if there are exceptional circumstances It is made up of representatives from Social care and health. REP should share decision making in a transparent way. REP Ensures that no individual is left to make a difficult decision and that the Local Authority can demonstrate it has fulfilled its duty of care. REP exists to ensure agreement in risk decision making, and to use resources creatively and flexibly to respond to complex needs. It is also in place to ensure a consistent approach to managing complex risk decision making.
Self-assessment (see also Supported assessment Questionnaire)	The Government's Personalisation Agenda is encouraging greater use of self-assessment where individuals are able to identify their own needs and eligibility for support. Halton is currently implementing a system of supported assessment where the individual is supported to complete the assessment with a Social Care of Health practitioner
Self-determination (see also Mental Capacity)	An individual's right to make their own decisions with support or representation where needed.
Self-Directed Support	Social care support which service users choose, organise and control (with support if needed) to meet their agreed needs in a way that suits them, using resources available to them to achieve what is important to them. For several years Halton Borough Council has advocated for Self-directed support through the use of Direct Payments. This has been extended to offer people personal budgets and from 4th October 2010 all new Service Users and those undertaking a review will be offered a personal budget for their social care and support

Substantial Need (see Eligibility Criteria)

A need is deemed substantial when:

- there is, or will be, only partial choice and control over immediate environment; and/or
- abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or
- involvement in many aspects of work, education or learning cannot or will not be sustained; and/or
- the majority of social support systems and relationships cannot or will not be sustained; and/or
- The majority of family and other social roles and responsibilities cannot or will not be undertaken.

Supported Living

Provides people with support to meet their needs and to live as independently as possible within their own homes. This could be as a tenant or within a sheltered housing scheme or in a shared tenancy

Support Plan

The name for the plan that shows how someone's **personal budget** will be spent. This plan is developed by the Service User (with help if needed) to show how they can use funding from Adult Social Care and other resources to meet their assessed needs. It is agreed by the by the Care Manager and authorised by a senior manager or Risk Enablement panel. The Support Plan describes how the individual plans to use the resources available to them to achieve outcomes that are important to them. An outcome might be something like "get out and see more people" or "go for a walk to stay fit and healthy". Support Plans are owned by the individual, but can be written by the service user, a member of their family, or someone else close to them who knows them well. If it is needed the Care Manager or another third party can provide help.

The Service User will be made aware of their indicative amount and have a copy of their supported assessment questionnaire before they start work on their support plan.

Supported assessment Questionnaire (SAQ)

Part of the Resource Allocation System (RAS). Designed as an easy-to-use, user-friendly form that people are able to complete themselves. The questionnaire is divided into sections that ask a series of questions that enable the individual to state what their needs are.

The completed Support Questionnaire is verified by the Council and its partners and used to determine the individual's Personal Budget.

Supporting People

Government programme funding housing-related services for vulnerable people which complement existing care services. See www.spkweb.org.uk

Transformation

A move towards a total transformation of social care, which includes changes to systems, processes, structure and culture.

The transformation of social care was signalled in the Department of Health's social care Green Paper, *Independence, Well-being and Choice* (2005), reinforced in the White Paper, *Our health, our care, our say: a new direction for community services* in 2006 and confirmed in the landmark '*Putting People First'* Concordat in December 2007.

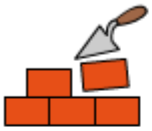
The Transformation of Social Care is about putting people in control of their social care support, as far as is possible. A major aspect of this in Halton is the introduction of Self-Directed Support and Personal Budgets through the 'in Control Total' programme.

	See Local Authority Circular LAC(DH) 2008: 1 Transforming Social Care which can be found at www.dh.gov.uk
Trust Fund	A legally set up body to receive and administer Direct Payments on behalf of a service user. The service user will in effect receive an indirect payment.
Universal services	Services provided for the whole community, including education and health, housing, leisure facilities and transport.
Valuing People	Government policy on how services for people with learning disabilities can be improved so that they can lead as independent a life as possible. To find out more see www.valuingpeople.gov.uk
Voluntary and Community sector	An 'umbrella term' for national or locally run charities and non-charitable non-profit organisations and community groups, to provide help and support to the group of people they exist to serve. They may employ staff or rely on volunteers. (The voluntary and community sector is also often called the third sector.)

APPENDIX 2 - IN-CONTROL MODEL

Many local authorities are adopting the in-Control system of self-directed support, which involves a seven step process for self-directed support. The person can decide what degree of control they would like to take over their funding and support. They could receive help with the process from family, friends, care managers, independent brokers or others.

The in-control system for self-directed support

	**1. Set personalised budget**	The person finds out how much funding they will be entitled to.
	**2. Plan support**	The person, or family, independent broker or care manager, works out how to best use that money to meet their needs in a way that suits them best.
	**3. Agree plan**	The person checks out their assessment and support plan with the local authority or any other funding provider.
	**4. Manage personalised budget**	The person decides on the best way to manage their personalised budget - manage it themselves; have a representative; set up a trust; pay and independent broker; use the care manager; or direct to the service provider.
	**5. Organise support**	The person organises the housing, help, equipment or other kinds of things they want.
	**6. Live life**	The person uses that support, in a flexible way with as few restrictions as possible, to live a full life with family and friends in the community.
	**7. Review and learn**	The person along with care manager checks how things are going and makes changes if needed.

Source: in-Control

APPENDIX 3 - SELF-DIRECTED SUPPORT PATHWAY

SDS PROCESS – Existing Client

1. Client is due for their Annual Review.

2. Care Manager completes the **Statement of Eligible Need.** To re-determine the individual's FACS Banding.

3. Service User and Care Manager complete:

- **The Supported Assessment Questionnaire (SAQ)**

4. The manager signs the SAQ and passes to Admin to forward to Jean Clieve to determine the individual's indicative Budget.

5. The Care Manager completes the Provisional Personal Budget Statement, **using the cost of the individual's existing package of care.**

6. The Support Plan is then completed, either by the individual themselves or with the Care Manager

7. Care Manager completes the **Support Plan Summary sheet** and **Care Manager Checklist**. The manager Quality checks all paperwork and signs off.
These go to Quality Assurance Panel along with **The Panel Application**, The f**inal Personal Budget Statement.** For a complex case the **Support Tool, Risk Assessment and QAP checklist** are sent**.**

8.
After the Support Plan **has been signed off** at Panel it goes to Admin to take two photocopy's a copy is sent to the Care Arranger, with the Support Plan Summary, Matrix and Panel application (**if it will be a whole or part Virtual Budget)** Care arrangers will send out the relevant information to Care providers and Service users.

A completed review under support planning that generates a support plan (even if a Support Plan/Review does not require an increase) goes with the support plan summary and matrix and sent to **Direct payments** by the care manager.

9. Support is organised

10. Care Manager monitors - 6 week Outcome Focused Review

Additional Guidance Notes – Existing Clients Process

Refer to FACS Criteria Sheet for help with determining FACS banding level

- Refer to the Supported Assessment Questionnaire Guidance Notes for full guidance on completing the SAQ.
- Welfare Rights Team – email form to welfare.rights@halton.gov.uk Tel – 01928 704592 (Fairer Charging)

- Currently for existing Clients, the Indicative Budget will be the amount of the existing package of care. The SAQ still requires completing and sending to Jean Clieve.

There are a number of Halton documents available to help with the process of Support Planning:

- What needs to be in a Support Plan? *(Gives detail around the 7 essential criteria)*
- Making Your Support Plan *(Developed to guide the individual through developing their own Support Plan)*
- Guidance Notes for Support Planners *(Advice for Care Managers, e.g. communication techniques)*
- Guidance Notes for completing the Support Plan Summary

Care Managers can also refer to the Self Directed Support Resource Pack for hints and tips – a copy of this is held by each Social Care team.

SDS PROCESS – New Client

1. Routine Referral (by self or other)

2. Care Manager completes the Statement of Eligible Need and determines FACS Banding.

3. Service User and Care Manager complete:

- The Supported Assessment Questionnaire (SAQ)
- Initial Agreement to Pay (IAP) – **fax this to Income and Assessment Team**

4. The manager signs the SAQ and passes to Admin to forward to Jean Clieve to determine the individuals indicative Budget.

5. Jean Clieve informs the Care Manager of the Indicative Budget amount and passes the SAQ back to Admin to load.

6. The Care Manager completes the Provisional Personal Budget Statement, using the information from Jean Clieve and the Income and Assessment Team.

The **Support Plan i**s then completed, either by the individual themselves or with the Care Manager.

7. Care Manager completes the Support Plan Summary sheet and Care Manager Checklist. Manager quality checks all paperwork and signs off. These go to Quality Assurance Panel along with**, The Panel Application and Final Personal Budget Statement**. For a complex case **Decision Support Tool, Risk Assessment** and **QAP Checklist** are completed.

8. After the Support Plan **has been signed off** at Panel it goes to Admin to take two photocopy's a copy is sent to the Care Arranger, with the Support Plan Summary, Matrix and Panel application (**if it will be a whole or part Virtual Budget)** Care arrangers will send out the relevant information to Care providers and Service users.

A completed review under support planning that generates a support plan (even if a Support Plan/Review does not require an increase) goes with the support plan summary and matrix and sent to **Direct payments** by the care manager.

9. Support is organised.

10. Care Manager monitors - 6 week Outcome Focused Review

Additional Guidance Notes – New Clients Process

Refer to FACS Criteria Sheet for help with determining FACS banding level

- Refer to the Supported Assessment Questionnaire Guidance Notes for full guidance on completing the SAQ.
- Income and Assessment Team: Fax – 0151 471 7308 / Tel – 01928 704328/4319
- Welfare Rights Team – email form to welfare.rights@halton.gov.uk Tel – 01928 704592 (Fairer Charging)

There are a number of Halton documents available to help with the process of Support Planning:

- What needs to be in a Support Plan? *(Gives detail around the 7 essential criteria)*
- Making Your Support Plan *(Developed to guide the individual through developing their own Support Plan)*
- Guidance Notes for Support Planners *(Advice for Care Managers, e.g. communication techniques)*
- Guidance Notes for completing the Support Plan Summary

Care Managers can also refer to the Self Directed Support Resource Pack for hints and tips – a copy of this is held by each Social Care team.

SDS PROCESS – Interim Referral

1. Referral comes in as Crisis referral – services need to be put into place immediately.

2. Care Manager completes:
- **The SAQ**
- **Statement of Eligible Need.** To re-determine the individual's FACS Banding.
- **Initial Agreement to Pay** (send to Income & Assessment Team)

3. Care Manager forwards the SAQ, Statement of Eligible Need and Crisis Support Plan to **Practice/Principal Manager** for sign-off. Copies of the forms are then **sent to the Care Arrangers.**

4. Care Manager sends the completed SAQ to Jean Clieve, to determine the individuals Indicative Budget.

5. Jean Clieve informs the Care Manager of the indicative budget, Income and Assessment Team inform Care Manager of charge.

6. The Care Manager Completes the Provisional Personal Budget Statement, using the information from Jean Clieve and the Income and Assessment Team.
The **Support Plan is then completed by the individual themselves or with the Care Manager**

7. Care Manager completes the Support Plan Summary Sheet and Care Manager Check list. Manager quality checks all paperwork and signs off. These go to Quality Assurance Panel along with **The Panel Application, The Final Personal Budget Statement.** For a complex case **the Decision Support Tool, Risk Assessment and QAP Checklist** are sent.

8. After the Support Plan **has been signed off** at Panel it goes to Admin to take two photocopy's a copy is sent to the Care Arranger, with the Support Plan Summary, Matrix and Panel application (**if it will be a whole or part Virtual Budget)** Care arrangers will send out the relevant information to Care providers and Service users.

A completed review under support planning that generates a support plan (even if a Support Plan/Review does not require an increase) goes with the support plan summary and matrix and sent to **Direct Payments** by the Care Manager.

9. Support is organised

10. Care manager monitors – 6 week Outcome Focused Review

Additional Guidance Notes – Interim Referral Process

- Refer to FACS Criteria Sheet for help with determining FACS banding level
- The Interim Support Plan is a separate document, to be filled out in this instance until a Full Support Plan can be completed
- Refer to the Supported Assessment Questionnaire Guidance Notes for full guidance on completing the SAQ.
- Income and Assessment Team: Fax – 0151 471 7308 / Tel – 01928 704328/4319
- Welfare Rights Team – email form to welfare.rights@halton.gov.uk Tel – 01928 704592 (Fairer Charging)

The Crisis Support Plan does not go to Panel – instead it is signed off by Practice/Principal Manager until it is changed to a Full Support Plan (See 7) when it will be required to go to the Quality Assurance Panel.

There are a number of Halton documents available to help with the process of Support Planning:

What needs to be in a Support Plan? *(Gives detail around the 7 essential criteria)*
Making Your Support Plan *(Developed to guide the individual through developing their own Support Plan)*
Guidance Notes for Support Planners *(Advice for Care Managers, e.g. communication techniques)*
Guidance Notes for completing the Support Plan Summary

Care Managers can also refer to the Self Directed Support Resource Pack for hints and tips – a copy of this is held by each Social Care team.

APPENDIX 4. PUTTING PEOPLE FIRST IN HALTON

Self Directed Support

MY PERSONAL BUDGET AND HOW I CAN MEET MY ASSESSED ELIGIBLE NEEDS IN HALTON – THE HALTON CHOICE MATRIX

Options	What does it mean?	What choice does it give me?	What control does it give me?	What will I be responsible for?	Who might choose this option?
Services Arranged by Individual					
Direct Payment	You receive your personal budget directly into a bank account which has been set up by you specifically for your payment. This can include an element for a single item or piece of equipment	It gives you choice about how your money is spent, as long as it meets your needs identified in your assessment and agreed in your support plan. It can be used to employ a personal assistant, or purchase support through a service provider. You can club together with other people who want support for the same type of thing to buy support for you all. It is a flexible way of receiving your budget and gives you a wide choice.	You will be able to fully control the provision and delivery of your services to meet your assessed needs flexibly within the boundaries of your agreement and support plan. You can also choose which item you buy to suit your particular needs	While it gives you maximum control you also have the responsibilities that come with managing a budget and becoming an employer if you choose to employ a personal assistant. You will have to agree a contract with a service provider and keep to the terms . You are responsible for researching the cost and appropriateness of any single item and for maintaining it once it is bought. You will also be responsible for monitoring your budget and supplying information to the council on how it has been used.	People who want to arrange services for themselves and are confident in dealing with money management and the employment of their own staff. Also people who want to be in control of choosing their own organisation, personal assistant or service provider.
Representative Payment	A suitable person, usually a close family member or friend manages your money and arranges your service provision and your personal budget will be paid to them.	This gives the same choice as you would get from a Direct Payment except is your suitable person who organises everything provided the services that are chosen meet your assessed needs regardless of your ability to retain the capacity to make the choice to have this method of delivery	Your representative will be able to fully control the provision and delivery of your services through your in order to meet your assessed needs flexibly within the boundaries of your agreement and support plan	While it gives your representative maximum control they will have to be prepared to take on the responsibilities that come with managing a budget and becoming and employer if they choose to employ a personal assistant or contract with a service provider.	People who want to arrange services for themselves but do not have the capacity to consent to a Direct Payment. Instead, they have a suitable person that they can trust to represent them on these matters.
Council Arranged Services					
In House Services/ Commissioned Services	After finding out your personal budget allocation you can choose for the Council to arrange your service provision either in house or by contracting with a provider of services on your behalf	You have some choice about what services or agencies are used to meet your needs and still have choice about how those needs are met in the support plan. However, your choice will be limited to a menu of providers held by the Council.	The Council contracts services on your behalf therefore you could only choose those agencies or services which the Council already commissions or who succeed in becoming commissioned by the Council or in house services.	You will be responsible for assisting with your support plan and you can choose your services from the Council menu but you will not need to worry about money management, contracting or employing people.	May be suitable for people who want some choice about how their services are delivered but do not want responsibility of contracting or employing agencies or staff. It is also an option for people who have fluctuating abilities and may not always have the capacity to manage on a day to day basis
Mixed Package	You can also choose a mixed package of commissioned services AND a direct payment for different elements of your care and support.	You have choice about what elements of your care and support could be through commissioned services but can take some of your personal budget as a direct payment to give you more choice	It gives you a range of choice and control in the delivery of your services	You have more control but also have responsibilities for managing the budget for the elements which you choose as a direct payment.	May be suitable for people who want some control but do not want all of their services to be arranged in this way
Options in Development for Commissioned Services					
Individualised Service Fund	The money is given to a service provider to manage for you.	This allows you to shape the services that you want to receive from a provider without needing to deal with the management of finances yourself. It allows you to tailor a bespoke service with the provider.	Within the provider's services you will have full control and flexibility but you will not be dealing with the management of your budget allocation.	You will not be responsible for contracting with the agency or provider but will be required to agree your service provision to meet your assessed needs and your must sign an agreement that you wish to use this option to meet your assessed needs	This will be appropriate where you want to shape your service provision with a specific provider (usually because you have particularly complex needs) but do not want to deal with the money management or contracting issues.
Indirect Payment	The money is given to a third party – agency, organisation or broker – to manage for you.	You can nominate a third party to receive your personal budget provided you have capacity to do so. You can then direct them as to how you want your budget to be spent to meet your assessed needs.	You will be in control of how you direct your budget to be spent and which services you receive.	You will be responsible for ensuring that your budget is spent to meet your assessed needs by monitoring the third party. The third party will manage the money.	May be an option for people who have limited capacity or fluctuating abilities but would like to nominate a third party organisation to manage the money and assist in selecting their services.

HALTON BOROUGH COUNCIL

Adults and Community Directorate

PUTTING YOU FIRST
SELF DIRECTED SUPPORT/RESOURCE ALLOCATION SYSTEM/POLICY AND PROCEDURE

Lead Director:	Audrey Williamson Director, Adults and Community Directorate		
Policy approved by:	Adults and Community Directorate		
Date Policy approved:			
Implementation Date:	November 2010		
Review Date:	November 2011		
Status:	Draft	**Version no:**	**1**

INFORMATION SHEET

Service area	All Adult Social Care Service Areas
Date effective from	November 2010
Responsible officer(s)	Helen Moir (Divisional Manager, Transformation Team)
Date of review(s)	November 2011
Status: • **Mandatory (all named staff must adhere to guidance)** • **Optional (procedures and practice can vary between teams)**	Mandatory
Target audience	Operational Managers and practitioners especially those involved in assessment, support planning, Care Management review and financial procedures for individuals in relation to Self-directed support in Adult Social Care
Date of committee/SMT decision	Directorate SMT & Date
Related document(s)	• Adults & Community Directorate's Business Plan 2010-2013 • Care Management Practice Manual • Adult Services Self-directed support procedures • Direct Payments Procedures and Practice Guidance for Direct Payments (Version 11) • Safeguarding Adults • Mental Capacity Act Overall policy Feb 2010 • Section 117 policy, Mental Health Act 2003 • Deprivation of liberty and mental capacity: guidance note • Fair Access to Care Services policy March 21010
Superseded document(s)	Not applicable

Community Impact Review and Assessment completed	TBC
Adult Safeguarding Audit Tool Completed	TBC
File reference	TBC

CONTENTS

Putting You First
SDS Resource Allocation System RAS Policy and Procedure

	POLICY STATEMENT	Practice
1	**INTRODUCTION**	
1.1	Halton is transforming its social care services through the implementation of a Self- Directed Support (SDS) model of support provision. Under SDS all people who are eligible for council social care funding will be advised up front of the funds the council will make available for their support. Halton Borough Council (HBC) has a duty to facilitate the provision of social care services to those individuals who qualify under its eligibility criteria. This is defined by the criteria under Fair Access to Care Services (FACS). The threshold for eligibility will be that set from time to time by the authority in line with the Fair Access to Services Guidelines In 2006 the Government initiated an Individual Budgets Pilot Project it encouraged the national development of individual budgets utilising a SDS model. This pilot provided valuable information which was used in Halton to develop a Resource Allocation System (RAS) tailored to meet the specific needs of Halton service users. The RAS was trialled and refined in Halton from late 2009 until November 2010 to ensure that it reflected levels of need appropriately and set the resource allocation at the right level for Halton. The RAS supports the overarching policy objectives of the Governments Putting People First policy which are to promote the independence, health and wellbeing of individuals while improving their choice and control over the support they receive. The RAS is the system by which an *indicative* personal budget is calculated for eligible Individuals who are exercising their right to SDS. It does so by translating support needs into a resource budget. The purpose of the system is to provide an equitable and transparent way of allocating resources, and is based on a supported assessment of an individual's support needs, the eligibility of those needs and the availability of resources to meet those needs. Within this process individuals are active partners.	**<u>Directorate's vision</u>** "This policy is written in the context of the Council's vision for Self-directed support in Adult Services -Transform social care in Halton into a system of self-directed support that puts individuals at the centre of the assessment of their own needs and tailoring support to meet them ensuring better value for money -Develop a culture and the tools to enable individuals to take greater control of their lives and the support they receive so that they can make decisions and manage their own risks -Create a quality driven customer focused and efficient model which enables partners to support adults in need in Halton -Support people to achieve maximum independence, well-being and dignity by reducing the barriers which prevent them from accessing mainstream services including transport, work, housing, leisure and financial services"

	Resources will be allocated fairly to individuals on the basis of assessed eligible needs, regardless of gender, age, ethnicity, sexual orientation or impairment. This new system is an opportunity for allowing the individual to have more flexibility about how the money is spent. The Personal Budget can be taken as an in-house provision, commissioned services, or Direct Payments (or any combination) where individuals take their budget as a Direct Payment then they will have greater choice and control in how they spend their money. The emphasis will be on improving outcomes for individuals rather than be prescriptive about what people can spend their money on. People will continue to find ways of achieving outcomes that will challenge our normal perceptions of what is possible and we must remember that a Personal Budget allocation is to be used to meet the eligible social care needs of an individual. The funding included in Personal Budgets is subject to review by the council, which may change as needs increase or decrease.	SDS Policy Nov 2010 See Fair Access to Care Services policy: Eligibility for Adult Care Services Revised March 2010 The RAS process empowers individuals to be innovators and investors in their own assessment and support. Processes are simpler and easier to use and more efficient, avoiding duplication of tasks and unnecessary time delays
	Legislation and guidance	
1.2	The initiative for Self-directed support originated from organisations for disabled people pressing for the right for autonomy over their lives and for control over the assistance they needed in order to live independently. The Putting People First Concordat of Government Departments and other stakeholders require the Transformation of Adult Social Care to a system that's approach is personalised. In order to achieve this Transformation the Government has planned a whole system change to one of SDS. Within this system, the Government sees the introduction of Personal Budgets as a key building block to achieve SDS.	Detailed Legislation and guidance context is detailed in Self-Directed Support policy
1.3	The Government, through the Department of Health, sets the strategic direction of adult health and community wellbeing in England and provides the legal and policy framework and funding to local authorities to enable them to operate effective services. While Government sets the strategic direction, it does not have direct responsibility for delivering services. HBC has responsibility for meeting local adult health and community wellbeing needs Recent legislation has helped to shape this and provide a framework within which self-directed support can develop and move forward. Of particular relevance are the core duties set out in:	

	Human Rights Act (1998) including Article 8 Right to respect for private and family life Article 14 Prohibition of discrimination The **Carers (Recognition and Services) Act (1995** Provides for the assessment of the ability of carers to provide care; and for connected purposes The **Data Protection Act** Makes provision for the regulation of the processing of information relating to individuals, including the obtaining, holding, using or disclosure of information **The Local Government Act 2000** Defines powers of Well-Being Local authorities are obliged by law to make direct payments available to people who are eligible for them and choose to take the money. The Department of Health has published Guidance on Direct Payments (2009) about how the law should be implemented. This Guidance replaces that of 2003 and reflects changes introduced by amendments made to S57 of the Health and Social Care Act 2001 Act. Halton Borough Council is committed to following this guidance as closely as possible • Fair Access to Care (FACS) – Guidance (March 2010), this guidance provides councils with a framework for setting their eligibility criteria for adult social care. Implementation was intended to lead to fairer and more consistent eligibility decisions across the country • Fairer Charging Guidance (September 2003) – This guidance is issued under section 7 of the Local Authority Social Services Act 1970. This guidance issued by the Department of Health allows local authorities to design a charging policy within specific guidelines, which includes discretionary elements to be adopted to suit the specific needs of the council The **Carers (Equal opportunities) Act** ensures that carers are able to take up opportunities that people without caring responsibilities often take for granted, such as working. **The Mental Capacity Act (2005)** The need to apply the Mental Capacity Act features strongly in self-directed support where the individual lacks capacity to manage money and/or the ability to make decisions about their care. **Equality Act 2010 (Equality Bill)** Places a new Equality Duty on public bodies which brings together the three existing duties, to tackle discrimination and promote equality for race, disability and gender, and extend them to gender reassignment, age, sexual orientation and religion or belief.	

	The Act contains powers to outlaw unjustifiable age discrimination by those providing goods, facilities and services and carrying out public functions.	
	Principles and values	
1.4	▪ Ensuring that the Council is meeting the eligible needs of Individuals by modelling the RAS in accordance with the FACS criteria. ▪ Providing the Individual with more control in the process of assessing their needs. ▪ Allowing available resources to be fairly allocated in a transparent way to individuals on the basis of assessed eligible needs, regardless of gender, age, ethnicity or impairment. ▪ Enabling a personalised response to need by providing individuals with an indicative personal budget within which they can plan to meet their assessed eligible needs. ▪ Facilitating the Council to monitor and manage the resources available in accordance with its financial and budgetary responsibilities.	
2	**KEY OUTCOMES**	
2.1	Adult Services will conduct its business in accordance with the principles and values intrinsic to self- directed support and National Standards set. These will be delivered through the implementation of this policy and will have the following outcomes. **Outcome 1** –The allocation of available resources to be allocated fairly and services delivered, in a consistent and transparent way. **Outcome 2** – To have maximum choice and control	Liberal Democrat Minister for Care Paul Burstow said: "What we're going to be saying is that it's not about spending more money. It's about focusing on what matters. If they want to spend £350 on a laptop and that allows them to reconnect with their friends if they have a disability and have not been able to leave the house – we recognise it's the small things which make a huge difference." The Guardian 21/09/10
3	**SCOPE AND EXCLUSIONS**	
3.1	In HBC, SDS has been used in a pilot, 'PSD live' for people with Physical Disabilities providing the foundation to expand the pilot across all adult social care groups.	
3.2	This policy and procedure applies to all new people accessing Adult Social Care in Halton who have been assessed as eligible to receive services. Individuals in	

	receipt of services prior to the launch date for SDS will be offered RAS at the time of service review. The RAS has been implemented through a controlled programme across all operational services.	
3.3	Personal Budgets will not usually be an appropriate response to a crisis situation. The following groups therefore will not be eligible to receive a personal budget: • A person who's assessed needs require an emergency or crisis intervention. • People whose liberty to arrange their care is restricted by certain Mental Health or Criminal Justice legislation	'Personal budgets for everyone eligible for publicly funded adult social care support other than in circumstances where people require emergency access to provision. Lord Darzi's recent NHS next stage review interim report suggested that in the future personal budgets for people with long term conditions could include NHS resources' Putting People First P3
3.4	Direct payments are intended to support independent living and, as such, they cannot be used to pay for adults to live for the long term in residential care. They can be made to enable people to purchase for themselves a short stay in residential care, provided that the stay does not exceed a period of four consecutive weeks in any 12-month period People who are living in care homes may receive direct payments in relation to non-residential care services. For example, they may have temporary access to direct payments to try out independent living arrangements before making a commitment to moving out of their care home. Direct payments can also be used by people living in care homes to take part in day-time activities. This can be particularly empowering for young people in transition. The individual's financial contribution for residential care will be assessed under Charging for Residential Assessment Guidelines (CRAG). This is a legal requirement. Additionally, the individual's personal budget, for this purpose, must be accessed through a Council Managed Budget (Virtual budget).	Individuals needing long term care will follow the self directed support model but will receive a *virtual* budget
3.5	Personal budgets cannot be used, managed or deployed in a way that is: • Illegal; • Spent on services or activities that put the individual's health or safety at unacceptable risk; • Involve gambling or illegal activities; and • used to purchase support that should be met through the person's personal income or welfare benefits, or that should be provided by another statutory body	

	outside of the council (e.g. the NHS). Personal Budgets cannot be used to pay for things that their entitled benefits or allowance have been given to purchase. For example, when the individual is awarded High rate mobility allowance and has purchased a mobility car. A Personal Budget cannot be used to help purchase a car, provide repairs to a car or travel costs. Personal Budgets should not pay for things that other sources of income would normally pay for. For example, food bills, utility bills, rent, mortgage repayments, sexual service, cigarettes or alcohol. A Personal Budget should not be used to compensate for the lack of income received by individuals. It should be used to enable individuals to receive support in their home or community.	
3.6	The council has issued a number of policies and practice guidelines that govern the administration of adult health and community wellbeing in Halton, of which this policy and procedure forms a part. These documents complement the policy documents that have been released by central government which set out the guiding principles and objectives to be fulfilled by the model of SDS.	
3.7	This policy and procedure provides the framework for the way in which the RAS will allocate resources to the individual to meet their eligible assessed needs. It includes the pathway, authorisation and guidance on what the financial allocation of a Personal Budget can be spent on. In carrying out their budgetary responsibilities, the managers who operate the RAS do so in accordance with financial procedures and processes as laid down by Halton Borough Council.	
3.8	This document will be reviewed and updated as we gain experience and develop understanding of how Individuals utilise their budgets.	
4	**PROCEDURE**	
4.1	The RAS has been developed locally from a national template and is used to allocate funds to eligible individuals. It matches the validated Supported Assessment Questionnaire (SAQ) to a level of budget based on historical spend in individuals with similar needs. It comprises of three main components • A SAQ that seeks to identify an Individuals support needs and is used in a supportive way as part of the community care assessment; • A points allocation system which translates needs into points to reflect the relative scale of these needs; and • A ‘pounds per point’ calculation that converts the	

	points into a sum of money, known as the indicative personal budget.	
4.2	It is the indicative personal budget which allows Individuals to plan the support that will deliver the outcomes to best meet their identified needs. The RAS does not generate an absolute amount. Rather, it provides an indication of the resources an individual may need to meet the cost of addressing their assessed eligible needs. It is the support planning and validation process which determines the final allocation or personal budget.	See the Support Planning procedure and guidance
5	**ASSESSMENT** At this stage the individual will take part in an assessment, including those to determine the resources available for support. The assessment process (including the process for carers) determines eligibility and the calculation of an indicative budget amount through the use of the Council's RAS and SAQ.	The Care Management and Assessment process at this stage reflect s the principles of Self-Directed Support The Council is working towards a common assessment process which incorporates resource allocation and self assessment tools which will be aligned with existing or partner tools including Common Assessment Framework, Single Assessment process and CPA and CHC
5.1	**Initial contact assessment**	
	The first step is where the person or someone close to them first makes contact with the adult social care team. There are a various channels through which people will make contact. • Initial Assessment Team • Contact centre • Duty officer on each operational team • On-line referral requests The Mental Health service will continue to receive referrals as above and via the traditional Mental Health pathway • Single Point of Access • GP • Mental Health professional	The council's screening process Personal Information Record is based on best practice and bears in mind that almost all adults only approach the social care services for support when they feel they need to. Some individuals at screening will be identified referred to preventative services This will also include processes that trigger referrals or integrate access to other funding systems such as Equipment.

5.2	At the initial contact assessment the first assessor will gather essential information utilising the 'Personal Information Record' and establish whether FACS eligibility applies.	Initial contact assessors are well trained individuals who are part of an operational team or Initial Assessment Team and who have a sound understanding of adult social care The Personal Information Record
5.3	If the individual is eligible for Social Care the case is referred to the appropriate community team for allocation.	The case is allocated by the practice/principal manager and is recorded on the allocation record
5.4	If FACS eligibility criteria does not apply then individuals will be signposted by the first assessor to preventative services or to low level interventions including re -ablement services. Referrals to Re-ablement services will continue to be made within existing pathways: • Care Manager • Hospital Team • GP	The Councils is developing comprehensive information in a range of concise, accessible and comprehensive formats. This is being undertaken with the full engagement of third sector partners. A directory is in the process of development and will be completed by mid 2011
5.5	Re assessment will be completed for known individuals as a result of a change of circumstances and can be completed at any stage after the person has completed a SAQ (or historically a comprehensive assessment)	
5.6	Consistent application of electronic data input and sharing throughout the process will ensure that information is shared effectively within the Council and where appropriate other organisations.	Halton have completed 'to be ' process maps to assist in mapping processes throughout the Directorate
5.7	**Supported Assessment Questionnaire**	
5.8	The purpose of the SAQ is to identify and evaluate an individual's needs in order to deliver an ***indicative*** personal budget with enough resources to enable a service user to meet their identified eligible needs. It does so by focusing on the totality of a person's support needs. The SAQ has 17 domains to help the individual tell us about the areas of their life where they may need help.	Guidance notes have been completed to assist and support practitioners in the understanding and completion of the SAQ document
5.9	In order to ensure equity of resource allocation, there is one	

	SAQ for all Individuals regardless of age or type of need.	
5.10	The SAQ is modelled against the FACS criteria in order to ensure the Council is meeting the eligible needs of service users. When determining the eligibility criteria for Halton, the Council has regard to its resources	
5.11	As the help and support of family members and/or other carers is essential for many people, assessment of the level of support provided by carers is included in the SAQ. Carers' own needs will be assessed separately Carers are entitled to an assessment even if the Individual does not agree to undertake an assessment. This will reflect their needs and separate financial status .	
5.12	The SAQ is completed as part of the community care assessment and will need to be agreed by the allocated Care Manager. The SAQ records two viewpoints: • Individual • Care Manager Where a SAQ has been completed by the individual independently of the Care Manager then the allocated Care Manager will need to meet with the individual and complete the SAQ within 14 days of case allocation.	At present the Council provides a supported assessment process but a system is in the process of being developed that will enable the individual to undertake a self-assessment
5.13	The completed SAQ will be forwarded to the service Administration Team for loading onto Carefirst.	
5.14	For the purpose of the pilot and whilst the RAS is being re-calibrated a copy will be forwarded to the Transformation Team where an indicative budget will be established. For individual who already have a traditional care package and whose needs have not changed then the existing budget remains.	A Support Plan must still be undertaken
5.15	Where an individual either: • Appears to lack the capacity to assess their own support needs, an assessment under the Mental Capacity Act (2005) will be carried out. The decision maker, if the person is deemed to lack capacity, will also make the decision under the best interests guidance, taking into account the views of all relevant people including family, friends and representatives having regard to s4 MCA and the Code of Practice; or • Has capacity and appears to be in need of a service from HBC but chooses not to participate in the supported assessment. HBC will continue to exercise its statutory duty under s47 of the National Health Service and Community	

	Care Act 1990 to assess any person within their area who may be in need of support. *Mental capacity and the SAQ* Whilst it must be assumed that all adults have capacity to make decisions for them-selves, where there are concerns about an adult's capacity to make specific decisions a formal assessment of capacity will be necessary. The Mental Capacity Act (2005) and the Code of Practice provides the legal framework for acting and making decisions on behalf of those individuals who have been assessed as lacking mental capacity to make particular decisions for themselves. The Council will act in accordance with the provisions in the Mental Capacity Act (2005), the Code of Practice, and the Halton Borough Council Procedure and Guidance when assessing individuals.	
6	**POINTS ALLOCATION SYSTEM**	
6.1	At this stage the individual is informed about their indicative personal budget allocation in a clear and accessible way. This will enable them to plan their support with the full knowledge of the level of resource available.	The Care Manager informs the individual verbally and also via completion of a Provisional Personal Budget statement
6.2	The point's allocation system translates the needs identified in the SAQ into numerical points. The scale of points awarded for each answer is informed by the Council's eligibility criteria in line with FACS.	
6.3	The points for each answer remain the same regardless of who is completing the SAQ, thus ensuring that Individuals who have the same answer for a particular question will receive the same points in relation to that question. This maintains the equality of the point's allocation system.	
6.4	Some of the domains do not have points attached to them. This is because we need to know the information to support the individuals to plan their support but it may not need to be paid for within the Personal Budget. Some of the domains may award a level of points that informs the award of points in another domain; this will prevent duplication of funding.	See SAQ Guidance notes
6.5	Once the points have been allocated, they are then converted into the indicative personal budget via Annual the 'pounds per point' calculation. The 'Annual pounds per point' rate sets a certain monetary figure for each point scored on the questionnaire. This figure is multiplied by the number of points scored on the questionnaire in order to determine the indicative personal budget.	
6.6	The annual 'pounds per point' rate is based on the cost of meeting eligible support needs, having regard to the	

	available HBC resources. The RAS is linked to the actual cost of providing services that meet those needs, in Halton. Therefore if the cost of providing those services increases or decreases then the price per point and the budget may change.	
6.7	Where an individual's initial allocation includes other funding sources which are yet to be ratified these must be detailed on the Provisional Personal Budget Form. This will need to be presented clearly as it will inform the application of any financial assessed charge.	Ensure that you complete a 'Provisional Personal Budget' form for all new cases. This can be found at (Appendix 1) but the most recent version will be found on the intranet in Self Directed Support
6.8	Once the calculation of the indicative budget has been completed the Provisional Personal Budget statement needs to be completed and a copy forwarded to the individual.	Once the individual has this information they are then in a position to begin there Support Plan.
7	**MOVING EXISTING SERVICE USERS TO PERSONAL BUDGETS**	
7.1	Cases currently receiving Adult Social Care support receive an annual review from a Care Manager. As part of the review process, individuals will go through the RAS, completing a SAQ and an indicative amount will be established. It will be established whether the individual will continue with the support they currently receive. A Support Plan will need to be completed for all cases that address the individual's outcomes using the indicative amount as a guide.	
8	**HOSPITAL DISCHARGES**	
8.1	Where an individual is to be discharged from hospital without referral to Re-Ablement services the Care Manger will complete a SAQ. This will produce an indicative budget and an Interim Support Plan will be completed. If the individual is already known to adult social care services and their needs have not changed and no additional funding is required then the additional package can be re-instated. A comprehensive Support Plan would need to be completed within two weeks of the person returning home. Where an individual is to be discharged into the care of re-ablement services then the RAS process can only commence once the person has entered a relatively stable stage. The Re-Ablement service will refer to the appropriate team for case allocation.	See Interim Support Plan document located within Support Planning and review procedure. A comprehensive Support Plan will need to be completed within two weeks of commencement of package.
9	**FINANCIAL ASSESSMENT**	
9.1	The Care Manager will need to ensure that the individual understands that services under SDS are means tested and a contribution to the cost of service may apply.	Self-Directed Support is based on the principles of transparency and choice. It is important

		that the individual knows what there assessed contribution for service is prior to the completion of their support plan as this may impact on the decisions they make at the next stage – planning their support
9.2	It is important that there is timely referral for Financial assessment. At the first contact visit the Care Manager will ensure that the individual completes an Agreement to Pay form. A copy of the Agreement to Pay form will be forwarded to the Income and Assessment Team along with a request for a financial assessment that will ensure that individuals are fairly charged and accessing their maximum welfare benefit entitlement. The process is: • Income and assessment team- Undertake a financial assessment within 5 days that calculates how much the individual can afford to pay • Fairer Charging Assessment- Applies if the individual feels that the charge applied is more than they can afford to pay then this can be reviewed.	Agreement to Pay form needs to be completed at the initial contact visit by the visiting Care Manager (Appendix 2) In most cases the visiting Income and Assessment officer will be able to tell the individual their contribution straight away. This will be dependent on availability of financial information needed to complete the assessment The individual will also be offered a Welfare benefits check and be supported by the Income and Assessment officer to complete any benefit applications. The Income and Assessment Team are based at Kingsway House
9.3	The Income and Assessment team will advise the individual and the Care Manager of the outcome of the Financial Assessment without delay. This will enable the care manager to complete the Final Personal Budget Statement form.	Final Personal Budget Statement Form (Appendix 3)
9.4	If the individual does not agree with the outcome of the financial assessment then a review will be carried out by a Manager from Adults and Community Services within four weeks of the request and the individual will be given the decision in writing.	See Fairer Charging Policy
10	**VALIDATION**	
10.1	All needs that have been identified from the assessment,	This must include any

	including the SAQ, will be flagged for the support plan, and in order for the Council to meet its duty, these needs must be met in the support plan in order for the plan, and therefore the budget, to be validated.	associated costs. For Example Support Planning/recruitment/ cost/training/account management. -The data for additional costs need to be analysed and fed back into any RAS recalibration processes to increase accuracy of indicative allocations overtime.
10.2	The indicative allocation, the invitation to create a Support Plan with the appropriate amount of help, and a reasonable sign of decision by an authority constitute an assessment, and this is the process by which a Personal Budget is established.	See Positive Risk Taking Guidance
10.3	Where it is clear that the individual's needs will not be determined through the SAQ then the resource allocation will be agreed on completion of a validated Support Plan that clearly details the individuals needs and how they will be met. This process includes exceptional allocations of funding alongside any 'transitional' or one of payments. This will include agreement regarding whether this allocation is recurring, non-recurring or recurring but reducing.	See Positive Risk Taking Guidance
10.4	Personal budgets of a specific sum can be signed off by the appropriate practice/principal manager	
10.5	Personal Budgets exceeding the sum specified must be signed off by a Risk Enablement Panel	
10.6	Cases of high risk and non agreement will be referred to an Operational Director. The O.D will make a decision within 5 working days of receiving the information. The decision must be recorded in writing and a copy kept on file. The Care Manager must inform the individual of the outcome without delay.	This will be the service Operational Director (O.D) or in their absence Another nominated O.D A record of the agreement to fund a high cost Personal Budget must be kept on the individuals personal file
11	**RISK ENABLEMENT PANEL**	
11.1	The role of the Risk Enablement Panel is to approve high cost or complex Support Plans and agree the final Personal Budget as a cost effective way of meeting the individuals social care outcomes or to recommend Support Plans for approval. They will review all new SDS support plans coming through for consideration in the first six months. The indicative personal budget identified through the RAS must be validated before it can be physically allocated. The	Validation process is detailed in the Support Planning and review procedure and guidance and positive risk taking guidance Complex may mean costs that are

	panel must ensure that services identified will meet the outcomes within the Support Plan, in an appropriate and safe manner, that any risks identified have been appropriately accounted for and minimised and that services commissioned are required.	inconsistent with expected levels of expenditure or special circumstances. The Pathway can be found in SDS policy
11.2	The panel will meet on a monthly basis but can be convened on an ad-hoc basis if needed.	
11.3	The Quality Assurance Panel will comprise of: • Divisional Manager from appropriate service area who will be Chairperson • Multidisciplinary social care and health staff • Principal Manager from the service area • Specialists depending on service area • Safeguarding representative	The panel will need to consider SAQ/Support Plan/Exceptional circumstances/relevant information/Decision making tool/Capacity test
11.4	Any administrative support required will be provided by the Administration Support Team with agreement in advance from the appropriate Administration Support Team Manager.	
12	**CONTINGENCY FUNDS**	
12.1	In order for the Council to meet its duty, every indicative personal budget will include a contingency element that can be used for fluctuations in needs. The use of the contingency will be monitored by the Council to ensure that it is being used for the appropriate purposes.	This rate is currently set at 15% of the final agreed budget.
12.2	Submission of the case to the Risk Enablement Panel is the process by which the individual's budget can be supplemented. This will be determined through the support planning and validation process.	
13	**METHODS OF RECEIVING A PERSONAL BUDGET**	
	All individuals receiving Adult Social Care will have a Personal Budget. However they can chose the most appropriate way to use it. The main methods are: • Direct Payment – Receiving some or all of their Personal Budget as cash which is held in a separate bank account by the individual • Council can hold the budget for the individual and can commission the support on the individuals behalf • Provider – A third party can hold the budget on the individual's behalf and arrange the support for the individual. This is known as an Individual Service Fund Brokered Fund –Managed Account or brokerage service	Other methods of receiving a Personal Budget are being explored including Trust Funds held by the individual's circle of support. See The Halton Personal Budget Choice Matrix (Appendix 4)
14	**CHANGE IN PERSONAL CIRCUMSTANCES**	
14.1	If a person's needs change fundamentally a review of their support needs can be undertaken via the community care assessment process (including the SAQ), and a new revised indicative personal budget allocated as required.	

	As part of the review/re-assessment there will need to be consideration of how the person's needs will be best met in the future. It may not be possible to pay the full cost of the particular method of purchasing services which the individual may choose, if the individuals needs can be just as well met in ways that cost less. For example we may not pay the charges of a particular agency you prefer if another agency charges less for an adequate service.	
15	**EXCEPTIONAL CIRCUMSTANCES**	
15.1	Where the RAS identifies high support needs the Council will work with the Individual to find the best solution for their individual needs.	
16	**DISPUTES**	
16.1	There is a process for individuals who feel that they have not been, or are no longer, appropriately assessed. Remember that the indicative amount is only a guide. The final amount can increase or decrease once the support plan has been completed and the individuals support needs have been detailed.	Please refer to the Protocol for handling Social Care Complaints Comments and Compliments relating to Adults and Community and Children and Young People Directorates
16.2	If there is a disagreement between the individual and the Care Managers assessment, initially the professional and the individual will discuss and negotiate any differences and try to come to an agreed position.	
16.3	If an agreed position cannot be reached it is ultimately the Care Managers view that will stand. This is because it is the Care Managers legal responsibility and duty to perform the assessment. The SAQ and case notes must however record and detail the differences of opinion.	
16.4	If following negotiations between the Care Manager and the individual, the assessment cannot be agreed and the individual is concerned that their agreed Personal Budget does not truly reflect their unique needs then they should put their concerns in writing to the relevant Principal Manager, who will initially try to resolve the situation. If the areas of disagreement cannot be resolved then the person can make a complaint through the complaints procedure.	
16.5	The Council has a responsibility to ensure that public money is spent and accounted for appropriately. The Council has a robust and flexible policy for auditing cash payments to give greater confidence that Individuals are achieving the best possible outcomes within available resources and those funds are being spent appropriately.	See Direct Payments procedure
16.6	Surplus funds above a specified sum (which takes into account contingency and saving toward a purchase) may be recouped by the Council as under the policy and procedure for Direct Payments.	
16.7	Income collection and debt recovery process remain unchanged and can be found in Debt Recovery Policy	Found in Adult and Community documents
17	**REVIEWING AND MONITORING RAS**	

17.1	The Council has a statutory duty to review each Individual's and carer's support needs at least annually, and may do so more frequently should this be necessary. The review will be used to ensure that needs are being met and support is appropriate. Frequency of reviews will be agreed and included in the support plan. Individuals and carers are also entitled to request a review of their overall situation in the interim should they wish to do so.	
17.2	In addition, the Council will monitor the overall implementation of the RAS to ensure that it remains equitable and transparent, and allows Individuals to meet their needs within available Council resources. This will include at a minimum: • an annual review of the RAS formula to ascertain whether the points allocation and pounds per points rate remain adequate to meet Individuals eligible needs; • and a review takes place as required ensuring that the RAS remains sustainable in light of available Council resources. The RAS will be recalibrated and improved over time.	

APPENDIX 1 - PROVISIONAL PERSONAL BUDGET

Adult Social Care and Health
Provisional Personal Budget Statement

This Provisional Personal Budget statement has been calculated based on the level of support Adult Social Care and Health has identified from your current package of care. It includes all the funding that may be allocated to you from other providers and includes any personal contribution that you may be expected to make and which will be deducted from your Personal Budget.

This Provisional Personal Budget Statement is for:

Name	
Carefirst no.	

Address:

Funding Body	Annual Amount	Weekly Amount
Halton Borough Council Health & Community - Gross		
Independent Living Fund - Gross		
Access to work		
Supporting People		
Disabilities Facilities Grant - Gross		
Integrated Community Equipment Services		
Continuing Health Care/Joint Funding from PCT		
TOTAL PROVISIONAL BUDGET AVAILABLE		

Provisional client contributions:

Your provisional client contribution – domiciliary care		
Your provisional client contribution – respite		
Your contribution to Independent Living Fund		
Your contribution to Disabled Facilities Grant		
Your contribution to Telecare		

APPENDIX 2 - AGREEMENT TO PAY FORM

Agreement to pay for care services – 2010/2011

IAAGREE

Client name: _____ Care arrangers nam

CareFirst Number:

_____

Address: _____Contact

Tel.no_____

I understand that if I receive care or other services provided by Halton Borough Council I will be asked to complete a financial statement form to assess my contribution towards the cost of such service. The information from this form will determine the amount I will be asked to pay. If this is not completed and returned within four weeks of commencement of service, it will be assumed that I do not wish to be financially assessed and I accept that I will be charged full cost.

If you do not wish to be financially assessed and understand that you will be charged full cost

please sign here _____

FINANCIAL ASSESSMENTS

ESTIMATED CHARGE

If you would like to have an estimate of what your charge would be please complete the details below. We will aim to provide you with an estimate within five working days of our receipt of this form. Please note this will only be an **estimated charge**, a full financial assessment would be needed to confirm the correct level of charge that would be made.

National Insurance Number: You _____ Your Partner _____

Date of Birth: You _____ Your Partner _____

Do you receive Income Support, Pension Credits or Housing Benefit?

Yes / No

If no, please provide further details below:

Income or Benefits you receive and the amounts:

_____

__

Bank/Building Society /Investments/Shares balances:

_____

__

I agree that personal and financial information provided to Halton Borough Council or Pension Service/Job Centre Plus/other benefits agency, for the purpose of social care financial assessment or welfare benefit purposes may be disclosed to each other for the purpose of assessing entitlement to any benefits or service charges. I agree that this information may be passed between each of the organisations regularly in the future. I understand that I may withdraw my consent to this disclosure at any time.

Signed _____ Date _____

On behalf of: _____

Fairer Charging and Welfare Benefits check

When we are assessing your ability to pay towards your care package, we offer you the opportunity to have a 'welfare benefits check' to ensure you are claiming all the benefits that you are entitled to.

Would you like us to contact you about a 'welfare benefits check'?
Yes/ No
Would you like more information about Disability Related Expenditure?
Yes/No

Quick check for full cost clients

Do you have savings/assets in excess of £23,250? **Yes/No**
If you answer yes to this, you may be asked to pay full cost.

For permanent residential placements – do you own property with a value in excess of £23,250? **Yes/No**

If you answer yes to this, you may be asked to pay full cost and may be offered the option of deferred payment, subject to meeting the deferred payment criteria. In this instance you may also decide to fund privately without support from the Local Authority.

Property - a quick guide

If you receive community-based services, we do not take the value of your main residence into account when working out how much you are asked to pay.

If you receive short term or temporary residential or nursing care, we do not take the value of your main residence into account when working out how much you are asked to pay. We will also take into account ongoing costs for the upkeep of your house.

If you receive permanent residential or nursing care, the property may be taken into account from 12 weeks after your placement became permanent. For the first 12 weeks of your permanent stay, you will be charged but the value of your property will be excluded from our calculation.

If your spouse or partner still lives in your main residence, or other eligible relative who is over the age of 60 or receives disability related benefits, we will not take the value of your main residence into account when working out how much you are asked to pay.

If you receive nursing care, either temporary or permanent, you will be asked to pay towards the cost of the placement less the nursing care component, which is paid by the NHS.

This is only a brief summary and should not be relied upon as a comprehensive guide to the law. Independent advice should be sought if you require guidance relating to your particular circumstances.

Services with a standard charge 2010/2011

The following services have a standard charge that is payable in most cases:

- Meals on Wheels £2.88 per meal
- Tea-time packs £2.00 per pack
- Transport £1.05 per journey (£2.10 return)
- Lifeline £5.53 / £6.62 / £8.82 per week depending on level of service

For further details about anything contained in this letter please contact the Income & Assessment Team 01928 704328 or 01928 704319

APPENDIX 3 - FINAL PERSONAL BUDGET STATEMENT

Adult Social Care and Health
Personal Budget Statement

This Personal Budget statement has been calculated based on the level of support Adult Social Care and Health has identified from your support plan. It includes all the funding that may be allocated to you from other providers and includes any personal contribution that you may be expected to make.

This Personal Budget Statement is for:

Name	
Carefirst no.	

Address:

Funding Body	Annual Amount	Weekly Amount
Halton Borough Council Health & Community – (net of client contribution)		
Your client contribution – domiciliary care		
Your client contribution – respite		
Independent Living Fund – (net of client contribution)		
Your contribution to Independent Living Fund		
Access to work		
Supporting People		
Disabilities Facilities Grant – (net of client contribution)		
Your contribution to Disabled Facilities Grant		
Integrated Community Equipment Services		
Your contribution to Telecare		
Continuing Health Care/Joint Funding from PCT		
TOTAL PERSONAL BUDGET AVAILABLE		

This statement was prepared by _____ Date _____

Your contributions to your support

If your Support Plan indicates that all of your support needs will be commissioned by Halton Borough Council you will receive monthly invoices for your contributions to domiciliary care, respite, transport, telecare and meals where applicable.

If your Support Plan indicates that all or some of your support needs will be commissioned by you via a Direct Payment you can choose whether you want to receive invoices for your contributions to domiciliary care, respite, transport, telecare and meals where applicable, or whether you want to have these costs deducted from your Direct Payment.

I wish to have my client contributions in respite of domiciliary Care, respite, transport, telecare and meals invoiced to me ☐

If you do not tick the above box your contributions will be deducted from your Direct Payments.

Reviews

Halton Borough Council will review your support plan annually to ensure that the identified outcomes are being met.

Changes to your support plan

Changes that affect the identified outcomes in your support plan, or fundamentally change how support is delivered must be discussed with Halton Borough Council an agreed before being made.

If the need arises, the contingency element of your Personal Budget can be accessed by contacting your social worker / care manager.

Ending this agreement

This agreement may be ended by mutual agreement at any point.

A notice period of 4 weeks must be confirmed, in writing, by all parties if the agreement is to end.

Halton Borough Council may end this agreement if there is evidence of the money being used inappropriately.

If you agree with this statement and are willing to accept this financial offer please sign below.

I wish to accept the financial offer shown on this statement. ☐

I accept this financial offer on behalf of the person for whom this Personal Budget statement has been prepared ☐

If you are signing on behalf of the person for whom this Personal Budget statement has been prepared please provide your details

Name		Address
Relationship		

Signed _____ Date _____

Signed on behalf of Halton Borough Council by _____(print name)

Signature _____ Date _____

APPENDIX 4 - THE HALTON PERSONAL BUDGET CHOICE MATRIX

Options	What does it mean?	What choice does it give me?	What control does it give me?	What will I be responsible for?	Who might choose this option?
Services Arranged by Individual					
Direct Payment	You receive your personal budget directly into a bank account which has been set up by you specifically for your payment. This can include an element for a single item or piece of equipment	It gives you choice about how your money is spent, as long as it meets your needs identified in your assessment and agreed in your support plan. It can be used to employ a personal assistant, or purchase support through a service provider. You can club together with other people who want support for the same type of thing to buy support for you all. It is a flexible way of receiving your budget and gives you a wide choice.	You will be able to fully control the provision and delivery of your services to meet your assessed needs flexibly within the boundaries of your agreement and support plan. You can also choose which item you buy to suit your particular needs	While it gives you maximum control you also have the responsibilities that come with managing a budget and becoming an employer if you choose to employ a personal assistant. You will have to agree a contract with a service provider and keep to the terms . You are responsible for researching the cost and appropriateness of any single item and for maintaining it once it is bought. You will also be responsible for monitoring your budget and supplying information to the council on how it has been used.	People who want to arrange services for themselves and are confident in dealing with money management and the employment of their own staff. Also people who want to be in control of choosing their own organisation, personal assistant or service provider.
Representative Payment	A suitable person, usually a close family member or friend manages your money and arranges your service provision and your personal budget will be paid to them.	This gives the same choice as you would get from a Direct Payment except is your suitable person who organises everything provided the services that are chosen meet your assessed needs regardless of your ability to retain the capacity to make the choice to have this method of delivery	Your representative will be able to fully control the provision and delivery of your services through your in order to meet your assessed needs flexibly within the boundaries of your agreement and support plan	While it gives your representative maximum control they will have to be prepared to take on the responsibilities that come with managing a budget and becoming and employer if they choose to employ a personal assistant or contract with a service provider.	People who want to arrange services for themselves but do not have the capacity to consent to a Direct Payment. Instead, they have a suitable person that they can trust to represent them on these matters.
Council Arranged Services					
In House Services/ Commissioned Services	After finding out your personal budget allocation you can choose for the Council to arrange your service provision either in house or by contracting with a provider of services on your behalf	You have some choice about what services or agencies are used to meet your needs and still have choice about how those needs are met in the support plan. However, your choice will be limited to a menu of providers held by the Council.	The Council contracts services on your behalf therefore you could only choose those agencies or services which the Council already commissions or who succeed in becoming commissioned by the Council or in house services.	You will be responsible for assisting with your support plan and you can choose your services from the Council menu but you will not need to worry about money management, contracting or employing people.	May be suitable for people who want some choice about how their services are delivered but do not want responsibility of contracting or employing agencies or staff. It is also an option for people who have fluctuating abilities and may not always have the capacity to manage on a day to day basis
Mixed Package	You can also choose a mixed package of commissioned services AND a direct payment for different elements of your care and support.	You have choice about what elements of your care and support could be through commissioned services but can take some of your personal budget as a direct payment to give you more choice	It gives you a range of choice and control in the delivery of your services	You have more control but also have responsibilities for managing the budget for the elements which you choose as a direct payment.	May be suitable for people who want some control but do not want all of their services to be arranged in this way
Options in Development for Commissioned Services					
Individualised Service Fund	The money is given to a service provider to manage for you.	This allows you to shape the services that you want to receive from a provider without needing to deal with the management of finances yourself. It allows you to tailor a bespoke service with the provider.	Within the provider's services you will have full control and flexibility but you will not be dealing with the management of your budget allocation.	You will not be responsible for contracting with the agency or provider but will be required to agree your service provision to meet your assessed needs and your must sign an agreement that you wish to use this option to meet your assessed needs	This will be appropriate where you want to shape your service provision with a specific provider (usually because you have particularly complex needs) but do not want to deal with the money management or contracting issues.
Indirect Payment	The money is given to a third party – agency, organisation or broker – to manage for you.	You can nominate a third party to receive your personal budget provided you have capacity to do so. You can then direct them as to how you want your budget to be spent to meet your assessed needs.	You will be in control of how you direct your budget to be spent and which services you receive.	You will be responsible for ensuring that your budget is spent to meet your assessed needs by monitoring the third party. The third party will manage the money.	May be an option for people who have limited capacity or fluctuating abilities but would like to nominate a third party organisation to manage the money and assist in selecting their services.

REPORT: Health Policy and Performance Board

DATE: 11th January 2011

REPORTING OFFICER: Strategic Director Health and Community

SUBJECT: Health Policy and Performance Board Work Programme 2011/12

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to propose and agree on a health-related Topic to be reviewed and taken forward by the Board during 2011/12. Subject to changing circumstances during the year, and given the pressures of cuts and restructuring in the coming year, it is suggested that the Board should identify only one Topic at this stage.

2.0 It is RECOMMENDED that the Health Policy and Performance Board considers the Topic of 'services for people on the autistic spectrum', in 2011/12.

3.0 SUPPORTING INFORMATION

None

4.0 POLICY IMPLICATIONS

None

5.0 OTHER IMPLICATIONS

None

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

None

6.1 **Children and Young People in Halton**
6.2 **Employment, Learning and Skills in Halton**
6.3 **A Healthy Halton**
6.4 **A Safer Halton**
6.5 **Halton's Urban Renewal**

7.0 RISK ANALYSIS

Full risk assessment not required. Only risks are those that affect all Council business e.g. unexpected capacity constraints and changing circumstances and priorities.

8.0 EQUALITY AND DIVERSITY ISSUES

None

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 11th January 2011

REPORTING OFFICER: Strategic Director Resources

SUBJECT: Performance Management Reports for Quarter 2 of 2010/11

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

To consider and raise any questions or points of clarification in respect of performance management reports for the second quarter of 2010/11 (to September 2010). The report details progress against service objectives/ milestones and performance targets, and describes factors affecting the service for:

- Prevention and Commissioning
- Complex Needs
- Enablement Services

2.0 RECOMMENDED: That the Policy and Performance Board

1) **Receive the second quarter performance management report;**

2) **Consider the progress and performance information and raise any questions or points for clarification; and**

3) **Highlight any areas of interest and/or concern where further information is to be reported at a future meeting of the Policy and Performance Board.**

3.0 SUPPORTING INFORMATION

3.1 Directorate Overview reports and associated individual Departmental Quarterly Monitoring reports have been previously circulated via a link on the Members Information Bulletin to allow Members access to the reports as soon as they become available. These reports will also provide Members with an opportunity to give advanced notice of any questions, points raised or requests for further information, to ensure the appropriate Officers are available at the Board Meeting

3.2 The departmental objectives provide a clear statement on what the services are planning to achieve and to show how they contribute to the Council's strategic priorities. Such information is central to the Council's performance management arrangements and the Policy and Performance Board has a key role in monitoring performance and strengthening accountability.

3.3 For 2010/11 direction of travel indicators have also been added where possible, to reflect progress for performance measures compared to the same period last year.

4.0 POLICY IMPLICATIONS

4.1 There are no policy implications associated with this report.

5.0 OTHER IMPLICATIONS

5.1 There are no other implications associated with this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Departmental service objectives and performance measures, both local and national are linked to the delivery of the Council's priorities. The introduction of a Directorate Overview report and the identification of business critical objectives/ milestones and performance indicators will further support organisational improvement.

6.2 Although some objectives link specifically to one priority area, the nature of the cross - cutting activities being reported, means that to a greater or lesser extent a contribution is made to one or more of the Council priorities.

7.0 RISK ANALYSIS

7.1 Not applicable.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Not applicable.

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

Document	Place of Inspection	Contact Officer
Not applicable		

Departmental Quarterly Monitoring Report

Directorate: Adult and Community Directorate

Department: Prevention and Commissioning Services

Period: 1st July 2010 – 30th Sept 2010

1.0 Introduction

This quarterly monitoring report covers the Prevention and Commissioning Services second quarter period up to 30th September 2010. It describes key developments and progress against all objectives and performance indicators for the service.

The way in which the Red, Amber and Green, (RAG) symbols and Travel Indicator symbols have been used to reflect progress to date is explained in Appendix 7.

2.0 Key Developments

Halton Disability Partnership
HDP has been registered as a charity and has appointed trustees in order to become established as a User Led Organisation (ULO) locally.

Self Directed Support
The self directed support pilot has been extended to incorporate all new people accessing assessment and care management and have be offered a personal budget from October 2010.

Housing
A number of significant changes affecting housing were announced as part of, or just following, the Comprehensive Spending Review 2010.

Funding is secure for homeless prevention (£400m) and mortgage rescue (£200m).

Capital grant for Disabled Facilities Grant is secure at present levels with inflationary growth over the CSR period, but the funding ring fence is to be removed as with many other Government grants.

The Supporting People budget has been reduced by 2.8% cash terms – 11% in real terms, with questions about the future distribution model.

Hearing Impairment Service
Following consultation on the development of hearing impairment services a joint Children's and Adults specification has been agreed. The procurement process is underway for provision of services from April 2011 and service users will participate in the evaluation process. The Joint Commissioning Manager for Disabled Adults has also been invited to sit on the PCT Audiology Procurement Group.

Peer Advocacy Service
A Peer Advocacy Service has been commissioned and this has created three employment opportunities. In addition, currently developing an Advocacy Hub to build capacity and improve referral networks across all advocacy providers in the borough and act as lead commissioner on the completion of the Independent Mental Capacity Advocates (IMCA) tender.

Carers Review
Review of carers respite provision in the borough also initiated.

Working Together for Change
Within Mental Health services, Halton was successful in its bid to become one of 12 councils which form a pilot for the Working Together for Change (WTFC) provider programme working in collaboration with the Department of Health as part of "Putting People First", Transforming Adult social care

The aim of the pilot was for providers to respond to the Personalisation agenda by adapting services and business models to respond more flexibly to people's needs and aspirations to support choices and control and to be compatible with personal budgets.

Within Halton three providers participated in the pilot, Creative Support. Mind and Mental Health outreach. We have received positive feedback from the Department of Health who feel that the changes introduced within Halton have already produced very positive outcomes for individuals using these services.

The outcomes from the pilot will be published nationally which is expected in late November

Working with providers to progress the Personalisation Agenda
A total of 8 days training has been undertaken with providers This has included Personalisation awareness training with Supporting People providers, domiciliary care providers, residential and nursing care providers and Voluntary sector providers.

In addition to this two Action Planning days training (separate days) were commissioned from Helen Sanderson associates. Invites were sent to all providers who had attended the Personalisation awareness training.

The aim of the two action planning days has been to work with providers to;

- Undertake a review of services using progress for provider tool and evaluate current performance in respect of offering a personalised service for individuals

- Establish comparative baseline of where providers are in respect of changing business practice to encompass personalisation

- Develop of a clear action plan for each agency focusing on areas of development. These will be used as foundation for working with providers to improve and respond to the transformation agenda

- Funding has been obtained from Skills for Care for a further day and a half – Action Planning Training Using Progress for Provider tool planned for January 2011. These will be used to provide training for providers who did not attend the Action Planning days. Total places available is 25

Ongoing work with providers

- Development of Action Plans (Personalisation) for all providers
- Development of a menu of services for all providers via a web based portal
- Engagement of providers in looking at best practice via existing provider forums.
- It is anticipated that there will be ongoing work with the Voluntary sector to provide evidence based practice of how they are responding to the personalisation agenda.
- A provider forum for voluntary sector providers has been established in partnership with Halton Voluntary Action– to commence in November 2010. This will be used to promote good practice and examine issues barriers that may have an impact on future market development
- Engagement with all other provider will continue via the existing provider forums

3.0 Emerging Issues

Self Directed Support

A self directed support DVD has been developed by Halton Speak Out on Behalf of HBC and will be finalised in November 2010. The DVD will be available for distribution as part of an information pack for all people accessing services.

Housing

Government has signalled its intent to enact Section 318 of the Housing and Regeneration Act 2008 which will make LA run Gypsy/Traveller sites subject to many of the provisions of the Mobile Homes Act 1983. This is in response to a European Court ruling and the effect will be to increase the security of tenure for residents of these sites, but with significant exemptions for transit sites.

Advocacy Hub

HBC are currently developing an Advocacy Hub that will be designed to improve quality, capacity and accountability for all providers of any level of information and advocacy within the Borough.

Working Together for Change

The results of the Working Together for Change (WTFC) programme will be published in November 2010 by the DoH and consideration will need to be given to the implications of embedding this locally and making it sustainable.

Six Lives

Further work is required to ensure progress is maintained in responding to the Ombudsman's Report Six Lives.

Safeguarding Actions

Following the Safeguarding Inspection, the availability of Short Breaks and the options preferred by carers is being reviewed.

Transition Strategy

Transition Strategy has indentified need to review mechanisms for auditing accommodation needs of young adults

Adult Placements

There is a need to consider the current provision in relation to Adult Placement in the borough.

4.0 Service Objectives / milestones

4.1 Progress against 'key' objectives / milestones

Total	**5**	✓	4	?	1	✗	0

4 of the 5 key indicators are on or above target. The fifth indicator is amber and relates to partnership working with the PCT, negotiations for which are still ongoing. More details can be found in Appendix 1.

4.2 Progress against 'other' objectives / milestones

Total	**20**	✓	15	?	3	✗	2

15 of the 20 'other' indicators are on or above target with a further 3 hopeful of obtaining target by the end of quarter 4. Of the 2 milestones that have not or will not reach target one was dependent on the outcome of the Comprehensive Spending Review, and another on a partner that is now unable to commit to the process due to funding issues. Further information on all 'other' milestones can be found in Appendix 2

5.0 Performance indicators

5.1 Progress Against 'key' performance indicators

Total	**2**	✓	1	?	1	✗	0

There is **1 key indicator** for which no target has yet been set, therefore, it is **not available** because it is not possible to assign it to a RAG symbol. Details of the remaining 2 key indicators can be found in Appendix 3.

5.2 Progress Against 'other' performance indicators

Total	**19**	✓	15	?	4	✗	0

There are 24 'other' indicators including those relating to the Area Partner Indicators. Of these **3 'other' indicators** relating to Human Resources are **not available** to report until quarter 3 and no RAG information is available. A further **2 'other' indicators in the Area Partner Section are not available** because there have been problems in agreeing the definitions and setting targets. Information on all 'other' indicators can be found in Appendix 4.

6.0 Risk Control Measures

See Appendix 5

7.0 Data quality statement

The author provides assurances that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, has been sources directly from partner or other agencies, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

8.0 Appendices

Appendix 1 Progress Against 'key' objectives / milestones
Appendix 2 Progress against 'other' objectives / milestones
Appendix 3 Progress against 'key' performance indicators
Appendix 4 Progress against 'other' performance indicators
Appendix 5 Progress against risk control measures
Appendix 6 Financial Statement
Appendix 7 Explanation of use of symbols

Appendix 1: Progress Against 'key' objectives / milestones

Ref	Objective
PCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for the community of Halton.

Milestones	Progress Q 2	Supporting Commentary
Working in partnership with the PCT, ensure appropriate mechanisms are in place to enable the Local Authority to appropriately commission services for people with learning disabilities (AOF 6 & 7)	?	There is regular communication between the Council and the PCT on this issue, no agreement has yet been reached.
Contribute to the safeguarding of vulnerable adults and children in need, by ensuring that staff are familiar with and follow safeguarding processes **Mar 2011.** (AOF6)	✓	Multi agency training programme on vulnerable adults has been agreed by the Safeguarding Adults Board
Continue to establish effective arrangements across the whole of adult social care to deliver self directed support and personal budgets **Mar 2011** (AOF6)	✓	All assessment and care management teams have been testing the RAS via the annual review process since June. From October this has been extended to incorporate all new people accessing assessment and care management services. This will allow us to continue to test and refine the RAS model and the wider systems utilising significantly higher numbers of packages.

Appendix 1: Progress Against 'key' objectives / milestones

Ref	Objective
PCS 2	Effectively consult and engage with the community of Halton to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required

Milestones	Progress Q 2	Supporting Commentary
Continue to support the development of the LINks to ensure it provides an effective mechanism for community engagement **Mar 2011** (AOF 32)	✓	LINKs continues to meet regularly with senior managers within the Directorate. The Council responded positively to a workshop on Dignity held by LINKs and sought to address all areas of concern.
Continue to negotiate with housing providers & partners in relation to the provision of further extra care housing tenancies, to ensure requirements are met (including the submission of appropriate funding bids) **Mar 2011.** (AOF6 & 7)	✓	The Council has received outline proposals for 4 extra care schemes from 4 different Housing Associations, 2 in Widnes and 2 in Runcorn. The preferred scheme proposed by Halton Housing Trust is being progressed as quickly as possible in an attempt to take advantage of HCA slippage monies that must be committed before the end of 2010/11. Deliverability will be a key consideration for the HCA as any scheme will have to achieve a start on site by March 2011. Board approval to dispose of the site at Liverpool Widnes has been obtained and the planning application is due to be determined on the 14th February 2011. City Region officers will be meeting with the HCA on the 21st December to agree which projects will be funded.

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
PCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for the community of Halton.

Milestones	Progress Q 2	Supporting Commentary
Analyse the impact of Valuing People Now on service delivery to ensure that services meet the needs and improve outcomes for people with Learning Disabilities ***Mar 2011*** *(AOF 6 & 7)*	✓	*The workplan for The Learning Disability Partnership Board has been agreed and is being progressed. The plan is underpinned by the requirements of Valuing People Now*
Revise and strengthen the Transition Strategy and associated working practices/protocols, to ensure they are 'fit for purpose' ***Mar 2011.*** *(AOF 6)*	✓	*Draft Transition will be presented to Management team in the next quarter*
Continue to implement, monitor and review the rollout of the Single Assessment Process. ***Mar 2011*** *(AOF 6 & 7)*	?	*Following a report to Senior Management Team it was agreed that further consultation was needed with partner organisations. The outcome of this will be available later in the year.*
Introduce Supporting People 'Gateway' or single point of access service ***Mar 2011*** *(AOF 6, 30 and 31)*	?	*SP Gateway to be introduced in line with CBL and utilising the same ICT system to ensure maximum functionality.*
Revise and update the Supporting People Plan to ensure effective services are in place (AOF 6) ***Sept 2010***	✗	*Supporting People plan to be reviewed following Comprehensive spending review funding cuts. Report presented to SP Commissioning Body in September outlining proposals which would achieve required level of efficiencies. SP plan to be updated in line with options which are to be implemented.*

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective		
PCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for the community of Halton.		
Work with the Council's Planning Department to introduce an affordable housing policy within the Local Development Framework ***Mar 2011*** *(AOF 11)*			*An affordable housing policy has now been incorporated in the Halton Core Strategy Proposed Submission Draft approved for consultation by Board on the 18th November. A site viability study has also been completed to provide an evidence base to justify the policy's requirements.*
Implement and deliver the objectives outlined in the Homelessness and Housing Strategies and Repossessions Action Plan ***Mar 2011*** *(AOF 6 & 30)*			*Good progress made against each plan. Significant increase in the prevention of homelessness.*
Deliver against the government target to reduce by half (by 2010) the use of temporary accommodation to house homeless households ***Mar 2011*** *(AOF 6, 30 and 31)*			*Achieved the target set for the reduction in units of temporary accommodation.*
Maintain the number of carers receiving a carers break, to ensure Carers needs are met ***Mar 2011.*** *(AOF7)*			*Work continues and is monitored closely to ensure carers needs are met.*
Continue to monitor activity of the joint 'SCIP' service developed with Runcorn PBC, to ensure services are effectively delivered ***Mar 2011.*** *(AOF2 & 4)*			*Good progress has been made with this service, an evaluation and proposals for the future of the service are expected later in the year*
Continue to monitor activity of the 'Virtual Ward' established with Widnes PBC, to ensure services are effectively delivered ***Mar 2011.*** *(AOF 2 & 4)*			*This project has been deferred.*
Introduce a Choice Based Lettings scheme to improve choice for those on the Housing Register seeking accommodation ***Dec 2010*** *(AOF11and 30.)*			*Formal consultation on the sub regional allocations policy is due to end mid November. It is hoped that a final draft policy can then be presented to LA Boards in January 2011. This will enable ICT contracts to be signed and the scheme development phase to commence, with the scheme going live in the summer*

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
PCS 2	Effectively consult and engage with the community of Halton to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required

Milestones	Progress Q 2	Supporting Commentary
Continue to support the development of the People's Cabinet in order for it to effectively contribute to the shaping and influencing of strategy and policy ***Mar 2011*** *(AOF6 & 32)*	✓	*Good progress -The People's Cabinet consists of 12 Ministers of all ages representing day services and independent sector provider services. Meetings are held monthly and all Ministers have been trained on their role with each taking a lead on the Valuing People Now priorities. All reports taken to the Partnership Board are presented to the People's Cabinet a week prior to the Partnership Board meeting. Any feedback, questions or actions the People's Cabinet decide upon are reported to the Partnership Board to address. All actions taken by members of the Partnership Board are then reported back to the People's Cabinet. Valuing People Now Lead officers also meet with portfolio holders to hear concerns, ensure they are addressed and inform future commissioning. Ministers are also now sitting on a number of Strategic Groups e.g. Healthcare for All, Housing.*
Update Joint Strategic Needs Assessment (JSNA) - full data document, following community consultation, to ensure it continues to effectively highlight the health & wellbeing needs of people of Halton ***Mar 2011*** *(AOF 6)*	✓	*The JSNA Working Group has met throughout 2010 to produce a full refresh of the JSNA. The JSNA under review will be produced as an on line tool – making it a more effective information tool for commissioners, lead officers, 3rd sector organisations and the public. The tool has been split into chapters relating to the core data set from H and the majority of chapters are on track for completion/being edited by Dec 2011. There are a couple of chapters that will be completed in Jan2011 due to a time lag n data/research being available. The JSNA is on track for 'going live' by prior to March 2011*

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
PCS 3	Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs

Milestones	Progress Q 2	Supporting Commentary
Review existing Direct Payment arrangements to ensure alignment with the personalisation agenda ***May 2010*** *(AOF 34)*	✓	*The Direct payments team are currently developing a training toolkit for personal assistants after consulting with 200 local personal assistants.*
Implement and monitor the preliminary RAS model and explore impact on related systems ***Mar 2011*** *(AOF 34)*	✓	*The Supported Assessment Questionnaire (SAQ) has been finalised and development has been started within the newly purchased IT system Care Assess to reproduce this electronically. Interim business processes have been agreed for the recording of the SAQ, support plan, and outcome focused review.*
Implement the revised Older People's Commissioning Strategy, to ensure services are effectively commissioned for Older People ***Mar 2011.*** *(AOF6 & 7)*	✓	*The implementation plan for the Older People's Commissioning Strategy is managed through the Older People's Local Implementation Team. This currently oversees a range of commissioning priorities including the development of Advocacy, carers respite, extra care housing and low-level prevention services.*
Review and revise the Joint Carers Commissioning Strategy, to ensure that Carers needs within Halton continue to be met ***Mar 2011.*** *(AOF 7)*	✓	*The Joint Carers Commissioning Strategy 2009-2012 has been reviewed and updated to reflect issues highlighted at the Carers Consultation event in January 2010 and via the LIT Carer Sub Groups. The revised Strategy was approved at SMT on 29.9.10 and will be presented to HPPB on 9.11.10 for their information*

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
PCS 3	Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs

Undertake ongoing review and development of all commissioning strategies and associated partnership structures to enhance service delivery and cost effectiveness ***Mar 2011.*** *(AOF 35)*		*Work is ongoing to consider the best option for the reconfiguration of commissioning arrangements in light of the NHS White Paper. However, decisions need to be informed by White paper on Public Health due for publication in Dec 10.*
Review and deliver SP/Contracts procurement targets for 2010/11, to enhance service delivery and cost effectiveness ***Mar 2011****. (AOF35)*		*SP targets to be reviewed in line with Comprehensive Spending review funding cuts to ensure good quality, cost effective services continue to be delivered.*

Appendix 3: Progress Against 'key' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
Service Delivery							
PCS15	% of VAA Assessments completed within 28 days	69%	75%	76.99%	✓	N/A	Target achieved. 113 completed cases to date, 87 of which were completed within 28 days.
NI 136	People Supported to live independently through Social Care Services	3297	3350	3256	✓	↑	Quarter 2 last year was 3018, therefore quarter 2 this year is an improvement on this so the direction of travel shows that performance is better than the same period last year.
NI 130	Social Care Clients receiving self directed support (DP's/Individualised Budgets)	16.80	30%	15.67%	?	N/A	Indicator based on clients and carers receiving self directed support as a percentage of clients and carers receiving community based services. In total 740 clients and carers are in receipt of self directed support.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
Cost & Efficiency							
PCS 1	% of client group expenditure (ALD) spent on domiciliary care services (Previously AWA LI2)	33%	37%	38%	✓	↑	This represents a higher proportion of service users accessing domiciliary care instead of residential placements
PCS 2	% of client group expenditure (PSD) spent on domiciliary care services (Previously AWA LI3)	28%	28%	23%	?	⇔	This represents relatively the same proportion of service users accessing domiciliary care instead of residential placements at this point of the year
PCS 3	% of client group expenditure (OP/ILS) spent on domiciliary care services (Previously OP LI2/ EN 2) **N.B PCS 3 as was has become PCS 13(b) below**	24%	28%	27%	✓	↑	This represents a higher proportion of service users accessing domiciliary care instead of residential placements at this point of the year
PCS 15	% of client group expenditure (MH) spent on domiciliary care services (Previously AWA LI1/ CCS 1)	24%	28%	28%	✓	↑	This represents a higher proportion of service users accessing domiciliary care instead of residential placements at this point of the year

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
Fair Access							
PCS 4(a)	Percentage of adults assessed in year where ethnicity is not stated Key threshold <10% (Previously AWA LI4 & OP LPi5)	0.27	0.5	2.49	✓	↓	The number of clients assessed where ethnicity is not stated relates to 19 clients. Exception reports are produced of these clients for teams to action to ensure target will be met at year end.
PCS 4(b)	Ethnicity of Older People receiving assessment (Previously OP LI4/ EN 4)	0.36	1.5	0.36	?	↓	To date there has been 1 client assessed whose ethnicity was other than white. This indicator is subject to great fluctuation given the small ethnic population in Halton.
Quality							
PCS 5	Percentage of people receiving a statement of their needs and how they will be met (Previously AWA LI8 & OPLI6)	99.65	99	99.58%	✓	↑	Target exceeded. However, teams are still given exception reports of clients who do not have a copy of their care plan.
PCS 6	Clients receiving a review as a % of adult clients receiving a service (Previously AWA LI9 & OP LI7)	82.40	80	42.41%	✓	↓	Performance in line to achieve target, despite being slightly less than the same quarter last year.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
Service Delivery							
PCS 7	Admissions of Supported Residents aged 18-64 into residential/nursing care (Previously AWA LI10)	0.27	0.4	0	✓	↑	There have been no admissions in Q2. Target equates to 3 people. A low figure indicators good performance.
NI 135	Carers receiving Needs Assessment or Review and a specific Carer's Service, or advice and information	26.10	25	12.59	?	↓	Exception reports are produced for teams to action of carers who are in receipt of a service but not yet had an assessment or review. This should ensure the target will be achieved.
PCS 8	No. of relevant staff in adult SC who have received training (as at 31 March) addressing work with adults whose circumstances make them vulnerable (Previously HP LI2)	475	475	476	✓	↑	Printed out relevant staff list from SSDS001 and obtained all Safeguarding Adults Training registers for 2005-06, 2006-07, 2007-08, 2008-09, 2009-10 & 2010-11 to date. Mapped signatures against staff list and calculated attendance. Working closely with the Safeguarding Vulnerable Adults Co-ordinator and operational services, staff will be allocated specific training dates to ensure meeting target.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
PCS 9	% of relevant adult social care staff in post who have had training (as at 31 March) to identify and assess risks to adults whose circumstances make them vulnerable (Previously HP LI3)	84%	84%	84%	✓	↑	Printed out relevant staff list from SSDS001 and obtained all Risk Assessment Training Registers for 2005-06,2006-07, 2007-08, 2008-09, 2009-10 & 2010-11 to date. Mapped signatures against staff list and calculated attendance. Working closely with operational services staff will be allocated specific training dates to ensure meeting target.
PCS 10	Estimate % of relevant staff employed by independent sector registered care services that have had training on protection of adults whose circumstances make them vulnerable (Previously HP LI 4)	86%	86%	94%	✓	↑	Obtained all Safeguarding Vulnerable Adults Registers, and then identified Independent Sector attendees that had attended the Facilitators, Train the Trainer, Basic Awareness and Referrers Training and obtained the Ind. Sector Staffing numbers from Contracts Section. 809 Ind. Sector Staff attended training and **138** attended Facilitators/Train the Trainer Training, therefore, assuming that each facilitator trained **3** members of their team that gives a total of **1,223. Assuming a 20% turnover on the staff trained (978) the calculated percentage is 94%** from a grand staffing total of **1035**

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
PCS 11	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough). (Previously HP LI 5)	6.3	4.2	2.9	✓	↑	The figure is lower than previous quarters, which is due to the changes within the service and the successful reduction in homelessness. Increased activity around prevention has improved the overall service delivery and this figure = 11.7 showing a vast increase in successful outcomes and service achievements. Unfortunately, these figures are not included within this target and I would recommend that an additional P.I be devised to give a true reflection of service performance.
PCS 12	The proportion of households accepted as statutorily homeless who were accepted as statutorily homeless by the same LA within the last 2 years (Previously HP LI 6)	1.27	1.2	1.0	✓	↑	There has been many changes within the Housing Solutions Service, with the objective aim to reduce repeat homelessness. As indicated, there is a gradual reduction in the figures, whereby, performance is monitored on regular basis to ensure the decrease continues.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
NI 156	Number of households living in Temporary Accommodation	23	14	9	✓	↑	The target set by DCLG was 17 and as indicated, the service is now over achieving the original devised target. The improved performance is due to the positive changes within the housing solutions team and the early intervention made by officers which includes the awareness of prevention services available.
NI 141	Number of Vulnerable people achieving independent living	82.4%	80%	81.64%	✓	↑	Services have overall achieved the target set for quarter 2. Two services have failed to meet this target individually; however one service only had one departure during this period which was unplanned. The other service achieved 75% which is an improvement on their performance during quarter 1. This service has recently been reviewed. Performance issues were discussed and will continue to be monitored to ensure continuous improvement.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
NI 142	Number of vulnerable people who are supported to maintain Independent Living	98.95%	99.04%	98.95%	✓	↑	In quarter 1, overall performance was reported to have achieved 98.97, however when all workbooks had been received performance exceeded the target set, achieving 99.39%. For quarter 2, overall service performance has failed to meet this target achieving 98.95%. During this quarter older peoples and generic services have failed to achieve their individual targets set. Older people's services have reported 10 departures during the last quarter to residential or nursing care and long stay hospital or hospice. A number of services have individually had a decrease in performance this quarter that is not reflective of their overall performance. This will continue to be monitored & visits arranged if performance continues to fail to meet targets set. There is however improvement in the performance of the teenage parents service.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
Area Partner National Indicators: The indicators below form part of the new National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.							
NI 32	Repeat incidents of domestic violence	N/A	27%	23%	?	⇧	Halton MARAC has seen 29 cases in this quarter with 9 repeat cases. Within this cohort there were 27 children in the associated households. This places our current rolling performance on NI 32 at 23%. In comparison to last years performance, there are 12% less cases presenting at the MARAC (33 Q2 2009) with a similar level of repeats seen (9 Q2 2009). There has also been a 34% decrease in the number of children involved (41 Q2 2009). This indicates a continuing trend from quarter one of decreasing cases. As is noted above 2009/10 is not considered to be a reliable base line. Nevertheless, it would appear from this data that the local MARAC is seeing a reduction in the number of cases presented this year.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
							This may be a positive indicator of the impact of the work undertaken in this area. However, this can not be assumed from a diminishing level in this data alone. When looked at in comparison to general repeat levels reported centrally in Cheshire it indicates that Halton has a disproportionately high level of High risk cases in comparison to other areas with larger populations (13% higher than Cheshire East). These figures also indicate a 19% increase in the overall level of incidents for this period (April 2010 to August 2010) in the area in comparison to the previous years figures (406 compared to 483). Similarly, the other Cheshire Area MARACs are reporting between 25 and 30 cases on average per month. Therefore, this reduction in cases can not be seen to be indicative of a trend of reducing high risk incidents when examined against other data.

Appendix 5: Risk Control Measures

Ref	Risk Identified	Treatment Measure	Progress	Supporting Commentary
PCS 1	Adult Safeguarding: the council will be subject to a safeguarding inspection (date to be specified). The outcome of the inspection will impact on council performance 2010/2011	Inspection preparation through: multi- agency inspection group, sub groups, temporary additional capacity to support preparation	✓	Inspection was completed in September 2010. The council was judged to be "excellent" in adult safeguarding.
	Working with the PCT to ensure there are good mechanisms in place to commission appropriate services for people with learning disabilities, failure to do this will result in severe budget pressure	Close working with Finance Dept and colleagues in the PCT to agree future budget	?	Work continues between the Council and the PCT. To date no agreement has been reached
	Housing repossessions: Halton has been identified as a hot spot for repossessions. Failure to reduce will have a negative impact on Haltons CAA.	Housing Solutions Team to work with key partners including: Lenders, Courts, Welfare Benefits & CAB, RSL's, to develop and action a robust action plan to significantly reduce the number of repossessions across Halton.	✓	A robust action plan was developed and implemented February 2010. The objective aim is to improve partnership working with Lenders, courts, Welfare Benefits, CAB and other relevant agencies, in order to reduce the level of repossessions within the district. HBC appointed a designated officer to work directly with homeowners and tenants, in order to reduce repossessions within the district. To date the mortgage rescue scheme has proven highly successful, resulting in a number of repossession orders reversed and with the help of the prevention fund, the majority of lenders are now working closely with the authority.

Appendix 5: Risk Control Measures

Ref	Risk Identified	Treatment Measure	Progress	Supporting Commentary
				The service has also funded a debt advice worker, which gives priority to all LA referred cases, whereby, debt consolidation and negotiation will be completed within a 2 week period. The courts now recognise the service whereby, judges are now requesting details from the LA advice worker and giving careful consideration to his recommendations.

Appendix 6: Financial Statement

ADULTS & COMMUNITY – PREVENTION & COMMISSIONING
Revenue Budget as at 30th September 2010

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	**Variance To Date** (overspend) £'000	Actual Including Committed Items £'000
Expenditure					
Employees	4,105	2,121	2,174	(53)	2,748
Other Premises	34	34	37	(3)	37
Supplies & Services	572	185	186	(1)	213
Contracts & SLA's	799	344	343	1	343
Transport	60	29	31	(2)	32
Community Care:					
Residential & Nursing Care	6,486	2,376	2,359	17	2,359
Homecare	4,295	1,857	1,755	102	1,755
Direct Payments	2,278	1,205	1,214	(9)	1,214
Supported Living	545	193	191	2	191
Day Care	227	113	109	4	109
SP Payments to Providers	4,532	2,020	2,019	1	2,019
Other Agency	293	89	53	36	200
Total Expenditure	**24,226**	**10,566**	**10,471**	**95**	**11,220**
Income					
Residential & Nursing Fees	-2,280	-1,068	-1,182	114	-1,182
Direct Payment Charges	-78	-39	-40	1	-40
Fees & Charges	-551	-260	-257	(3)	-257
Receivership Income	-19	-10	-13	3	-13
Sales & Rents Income	-113	-98	-152	54	-152
PCT reimbursements	-380	-79	-91	12	-91
Government Grant Income:					
Social Care Reform Grant	-653	-653	-653	0	-653
Mortgage Rescue Scheme	-78	-78	-78	0	-78
Homelessness Grant	-30	-30	-31	1	-31
Aids Support Grant	-11	-11	-11	0	-11
Learning Disabilities Campus Closure	-94	-94	-94	0	-94
Total Income	**-4,287**	**-2,420**	**-2,602**	**182**	**-2,602**
Net Controllable Expenditure	**19,939**	**8,146**	**7,869**	**277**	**8,618**
Recharges					
Asset Charges	11	0	0	0	0
Central Support Services	88	5	5	0	5
Internal Recharge Income	-8	0	0	0	0
Total Recharges	**91**	**5**	**5**	**0**	**5**
Net Departmental Total	**20,030**	**8,151**	**7,874**	**277**	**8,623**

Appendix 6: Financial Statement

Comments on the above figures:

In overall terms revenue spending at the end of quarter 2 is £277k below budget profile, due to expenditure relating to the community care budget continuing to be less than anticipated at this stage of the financial year.

The Community Care budget as a whole, including income, has now been realigned across the Directorate so budgets reflect accurately the pattern of spend incurred on social care.
The total community care budget is currently under budget profile by £231k within this department. However, although expenditure continues to be below budget profile the cumulative underspend is reducing month by month as service users packages are now being reviewed by the Primary Care Trust and some have been found to no longer meet the continuing health care criteria. These service users care packages will now be met from the Local Authority's community care budget. During quarter 2 of this financial year, 4 clients receiving nursing care had their CHC packages stopped after review, and funding has now reverted to the Local Authority at a cost of £61k to year end. The full year effect of this would equate to £88k gross.
The Community Care budget will continue to be scrutinised closely to determine the impact of CHC reviews.

Employee costs are over budget profile by £53k due to back dated pay relating to the Job Evaluation process totalling £61k.

HOUSING STRATEGY & SUPPORT SERVICES
Capital Projects as at 30th September 2010

	2010/11 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Private Sector Housing				
Renovation Grants	304	152	151	153
Disabled Facilities	750	300	202	548
Joint Funding RSL Adaptations	650	325	398	252
Energy Promotion	100	50	46	54
Stair Lifts	170	0	0	170
Modular Buildings	45	0	0	45
Homelink	50	0	0	50
Choice Based Lettings	40	0	0	40
Extra Care Housing	1,329	0	0	1,329
Out of Borough Placements	560	0	0	560
Contingency	46	0	0	46
Total Spending	**4,044**	**827**	**797**	**3,247**

Appendix 7: Explanation of Symbols

Symbols are used in the following manner:

Progress		Objective	*Performance Indicator*
Green		Indicates that the objective is on course to be achieved within the appropriate timeframe.	*Indicates that the annual target is on course to be achieved.*
Amber		Indicates that it is uncertain or too early to say at this stage, whether the milestone/objective will be achieved within the appropriate timeframe.	*Indicates that it is uncertain or too early to say at this stage whether the annual target is on course to be achieved.*
Red		Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.	*Indicates that the target will not be achieved unless there is an intervention or remedial action taken.*

Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

Green		*Indicates that* **performance is better** *as compared to the same period last year.*
Amber		*Indicates that* **performance is the same** *as compared to the same period last year.*
Red		*Indicates that* **performance is worse** *as compared to the same period last year.*
N/A		*Indicates that the measure cannot be compared to the same period last year.*

Departmental Quarterly Monitoring Report

Directorate:	Adult and Community Directorate
Department:	Complex Care Services
Period:	1st July 2010 – 30th September 2010

1.0 Introduction

This quarterly monitoring report covers the Complex Care Services second quarter period up to 30th September 2010. It describes key developments and progress against all objectives and performance indicators for the service.

The way in which the Red, Amber and Green, (RAG), symbols and Travel Indicator symbols have been used to reflect progress to date is explained in Appendix 6.

2.0 Key Developments

Halton Home Improvement and Independent Living Services

Initially, the Handyperson Service was promoted through partner agencies and further publicity is to be arranged to increase take up. A monitoring review will also be held with Safe Partnerships in November.

Affordable Warmth Strategy

Affordable Warmth Coordinator post advertised, interviews planned and appointment to be made shortly.

Halton Supported Housing Network

An initial meeting of the project group has taken place and work to identify baseline service user and financial information is underway.

Adult Placement Service

A project is currently underway to investigate options for the future delivery of the service and will be presented to senior management and Members in due course.

Mental Health Services:

Review of Community Mental Health Services: In this quarter, steps have been taken to pull together each of the separate reviews that were reported on in the quarter 1 monitoring report. A single review process has been taking place, led by the 5Boroughs (with externally commissioned support), but with the active support of the PCTs and Local Authorities covering Halton, St Helens, Warrington and Knowsley. A new model for the delivery of community mental health services has been developed; this is intended to provide overarching consistency across the 5Boroughs footprint, but with scope for local variation according to local need. This model will be taken for consultation in the next few months. If implemented, the model will require re-design of the current teams which provide community mental health service, but should also provide efficiencies and reduction in bed use.

Personalisation: Significant steps have been taken locally to deliver the target of 30% of people who use mental health services to be on self-directed support, and it is likely that the target will be achieved. As with other service areas, all new referrals must receive a personalised approach, which leads to the delivery of an individual support plan. A Principal Manager has taken a lead role for the delivery of this within mental health services; all mental health teams have had briefings and workshops, individual "champions" have been identified within teams, and the Principal Manager has provided a mentoring role to staff who are undertaking new assessments. Work is in progress to transfer all people known to the Mental Health Outreach Team to individualised budgets, and additional short term support is being brought into the service – in the form of two social workers – to ensure that this challenging agenda is delivered by the end of March 2011.

Mental Capacity Act/Deprivation of Liberty Safeguards: All teams are now required to report the numbers of Best Interests Assessments they carry out under the Mental Capacity Act, and this performance information will be reported on a quarterly basis to the Quality and Performance Subgroup of the Safeguarding Adults Board. Work has begun through the use of the Mental Capacity Act Co-ordinator to ensure that residential and nursing care homes are using both the Act and the Deprivation of Liberty Safeguards appropriately. Following a Serious Case Review, particular focus is initially to be given to two establishments in Halton which take people with the highest levels of need and risk, but this will eventually be rolled out to all providers.

Older People's Mental Health Services: Work has continued through a multi-agency steering group to deliver a new Assessment, Care and Treatment Service (ACTS) across Halton and St Helens for people diagnosed with dementia. The project manager has focused in this quarter on identifying the existing pathways into services. As expected, it is clear that these pathways are both complex and inefficient. On that basis, senior managers from the 5Boroughs and the Adults and Community Services Directorate of the Council will be redesigning the way these services are delivered.

3.0 Emerging Issues

Halton Supported Housing Network
A reviewing officer for tenants' finances for the Supported Housing Network has been identified and introductory work completed. Review work to be completed by end November 2010.

Mental Health Services:
New referral sources: It was identified in the previous monitoring report that an opportunity for service redesign had arisen within community mental health services because of the need to manage the quantity of referrals from the police about vulnerable adults. In addition, an approach has been made by Halton Housing Trust for mental health services to consider how they manage vulnerable tenants, and particularly those who present with anti-social behaviour. The implications of this will be considered in the next quarter.

Deprivation of Liberty Safeguards: Recent case law has extended the scope of the Deprivation of Liberty Safeguards, to include people who take on tenancies whilst they lack capacity to make specific decisions. The implications of this for services that are provided or commissioned by Halton will be considered in this quarter.

Autistic Spectrum Conditions (ASC): The national strategy for people with ASC was published in 2010, and a local strategy has been developed as a result. A multi-agency Steering Group has been set up to oversee delivery of this local strategy.

4.0 Service Objectives / milestones

4.1 Progress against 'key' objectives / milestones

Total	**3**	✓	3	?	0	✗	0

All key objective/milestones are on target as detailed in Appendix 1

4.2 Progress against 'other' objectives / milestones

Total	**11**	✓	10	?	1	✗	0

There are no red objectives /milestones and only 1 amber. The amber relates to the Single Point of Access which is being developed with partners. Progress is being made but further redesign of the process may still be necessary as the scheme progresses. All other objective/milestones are on target and details are provided in Appendix 2.

5.0 Performance indicators

5.1 Progress Against 'key' performance indicators

Total	**2**	✓	2	?	0	✗	0

1 key indicator is not available for reporting as it is part of a survey that will not be repeated again until 2011/12. The other 2 indicators are on target. Details of key indicators can be found in Appendix 3.

5.2 Progress Against 'other' performance indicators

Total	**15**	✓	11	?	1	✗	3

2 'other' indicators are not available for reporting. One relates to the 'self reported measure of people's overall health and well being' and is part of the Place Survey which has ceased as of this year. The other indicator not being reported relates to healthy life expectancy at the age of 65. This is a nationally generated figure that has not been updated. 3 'other' indicators are unlikely to reach their target all of which relate to mortality rates. The remaining 11 'other' indicators are on target and details of all 'other' indicators can be found in Appendix 4.

6.0 Data quality statement

The author provides assurances that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, has been sources directly from partner or other agencies, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

7.0 Appendices

Appendix 1 Progress Against 'key' objectives / milestones

Appendix 2 Progress against 'other' objectives / milestones

Appendix 3 Progress against 'key' performance indicators

Appendix 4 Progress against 'other' performance indicators

Appendix 5 Financial Statement

Appendix 6 Explanation of use of symbols

Appendix 1: Progress Against 'key' objectives / milestones

Ref	Objective		
CCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs		
Milestones		**Progress Q 2**	**Supporting Commentary**
Implement the Local Dementia Strategy, to ensure effective services are in place **Mar 2011.** (AOF6 & 7)		✓	Dementia project plan for implementation now complete, service pathway mapping is complete and stage two is the redesign of existing services that will take place over the next six months. In addition three dementia peer support groups have now been established in the borough.

Ref	Objective		
CCS 2	Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required		
Milestones		**Progress Q 2**	**Supporting Commentary**
Continue to survey and quality test service user and carers experience of services to evaluate service delivery to ensure that they are receiving the appropriate outcomes **Mar 2011** (AOF 32)		✓	The Dementia Journeys work has now been completed. This work involved consulting with a total of 44 people diagnosed with dementia and carers to establish their views and experiences since they were diagnosed. The report also outlined a range of recommendations that will be presented to the Dementia Care strategy group to implement. In addition a grant has recently been awarded by the North West Joint Improvement Partnership to develop Dementia Champions in the borough. This will be carried out through retailers in the borough, but we will also be consulting with a group of service users and carers to identify what impact the intervention has had for people diagnosed with dementia.

Appendix 1: Progress Against 'key' objectives / milestones

Ref	Objective
CCS 3	Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs

Milestones	Progress Q 2	Supporting Commentary
Consider with our PCT partners the recommendations and implications of the review of Halton's section 75 agreement **Mar 2011** (AOF 33,34 and 35)		Work still underway including proposals for realigned governance and planning arrangements.

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
CCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs

Milestones	Progress Q 2	Supporting Commentary
Monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder ***Mar 2011.*** *(AOF 6)*	✓	*Autism Strategy Group refreshed and progress made on all workstreams.*
Consider implications of Autism Act 2009 and review working practices to ensure they are 'fit for purpose' ***Mar 2011.*** *(AOF 7)*	✓	*As above*
Contribute to the implementation of the Council wide Volunteering Strategy as a means to improving services to communities ***Mar 2011*** *(AOF 21)*	✓	*Work has been progressing with Legal and HR Services in terms of further development of an associated policy and procedures. Some outstanding issues remain which are in the process of being resolved, following which discussions will take place with Halton Voluntary Action in terms of the launch of the Policy and Procedures and how they can support the Council with the process*
Review policies/procedures/pathways within the HHILLS Service to ensure they are 'fit for purpose' ***Mar 2011.*** *(AOF6 & 7)*	✓	*On target to complete by March 2011. Policies prepared to date: Disabled Facilities Grants, Minor and Major Works Assistance, Registered Social Landlord Partnership, Minor and Major Adaptations, Safer Handling, Blue Badge Scheme and Equipment. Policies in development: Repayment of Disabled Facilities Grant, Affordable Warmth, Handyperson, Adaptation provision for Adult Placement and Supported Housing Network. The Private Sector Housing Renewals Strategy is currently being updated and as a result some existing policies will require updating.*

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
CCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs

Milestones	Progress Q 2	Supporting Commentary
Implement the Local Affordable Warmth Strategy, in order to reduce fuel poverty and health inequalities ***Mar 2011.*** *(AOF 7)*	✓	*224 grants, for insulation and heating, through the Energy Zone and Health and Energy Action for Residents in their Homes (HEARTH) initiatives have been provided to date this year and a further 270 inquiries are being assessed. The appointment of the Affordable Warmth Coordinator will further support and coordinate implementation of the strategy.*
Implement the redesign of the Supported Housing Network to ensure that it is meeting the needs of those with the most complex needs ***Mar 2011.*** *(AOF6 & 7)*	✓	*Baseline information being collected to inform redesign work*.
Continue to develop the Single Point of Access to ensure that it delivers an effective mechanism for access into Services ***Mar 2011.*** *(AOF 6 & 7)*	?	*The development of the Single Point of Access has continued and most key staff are now in place. The impact of the proposed redesign of community services by the 5Boroughson this service has yet to be assessed. Further consideration also needs to be given to the delivery of social care outcomes within this service, as potential referrals from other sources mean that redesign may be required.*

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
CCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs

Milestones	Progress Q 2	Supporting Commentary
Continue to ensure there is a wide choice of pathways into volunteering opportunities to meet the needs of people with a Learning Disability ***Mar 2011.*** *(AOF 6 & 21)*	✓	*This continues to be delivered by the Community Bridge Building Team, which is continuing to achieve positive results for people with learning disabilities. The absolute numbers of new people supported in this way have dropped this year but this is because last year a large number of people who were previously in day care services accessed this support for the first time, so the cohort of people was artificially high.*
Implement the recommendations following the Challenging Behaviour review/project to ensure services meet the needs of service users ***Mar 2011*** *(AOF 6 & 7)*	✓	*Initial appointments made and work commenced with both children and adults.*

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
CCS 2	Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required

Milestones	Progress Q 2	Supporting Commentary
Continue to implement a behaviour solutions approach to develop quality services for adults with challenging behaviour - Models of good practice to continue to be developed ***Mar 2011.*** *(AOF7)*	✓	*As above*

Ref	Objective
CCS 3	Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs

Milestones	Progress Q 2	Supporting Commentary
Following the publication of the new national guidance on complaints, review, develop, agree and implement a joint complaints policy and procedure to ensure a consistent and holistic approach ***Nov 2010*** *(AOF 33)*	✓	*Policy Revised. Joint working continuing with St Helen's Council and local Health providers*.

Appendix 3: Progress Against 'key' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
Service Delivery							
NI 145	Adults with Learning Disabilities in Settled accommodation	81.99%	90%	92%	✓	↑	There are a total of 358 service users in this category and performance is improving from last year.
CSS 8	Adults with mental health problems helped to live at home (Previously AWA LI13)	3.93	3.50	3.90	✓	↑	Target achieved. Q2 performance relates to 290 clients, an increase of 18 from the previous year.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
Fair Access							
CSS 2	Number of learning disabled people helped into voluntary work in the year (Previously AWA LI5)	56	43	21	✓	↓	In Q2 2009/10 30 people were helped into voluntary employment. The variance has resulted in a downward trend in Q2.
CSS 3	Number of physically disabled people helped into voluntary work in the year (Previously AWA LI6)	11	5	5	✓	↑	Target already achieved. There has also been an increase of 3 clients compared to the same quarter in 2009/10.
CSS 4	Number of adults with mental health problems helped into voluntary work in the year (Previously AWA LI7)	17	17	11	✓	↑	Indicator in line to achieve target. There has also been an increase of 8 clients compared to the same quarter in 2009/10.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
Quality							
CSS 5	% of items of equipment and adaptations delivered within 7 working days (Previously OP LI9)	91.24	93	97.25	✓	↑	Data quality issues with Helena Partnership have now been resolved and this PI can now be reported accurately. Target already achieved.
Service Delivery							
CSS 6	Adults with physical disabilities helped to live at home (Previously AWA LI11)	8.15	8.00	8.09	✓	↑	Q2 performance relates to 601 clients, 6 more than the previous year. Target achieved.
CSS 7	Adults with learning disabilities helped to live at home (Previously AWA LI12)	4.24	4.30	4.21	✓	↑	Q2 performance relates to 313 clients, 3 more than the previous year. Indicator in line to achieve target.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
Area Partner National Indicators: The indicators below form part of the new National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.							
NI 149	Adults in contact with secondary mental health services in settled accommodation	89.3	90	93.1%,	✓	N/A	Mental Health Services in Halton continue to achieve a high rate of people in settled accommodation. This stands at 93.1%, higher than any of the other areas within the 5Boroughs. There is no information for Q2 last year so no direction of travel.
NI 150	Adults in contact with secondary mental health services in employment	-	N/A	12.4%	✓	N/A	This figure stands in October 2010 at 12.4% and is again higher than any of the other areas within the 5Boroughs. This figure had increased from 10.6% in July 2010. There is no information for Q2 last year so no direction of travel.
NI 39	Hospital Admissions for Alcohol related harm	2548.6E	2309	1381.5	?	↓	Q1 data has been updated and Q2 figure has been calculated using an estimated figure for September data and will be updated in the Q3 report. Significant work has been undertaken to collate, analyse and understand local activity and implications of hospital admissions data for alcohol related harm. This enables us to build a picture of need across the borough down to ward level.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
							Consultation continues in relation to a model for a redesigned, integrated alcohol misuse treatment system. The model will incorporate a single point of access and will be tendered for start up date of 1 September 2011. All existing services have been subject to a review utilising 'lean' and QUIP principles. The review aimed to uncover waste and bottlenecks in the current system and assist in making the journey seamless for patients. The findings from the review will not only inform future service redesign but will inform short term service improvement programmes. Work has begun in relation to exploring the role and maximising the potential of alcohol workers in hospital settings. Planned activity includes increasing Tier 3 service capacity in Halton to implement Alcohol Treatment Requirements and establish links with the Problem Solving Courts.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
NI 120	All-age all cause mortality rate	Male: 803.8e Female: 597.3e	Male: 755 Female: 574	Male: 856.0 Female: 598.7			The data for quarter 2 shows an annual figure for mortality up until the August 2010. There has been a slight increase in mortality for both males and females from Q1, this may be due to normal variation. Female mortality has reduced since 2008 the last official data release but progress appears to have slowed in 2010. There have also been significant reductions in males mortality since 2008 but there needs to be significant improvement in this area to get back on track with the target for the end of the year The two major contributors to all age all cause mortality are Circulatory diseases and Cancer and other areas that have an impact on all age all cause mortality are smoking, obesity and alcohol. A number of programmes are being delivered and improved upon in order to combat these issues.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
NI 121	Mortality rate from all circulatory diseases at ages under 75	88.8e	78.31	97.9			August figure used as a proxy for Q2 as Sept has not yet been released. There has been a slight rise in CVD mortality under the age of 75. This may be due to natural variation but needs to be monitored closely. However there has been an overall trend downward but there would need to be accelerated to meet the year end target. Several key initiatives have been put into place to accelerate progress.
NI 122	Mortality from all cancers at ages under 75	166.8e	126.41	157.6			The figures are provisional they are based on monthly death data reported locally (accumulated to rolling averages). This data is subject to national verification as an annual (calendar year) figure. The current most up to date verified figure is for the year 2008. Also, the monthly rolling average is available only up to the second month of each quarter, Despite a significant fall in cancer death rates from 185/ 100,000 in 1995/7, Halton's under 75 cancer mortality remains well above our target of 126.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
NI 123	16+ current smoking rate prevalence – rate of quitters per 100,000 population	888e	1128	376	✓	↑	The Q2 figure is incomplete due to nature of 6 week quitter programme and will be updated in Q3. Smoking cessation services continue to be successful in meeting projected targets. Smoking cessation is seasonal with most smokers quitting in the last quarter of January to March. Figures for this period have not yet been collated but when they are we expect to have exceeded the set target. Halton has one of the highest quit rates in the northwest.
NI 124	People with a long-term condition supported to be independent and in control of their condition	N/A	18.2%	25.18%	✓	N/A	This has been extracted from the GP Patient Survey 2009-10 for Q4 2009/10. Further results have not been released yet. Performance for this indicator benchmarks at the national average. As the method of calculating the results has changed recently it is currently impossible to identify any longer term trends. The current performance is however, an improvement on the 18.2% reported for Q3.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
NI 126	Early access for women to maternity services	1319e	3229 85.5%	84.72%	✓	↑	Work will be ongoing through the Maternity Matters Steering Group and Maternity Services Liaison Committee, the actions include: Ongoing audit of late bookings in order to target strategy and service to improve early access Pathway developed to improve early access, to reviewed and agreed via PCT management teams, followed by implementation plan Draft strategy under consultation Work with maternity providers to ensure external agencies are aware of the target and importance of early booking, Review data quality and process for data recording Review capacity and demand to ascertain if this is impacting on early access rates Quality review of capacity to deliver full health and social care assessment in line with NICE Guidelines and

Appendix 5 Financial Statement

ADULTS & COMMUNITY – COMPLEX CARE
Revenue Budget as at 30th September 2010

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000	Actual Including Committed Items £'000
Expenditure					
Employees	5,021	2,469	2,444	25	2,555
Other Premises	66	34	32	2	52
Food Provisions	4	2	1	1	1
Supplies & Services	1,981	557	608	(51)	676
Transport	707	254	242	12	310
Emergency Duty Team	100	25	24	1	24
Aids & Adaptations	113	57	69	(12)	162
Contribution to Joint Equipment Service	231	0	0	0	0
Community Care:					
Residential & Nursing Care	805	360	345	15	345
Home Care	416	180	182	(2)	182
Supported Living	239	59	54	5	54
Direct Payments	123	50	56	(6)	56
Day Care	8	3	9	(6)	9
Total Expenditure	**9,814**	**4,050**	**4,066**	**(16)**	**4,426**
Income					
Residential & Nursing Fees	-64	-32	-29	(3)	-29
Direct Payment charges	-3	-2	-1	(1)	-1
Fees & Charges	-52	-26	-28	2	-28
Rents Income	-28	-14	-5	(9)	-5
PCT contribution to services	-1,652	-10	-21	11	-21
PCT contribution to care	-683	-54	-100	46	-100
Capital salaries	-84	0	0	0	0
Government Grants:					
Drug Intervention Programme	-137	-34	-34	0	-34
Handyman Grant	-70	-70	-70	0	-70
DFG	-40	-30	-31	1	-31
Other Income	-205	-51	-52	1	-52
Total Income	**-3,018**	**-323**	**-371**	**48**	**-371**
Net Controllable Expenditure	**6,796**	**3,727**	**3,695**	**32**	**4,055**
Recharges					
Premises Support	32	6	6	0	6
Central Support Services	193	2	2	0	2
Asset Charges	1,372	0	0	0	0
HBC Support Costs Income	-109	0	0	0	0
Total Recharges	**1,488**	**8**	**8**	**0**	**8**
Net Department Total	**8,284**	**3,735**	**3,703**	**32**	**4,063**

Appendix 5 Financial Statement

Comments on the above figures:

In overall terms revenue spending at the end of quarter 2 is under budget profile by £32k. This is due to expenditure on the staffing budget being slightly less than anticipated at the mid point of the financial year and the overachievement of income.

Expenditure on the staffing budget remains less than anticipated at the start of the year however the under spend reported at the end of quarter 1 has reduced due to several vacant front line service posts being recruited to.

The supplies and services budget is over budget profile, as expected, due to IT commitments for the Carefirst system including the annual maintenance charge to OLM.

The Aids & adaptations budget continues to be under pressure, as anticipated, as more service users are supported within their own homes as opposed to residential placements. This budget will be closely monitored throughout the year to ensure it is contained within the overall budget for the department.

The Community Care budget within this department has also been realigned and to date expenditure is £4k under budget profile, including income. However the Homecare, Direct Payments and Day Care budgets are under pressure as an increasing number of service users are being supported at home using home care and Telecare services or opting to choose a personal budget to enable them to arrange their own care package as this offers more flexibility and choice. This budget will continue to be monitored closely and work is underway to determine the year end budget position by analysing trends in social care over the past 12 months.

Income received is slightly higher than anticipated at budget setting time however the budget as a whole will be closely monitored during the next financial quarter to ensure the volatile community care budget is managed within the department.

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COMPLEX CARE

Capital Budget as at 30th September 2010

	2010/11 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
User Led Organisation	55	0	0	55
Total Spending	**55**	**0**	**0**	**55**

Appendix 6 Explanation of Symbols

Symbols are used in the following manner:

Progress		Objective	Performance Indicator
Green		Indicates that the objective is on course to be achieved within the appropriate timeframe.	*Indicates that the annual target is on course to be achieved.*
Amber		Indicates that it is uncertain or too early to say at this stage, whether the milestone/objective will be achieved within the appropriate timeframe.	*Indicates that it is uncertain or too early to say at this stage whether the annual target is on course to be achieved.*
Red		Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.	*Indicates that the target will not be achieved unless there is an intervention or remedial action taken.*

Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

Green		*Indicates that* **performance is better** *as compared to the same period last year.*
Amber		*Indicates that* **performance is the same** *as compared to the same period last year.*
Red		*Indicates that* **performance is worse** *as compared to the same period last year.*
N/A		*Indicates that the measure cannot be compared to the same period last year.*

Departmental Quarterly Monitoring Report

Directorate: ADULT & COMMUNITY

Department: ENABLEMENT SERVICES

Period: 1st July 2010 – 30th September 2010

1.0 Introduction

This monitoring report covers the Enablement Services second quarter period up to period end 30th September 2010. It describes key developments and progress against all objectives and performance indicators for the service.

The way in which the Red, Amber and Green, (RAG), symbols and Travel Indicator symbols have been used to reflect progress to date is explained in Appendix 7.

2.0 Key Developments

Sure Start to Later Life
The following initiatives have been or are due to be launched finance permitting:

- 'Dream Workshop' for older people
- 'Age is just a Number' campaign

Integrated Hospital Discharge Teams- currently progressing with implementation.

A steering group has now been established to review and progress the modernisation plans for Oakmeadow.

3.0 Emerging Issues

Redesign of Older People's Community Day Services is currently being considered.

A new funding stream from Health has been identified to support further development in Re-ablement.

4.0 Service Objectives / milestones

4.1 Progress against 'key' objectives / milestones

Total	**2**	✓	2	?	0	✗	0

Both key objectives/milestones are on target for details see Appendix 1

4.2 Progress against 'other' objectives / milestones

Total	**10**	✓	10	?	0	✗	0

All 'other' objectives/milestones are on or have achieved target as detailed in Appendix 2

5.0 Performance indicators

5.1 Progress Against 'key' performance indicators

Total	**0**	✓	0	?	0	✗	0

The **1 key indicator** detailed in Appendix 3 is **not available** this year. It is part of a survey that only takes place every 3 years. It was reported last year and will not be reported again until 2012/13

5.2 Progress Against 'other' performance indicators

Total	**6**	✓	3	?	1	✗	2

3 'other' indicators are not available to report due to being part of the Place Survey that will not be taking place again, although consideration is being given to retaining some of the Place indicators locally. The amber symbol relates to 'emergency bed days', which is currently being recorded via the PCT, but covers the whole PCT. The PCT have yet to calculate a figure specifically for Halton. This also applies to NI 131 Delayed transfer of Care, so the figure for St. Helen's has been used as a comparator against the PCT figure resulting in a Red symbol. These issues should be resolved by Q3. Also, there are still higher than desirable admissions to permanent and residential nursing care, which accounts for the other red symbol. For details of all 'other' indicators see Appendix 4.

6.0 Risk Control Measures

During the production of the 2010-11 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives. Those identified as high risk can be found in Appendix 5

7.0 Data quality statement

The author provides assurance that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, has been sourced directly from partner or other agencies, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

8.0 Appendices

Appendix 1 Progress Against 'key' objectives / milestones

Appendix 2 Progress against 'other' objectives / milestones

Appendix 3 Progress against 'key' performance indicators

Appendix 4 Progress against 'other' performance indicators

Appendix 5 Progress against risk control measures

Appendix 6 Financial Statement

Appendix 7 Explanation of use of symbols

Appendix 1: Progress Against 'key' objectives / milestones

Ref	Objective
EN1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people

Milestones	Progress Q 1	Supporting Commentary
Ensure intergenerational issues are taken into account whilst implementing the Early Intervention/Prevention Strategy to improve outcomes for Older People in Halton **Mar 2011.** (AOF6 & 7)		Intergenerational C.D. now complete. Intergenerational Group 1st meeting to be held in November
Following the evaluation of Telecare Services during 2009/10, develop and implement an action plan based on the recommendations to ensure the continued development and use of Telecare **Mar 2011** (AOF 6 & 7)		Telecare strategy and implementation plan completed and agreed at executive board in July 2010. Job evaluation completed early October 2010. Recruitment to start in next week or two. Action plan to ensure the continuation of Telecare be devised and implemented between Lead Officer and Principal Manager.

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
EN1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people

Milestones	Progress Q 1	Supporting Commentary
Maintain the numbers of carers provided with assessment leading to the provision of services, to ensure Carers needs are met ***Mar 2011.*** *(AOF7)*	✓	*Team to continue to provide/offer either joint or individual assessment to all carers involved with Intermediate Care service users* *Carers assessment to be identified earlier on in the Intermediate Care process as early as initial assessment completed by HICAT* *To be highlighted on a regular basis at team meetings*
Complete initial evaluation of the redesigned Intermediate Care Services to ensure they are meeting the requirements of the community of Halton. ***Mar 2011***	✓	*Evaluation stage completed. Stakeholder consultation event completed. All feedback/ recommendations integrated into draft report. Final report is out for consultation at senior management level. Evaluation of the redesign of Intermediate Care Services is on target.*
Complete initial evaluation of the new Re-ablement service to ensure they are meeting the requirements of the community of Halton ***Mar 2011.*** *(AOF6 & 7)*	✓	*12 month evaluation completed and taken to SMT August 2010. Regional benchmarking exercise completed August 2010. Monthly evaluations on-going.*
Develop an integrated hospital discharge team. ***Mar 2011*** *(AOF 6&7)*	✓	*Final business case for both projects has been signed off, implementation process being developed for both projects. Principal manager for Warrington Project appointed and to be in post on 15th November. Recruitment process for Manager of Whiston project imminent. Project implementation for both projects on target for full implementation by March 2011 (likely to be both implemented by January 2011).*

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
EN1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people

Review/redesign the HICES to ensure the service is meeting the requirements of the community of Halton ***Mar 2011*** *(AOF 6&7)*		*HICES has now integrated with St Helens, further work is required in relation to finance and future planning.*
Review the current service provision within Oak meadow and make recommendations for future provision. ***Mar 2011*** *(AOF 6&7)*		*Report was presented IN Sept 2010 to SMT re: Transitional beds at Oak Meadow 18 Transitional care beds became operational from September 2010, and an identified social care worker from care Management team attached to the beds to ensure the service users needs are met and throughput maintained through the service.*

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
EN 2	Effectively consult and engage with service users to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required

Milestones	Progress Q 1	Supporting Commentary
Develop a proactive response to Health Inequalities within the Borough ***Mar 2011*** *(AOF 7)*	✓	*Completed within Social Care* *Work with the PCT ongoing*
As part of the implementation of the Early Intervention and Prevention Strategy aimed at improving outcomes for Older People, develop a meaningful engagement strategy with Service Users ***Mar 2011.*** *(AOF 7 & 32)*	✓	*Currently being developed for Older People's services and will be supported by Halton Older People's Empowerment Network (OPEN) A draft is due for submission by December, with a complete strategy available from March 2011. This will also include specific work around complaints and compliments.*
Develop a quality assurance framework for all services to ensure SU views are taken into account when redesigning/evaluating services. ***Mar 2011*** *(AOF 7 & 32)*	✓	*Draft proposals to be reported at SMT in December*
Review activity of Halton OPEN to ensure that it continues to be effective in its engagement with Older People ***Mar 2011.*** *(AOF7 & 32)*	✓	*Continued improvement has been achieved with the development of Halton OPEN. A recent visit to Pensioners Parliament, a newsletter and 6 focus groups to look at issues facing local older people will contribute to completion of Halton OPEN's annual targets of achievement. This will be further enhanced by a new business plan for Halton OPEN and improved governance arrangements*

Appendix 4: *Progress against 'other' performance indicators*

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
Cost & Efficiency							
EN 1	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously OP LI1)	99.25	90	48.4	✓	↑	Q1, 436 + Q2, 391= 827 per 1000 population (65+). This is a cumulative figure and is on track to exceed this year's target.
EN 2	Now PCS 3						
EN 3	No. of days reimbursement as a result of delayed discharge of older people (Previously OP LI3)	0	0	0	✓	↑	There are no delays resulting directly from the Social Care element, but the Social Care Services are developing the interface between health and social care to ensure timely and appropriate discharge from hospital by all adults.
EN 4	Now PCS 4(b)						

Appendix 4: *Progress against 'other' performance indicators*

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
Quality							
NI 131	Delayed Transfers of Care (DTOC)	-	25	17.61		N/A	Q1 data has been updated to 8.75. This relates to the average weekly rate of delayed transfers and measures the impact of hospital services (acute and non-acute) and community based care in the timely and appropriate discharge from all hospitals for all adults. Q2 data is based on July data only, (8.86) and is recorded as a cumulative figure. This will be updated in Q3. No target has yet been determined for Halton so the red indicator is based on the St Helens Target of 7.36, which means DTOC are increasing. This is due to the pressures experienced in the acute hospitals (Whiston Hospital Foundation Trust (WHHFT) and St Helen's and Knowsley Hospital Trust (SHKHT) and the capacity problems in Intermediate Care. A new integrated hospital discharge team will be in place in both hospitals by January 2011. The discharge process will commence earlier and be more closely aligned to the pathways outside of hospital.

Appendix 4: *Progress against 'other' performance indicators*

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
Service Delivery							
EN 5	Admissions of supported residents aged 65+ to permanent residential/nursing care (per 10,000 population) key Threshold < 140 (Previously OP LI9)	45.68	60	64.47			55 older people have been admitted to permanent residential and nursing care to date. Lower admissions to residential and nursing care equates to good performance.

Appendix 4: *Progress against 'other' performance indicators*

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
Area Partner National Indicators: The indicators below form part of the new National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.							
NI 129	End of life access to palliative care enabling people to choose to die at home	22.9e	21%	24.7%	✓	N/A	The Q1 figure has been updated and the August figure has been used as an indicator for Q2 as September data has not yet been released. Performance remains green-however we hope to stretch this target through Q3/4 • Extension of the Halton social care pilot-with increased tolerance to address demand • Implement and increase specialist palliative case consultant hours in Halton Borough • Develop outcomes focused deliverables for EOL facilitator post who will be in post from mid October • Increased sign up to GSF EOL tools • Development of the Hospice business case to increase palliative care provision on the community through an outcomes focus approach • Roll out specialist 24/7 advice line into Halton Borough • Develop and agree increase access top 9-5 provision across the Borough with Macmillan nurses and specialist palliative care teams with the Acute Trust

Appendix 4: *Progress against 'other' performance indicators*

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
NI 134	The number of emergency bed days per head of weighted population	67317.08est.	N/A	27747.9	?	N/A	Q1 data has been updated and Q2 figure has been calculated using an estimated figure for September and will be updated in the Q3 report when actual figures become available. A new borough specific target is required because the current target is for the whole PCT, whereas this national indicator requires the reporting of a rate per head of weighted population and it needs to be borough specific. PCT to determine the borough figure for Q3. The Trust has an action plan in place to target a reduction in non elective admissions and consequently bed days. Weekly 'Whole System' Capacity Meetings are being held from September onwards with all partners.

Appendix 5: ***Progress against risk control measures***

Ref	Risk Identified	Treatment Measure	Progress	Supporting Commentary
EN 1	Overall support to develop an integrated hospital discharge team may not be available from Acute Hospital (Mar 2011)	Operational Director to chair the steering group. Partnership approach to be adopted to support the development	✓	Integrated teams are currently being implemented. Business cases agreed
EN 2	Inability to develop a proactive response to Health Inequalities within the Borough (Mar 2011)	Operational Director to lead on a Partnership approach to working with the PCT	✓	Completed within Social Care. Work ongoing with the PCT.

Appendix 6: Financial Statement

ADULTS & COMMUNITY – ENABLEMENT

Revenue Budget as at 30th September 2010

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000	Actual Including Committed Items £'000
Expenditure					
Employees	3,061	1,584	1,574	10	1,717
Other Premises	62	18	20	(2)	53
Supplies & Services	68	33	37	(4)	56
Transport	55	21	24	(3)	24
Food Provisions	47	12	8	4	36
Other Agency	1	1	0	1	2
Community Care:					
Home Care	21	4	4	0	4
Adult Stroke Services Grant	85	0	0	0	0
Contribution to Intermediate Care Pool	2,172	755	797	(42)	973
Total Expenditure	**5,572**	**2,428**	**2,464**	**(36)**	**2,865**
Income					
Other Fees & Charges	-214	-65	-62	(3)	-62
Other Reimbursements	-244	-32	-31	(1)	-31
ABG: Stroke Services Grant	-85	-85	-85	0	-85
Total Income	**-543**	**-182**	**-178**	**(4)**	**-178**
Net Controllable Expenditure	**5,029**	**2,246**	**2,286**	**(40)**	**2,687**
Recharges					
Asset Charges	55	0	0	0	0
Departmental Support Services	11	0	0	0	0
Internal Recharge Income	-487	-79	-79	0	**-79**
Total Recharges	**-421**	**-79**	**-79**	**0**	**-79**
Net Departmental Total	**4,608**	**2,167**	**2,207**	**(40)**	**2,608**

Comments on the above figures:

In overall terms revenue spending at the end of quarter 2 is under budget profile by £2k, excluding the Intermediate Care Pool Budget.

Employee costs include JE back pay received in Period 2, which amounts to approximately £32k.

Supplies and Services spend is £4k over budget profile which is due to one off costs of advertising Sure Start to Later Life Services.

Transport spend is £3k over budget profile due to Lease Car's being taken up after the budget has been set on the Hospital Team and Sure Start to Later Life.

Note: A summary of the H.B.C. Contribution to Intermediate Care Pooled Budget can be found on the following page

ADULTS & COMMUNITY – ENABLEMENT

Appendix 6: Financial Statement

Contribution to Intermediate Care Pooled Budget

Revenue Budget as at 30th September 2010

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000	Actual Including Committed Items £'000
Expenditure					
Employees	1,194	629	667	(38)	832
Supplies & Services	439	79	83	(4)	92
Transport	7	7	7	0	9
Other Agency Costs	266	1	1	0	1
Total Expenditure	**1,906**	**716**	**758**	**(42)**	**934**
Income	0	0	0	0	0
Total Income	0	0	0	0	0
Net Controllable Expenditure	**1,906**	**716**	**758**	**(42)**	**934**
Recharges					
Asset Charges	0	0	0	0	0
Central Support Charges	61	0	0	0	0
Departmental Support Services	205	39	39	0	39
Internal Recharge Income	0	0	0	0	0
Total Recharges	**266**	**39**	**39**	**0**	**39**
Net Departmental Total	**2,172**	**755**	**797**	**(42)**	**973**

Comments on the above figures:

In overall terms revenue spending at the end of quarter 2 is over budget profile by £42k. This in the main relates to JE back pay to Principle and Practice Managers totalling £30k.

ENABLEMENT
Capital Budget as at 30th September 2010

	2010/11 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Social Care & Health				
Oakmeadow Phase 2	35	0	0	35
Total Spending	**35**	**0**	**0**	**35**

Appendix 7: Explanation of Symbols

Symbols are used in the following manner:

Progress		Objective	*Performance Indicator*
Green		Indicates that the objective is on course to be achieved within the appropriate timeframe.	*Indicates that the annual target is on course to be achieved.*
Amber		Indicates that it is uncertain or too early to say at this stage, whether the milestone/objective will be achieved within the appropriate timeframe.	*Indicates that it is uncertain or too early to say at this stage whether the annual target is on course to be achieved.*
Red		Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.	*Indicates that the target will not be achieved unless there is an intervention or remedial action taken.*

Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

Green		*Indicates that* **performance is better** *as compared to the same period last year.*
Amber		*Indicates that* **performance is the same** *as compared to the same period last year.*
Red		*Indicates that* **performance is worse** *as compared to the same period last year.*
N/A		*Indicates that the measure cannot be compared to the same period last year.*

REPORT TO: Healthy Halton
Policy and Performance Board

DATE: 11th January 2011

REPORTING OFFICER: Strategic Director (Resources)

SUBJECT: Sustainable Community Strategy
2010 – 11 Mid-year progress report.

WARDS: Borough-wide

1.0 PURPOSE OF REPORT

1.1 To provide information on the progress in achieving targets contained within the Sustainable Community Strategy for Halton.

2.0 RECOMMENDED THAT:

i. The report is noted

ii. The Board considers whether it requires any further information concerning the actions being taken to achieve the performance targets contained within Halton's Sustainable Community Strategy.

3.0 SUPPORTING INFORMATION

3.1 The Sustainable Community Strategy is the central document for the Council and its partners, providing an evidenced based framework through which actions and shared performance targets can be developed and communicated. An updated Sustainable Community Strategy for Halton is presently at an advanced stage of preparation and will become live from April 2011.

3.2 The coalition government has set out its intention to create greater transparency. This is intended to include the publication of performance as well as financial transactions. It is the government's expectation that Whitehall departments, local authorities and other public bodies will be performance managed by the communities and citizens which they serve. To this end, the coalition has set out its performance measures in government departmental business plans. Many of these performance measures are already included in the Sustainable Community Strategy.

3.3 The current Sustainable Community Strategy included targets which were also in the Local Area Agreement (LAA). In October this year, the coalition government announced the ending of government performance management of local authorities through LAA's.

3.4 Nevertheless, we need to maintain some framework of performance management to:

- measure progress towards our own objectives for the improvement of the quality of life in Halton.
- meet the government's expectation that we will publish performance information.

3.5 Attached as Appendix 1 is a report on progress to the 2010 – 11 mid-year which includes information for those specific indicators and targets that fall within the remit of this Policy and Performance Board.

3.6 In considering this report Members should be aware that:-

a) All of the measures within the National Indicator Set (NIS) are monitored through Quarterly Departmental Service Plan Monitoring Reports. The purpose of this report is to consolidate information on all measures and targets relevant to this PPB in order to provide a clear picture of progress.

b) In some cases outturn data cannot be made available at the mid-year point. Additionally, all measures captured through the National Place Survey, which was due to be undertaken this year, have been deleted from the NIS by central government and therefore no further data will be made available in 2010/11. The future requirement for localised perception survey under the transparency agenda is presently subject to consideration.

4.0 CONCLUSION

4.1 The Sustainable Community Strategy for Halton, and the performance measures and targets contained within it will remain central to the delivery of community outcomes. It is therefore important that we monitor progress and that Members are satisfied that adequate plans are in place to ensure that the Council and its partners achieve the improvement targets that have been agreed.

5.0 POLICY IMPLICATIONS

5.1 The Sustainable Community Strategy for Halton is central to our policy framework. It provides the primary vehicle through which the Council and its partners develop and communicate collaborative actions that will positively impact upon the communities of Halton.

6.0 OTHER IMPLICATIONS

6.1 The publication by Local Authorities of performance information is central to the coalition government's transparency agenda. This is accompanied by a commitment to reduce top down performance management, with the existing National Indicator Data Set (NIS), replaced from April 2011 with a single comprehensive list of all data that Local Authorities are required to provide to Central Government.

6.2 Central Government target setting will be replaced by minimum standards in some areas.

6.3 Thus, it still remains to be seen whether the burdens placed on local government will be reduced or simply redefined.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 This report deals directly with the delivery of the relevant strategic priority of the Council.

8.0 RISK ANALYSIS

8.1 The key risk is a failure to improve the quality of life for Halton's residents in accordance with the objectives of the Sustainable Community Strategy. This risk can be mitigated thorough the regular reporting and review of progress and the development of appropriate actions where under-performance may occur.

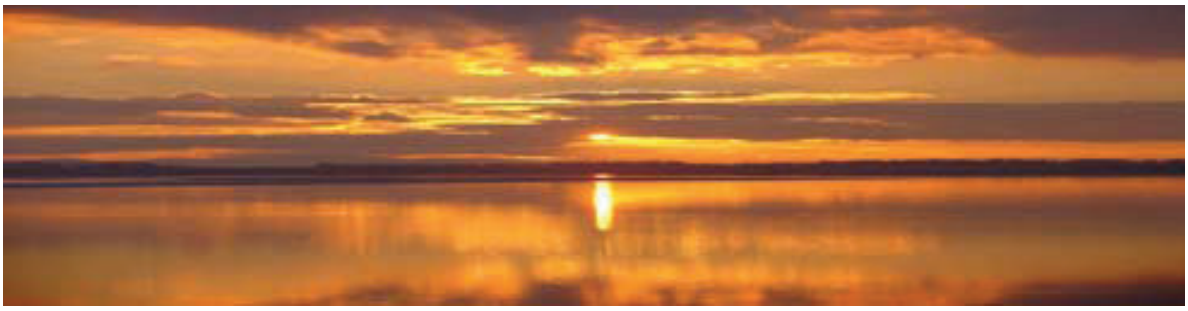
9.0 EQUALITY AND DIVERSITY ISSUES

9.1 One of the guiding principles of the Sustainable Community Strategy is to reduce inequalities in Halton.

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

Document	Sustainable Community Strategy 2006 – 11
Place of Inspection	2nd Floor, Municipal Building, Kingsway, Widnes
Contact Officer	Rob MacKenzie (0151 471 7416)

APPENDIX 1



The Sustainable Community Strategy for Halton 2006 - 2011

Mid - Year Progress Report

01st April – 30th September 2010

Healthy Halton

Policy & Performance Board

Halton Strategic PARTNERSHIP

Document Contact (Halton Borough Council)	Hazel Coen Divisional Manager (Performance & Improvement) Municipal Buildings, Kingsway Widnes, Cheshire WA8 7QF hazel.coen@halton.gov.uk

This report provides a summary of progress in relation to the achievement of targets within Halton's Sustainable Community Strategy 2006 - 2011.

It provides both a snapshot of performance for the period 1st April 2010 to 30th September 2010 and a projection of expected levels of performance to the year-end.

The following symbols have been used to illustrate current performance as against the annual targets and as against performance for the same period last year.

✓	Target is likely to be achieved or exceeded.	↑	Current performance is better than this time last year
?	The achievement of the target is uncertain at this stage	↔	Current performance is the same as this time last year
✗	Target is highly unlikely to be / will not be achieved.	↓	Current performance is worse than this time last year

HEALTHY HALTON

Page	NI	Descriptor	2009/10 Target	2010/11l Target	Direction of travel
7	8	Adult participation in sport	✗	✓	↑
8	53	Prevalence of breastfeeding at 6 – 8 weeks from birth	✗	?	↓
10	120	All-age all-cause mortality	✗	✗	↓ (Male) ↑ (Female)
13	123	16+ Smoking rate prevalence	✓	✓	↑
14	139	People > 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently	N/A	N/A (See comment)	N/A
15	142	Number of vulnerable people supported to maintain independent living	✓	✓	↑
16	150	Adults in contact with secondary mental health services in employment	✓	✓	↑

Non Local Area Agreement Measures / Targets

17	121	Mortality rate from all circulatory diseases at ages under 75 (proxy for local indicator H1)	✗	✗	↓
18	122	Mortality from all cancers at ages under 75 (proxy for local indicator H2)	✗	✗	↑
19	124	Increase the number of people with a long term condition supported to be independent and in control of their condition	✓	N/A	N/A

NI 8	Increase adult participation in sport

Baseline (2006)	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
20.13%	**21.4%**	24.13%	**24.2**	**N / A**	**-**	**-**	✓	↑

Data Commentary

Although this report covers 1st April – 30th September 2010, the Q1 return (24.2) covered the period April 09 – March 10. Further interim data will be published for NI 8 in December 2010, and June 2011. The interim data available by the Community Services Department so far shows that the target has been exceeded at this mid-year point and the indicator is performing better than the same period last year.

General Performance Commentary

Each year the council works with DC Leisure to increase participation rates in the Councils leisure facilities by 1%. Despite the current climate gym membership levels within the facilities continue to be maintained. Kingsway Leisure Centre has had its Gym facility recently refurbished and numbers are already increasing.

In addition to physical activity sessions Voluntary Sports clubs continue to promote taster session and support schools and community groups.

Summary of key activities undertaken / planned during the year

Halton Borough Councils Sport and Recreation Team continue to coordinate a comprehensive programme of activity, working with partners to increase participation levels and support the local delivery infrastructure.

The Sports Participation Project continues to assist groups and organisations to provide activity targeted at those not currently taking part in any sport, over the age of 16, particularly women, and those over 50 years old who are sedentary or people at risk of disease due to lifestyle and generally people with low self esteem. These projects received WNF funding in 2010/11.

NI 53	Increase the prevalence of breastfeeding at 6-8 weeks from birth

Baseline (Year)	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
12.1% (Q.2 2008)	**19.3%**	23%	**13.54%**	**16.48%**	-	-	?	

Data Commentary

A Quarter 2 update was available on 26th October from the PCT.

General Performance Commentary

Breastfeeding has been improving from a historically low baseline. Performance in quarter one has been disappointing and lower than performance in 2009/10. Quarter 2 has improved but is still well below target compared to last year (18.58%) and below performance in St Helens which is 23%.

Information from local services suggests that fewer women started breastfeeding in these quarters. In addition some women may be stopping at about 2 weeks at the transition from midwife to health visitor.

Summary of key activities undertaken / planned during the year

NHS Halton and St Helens and the Children's Trust have signed up to working towards baby friendly status. An action plan has been approved by NHS Halton & St Helens and is being implemented with additional training for professionals, support for women and coordinated volunteer support.

There has been a halt in breastfeeding the coordination function in Halton due to short term contracts. Midwifery and health visiting services are looking at how this coordination function can be mainstreamed within services.

Recent progress in Halton includes:

1. A 16 hour breastfeeding support worker is providing support to breastfeeding and working closely with midwives, health visitors and volunteers.
2. Another 7 peer volunteers trained. We now have 14 trained breastfeeding buddies to offer support to mum. Last week had 3 referrals and the week before 1 referral. The King Cross Breastfeeding Buddy Service have re-designed their service leaflet and plan to circulate the leaflet across GP's, Pharmacy's, Health Visitor and Midwifery teams. Happy to run groups and

planning to start a group up in King Cross with the Community Café that runs from their.

3. King Cross Parent Project Volunteers are revamping their service and looking at ways to increase performance and very keen to use the volunteers in the right way.
4. The Get Closer resource was relaunched in Summer 2010 There is a plan to evaluate how it is being used.
5. Meetings to be arranged with Health Visiting and Community Midwifery to discuss breastfeeding groups, breastfeeding 1 to 1support, staff training and information sharing with our volunteers across Halton.
6. Training - 5 different courses available (depending on needs) and discussions needed about how to provide these training.
7. A stakeholder workshop will be held on 22 October to look at LEAN techniques to release capacity within midwifery and health visiting services and improve performance on breastfeeding.

NI 120	Reduce all age all cause mortality rate for males and females

Baseline (Year)	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
Male 906 per 100,000 pop (2007/8)	**Male 803.8**	Male 755 per 100,000 pop	**Male 831.9**	**Male 856.0**	-	-		
Female 673 per 100,000 pop (2007/8)	**Female 597.3**	Female 574 per 100,000 pop	**Female 576.4**	**Female 598.7**	-	-		

Data Commentary

The data for quarter 2 shows an annual figure for mortality up until the August 2010. There has been a slight increase in mortality for both males and females from Q1. Female mortality has reduced since 2008 though this has slowed in the past year and has risen in quarter 2. Also there have been significant reductions in male mortality since 2008 but there needs to be significant improvement in this area to get back on track to hit the target for the end of the year.

General Performance Commentary

These are very challenging targets for spearhead authorities have been actively progressed by the PCT with engagement from the NST. The PCT placed greater emphasis on schemes to further impact on this target focusing on secondary prevention as well as early detection. Since NHS Halton & St Helens PCT came into existence in 2006 there has been a real emphasis on reducing health inequalities and by 2009 the male and female all age all cause mortality differences between Halton and St Helens has narrowed.

Summary of key activities undertaken / planned during the year

The two major contributors to all age all cause mortality are Circulatory diseases and Cancer and other areas that have an impact on all age all cause mortality are smoking, obesity and alcohol. A summary of key activities by the PCT to reduce all age all cause mortality rate is described below.

Identifying people without established Cardiovascular Disease (CVD)
This initiative significantly contributes to detecting CVD and other major illnesses earlier so that patients can be empowered to take control and also actively manage the disease onset. Throughout the last quarter all GP practices have been provided with electronic clinical templates to support the delivery of scheme and this has seen a rise in the numbers of individuals being offered and receiving a HC+ assessment. In Q2 over 9000 HC+ were offered to individuals resulting in 3343 HC+ being completed. This contributes

to a current total of 5670 being undertaken within 2010/2011. The PCT have recently started a tendering exercise to secure new and alternative providers of HC+ assessments. These may include providers that can offer home-based assessments, mobile sites at local gatherings and events and community pharmacies. The PCT have also commissioned a community pharmacy pilot in Halton where by individuals can have a HC+ assessment at the pharmacy – this pilot will start in November 2010.

Optimisation of evidenced based therapy
We know that actively managing blood pressure and cholesterol levels significantly contributes to CVD mortality. The PCT have incentivised and supported GP practices to increase the numbers of CVD patients who have a managed BP and cholesterol. We have recently undertaken clinical audits in Halton practices to understand the variation in treatment strategies and address any training needs in the management of Hypertension. To support this we held a specialist Hypertension Management training session for GP's and Practice Nurses in September.

Heart Failure
We have recently commissioned a new Heart Failure diagnostic service for Halton residents. This new diagnostic test avoids unnecessary visits to the hospital and speeds up the diagnostic pathway in the hope that patients are quickly diagnosed and receive optimal treatment options.

We have recruited two new specialist Heart Failure nurses for the Halton patch. These nurses will work closely with GP practices and run additional community based clinics and attend patients' homes if necessary.

Diabetic Care
In 2010/11 Retinal Screening for Diabetic patients is up by 20% compared to 2009/10. We are also in the process of commissioning a Structured Education Service for diabetic patients. This is currently out for tender with the service start date scheduled from 1st April 2011. We are also currently reviewing the Enhanced Diabetes Care scheme within primary care, to ensure that the outcomes of this scheme are directly linked to individual patient outcomes.

Smoking
Smoking has a major impact on levels of heart disease. Smoking cessation services continue to be successful in meeting projected targets. Smoking cessation is seasonal with most smokers quitting in the last quarter of January to March. Halton is now concentrating on improving smoking quitting rates in pregnancy.

Obesity
Obesity is another major contributor to high levels of heart disease. Halton has a comprehensive range of government approved weight management programmes in place for adults, families and young people.

COPD
Early detection of COPD is part of the Service review for respiratory services and is a Transforming Community Services pathway. There are local Practice Based Consortia pilots to validate current diagnosis and to provide point of care diagnostics for those who are in the at risk group. Additional investment has also been obtained for the Get Checked campaign, which has won additional one off funding of £100k from the government's announced Early Detection programme monies. This will allow a focused campaign of work in Halton (and St Helens) to promote earlier presentation with persistent cough, atypical chest pain, or other "red flag" symptoms for lung

cancer. Rapid chest x-ray will result in earlier diagnosis and an earlier stage of disease, improving survival.

The Bowel cancer screening programme, with an uptake of circa 50% on average across Halton, has been extended to include people up to age 75. The programme will save up to five lives per year compared with figures prior to the programmes inception in 2007.

Quality and Outcomes Framework Plus
This is an enhanced scheme for GP's to identify patients that are being underreported for certain health related conditions. A key achievement across NHS Halton and St Helens in 2009-2010 is that following the implementation of QOF plus, an additional 179 people were diagnosed with stroke or TIA. Also the number of patients being treated and managing their condition effectively by primary care has increased which will reduce the risk of mortality.

NI 123	Increase the number of people aged 16+ who have stopped smoking

Baseline (Year)	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
914 per 100,000 pop (2007/8)	888	1128 per 100,000 pop	259	376	-	-	✓	↑

Data Commentary

Data for Quarter 2 is a snapshot as of 6th October. Q1 data has been updated due to the nature of the 6 week quitter programme.

General Performance Commentary

Smoking has a major impact on levels of heart disease, Chronic Obstructive Pulmonary Disease and cancer. Smoking cessation services continue to be successful in meeting projected targets. Smoking cessation is seasonal with most smokers quitting in the last quarter of January to March.

Summary of key activities undertaken / planned during the year

Key tobacco control initiatives to run throughout the year are:

- Delivery of smoking prevention programmes for schools and young people via joint working between the Canal Boat project and the PCT.
- Training for teachers on illicit tobacco and its dangers.
- Tobacco Control training provided for 60 PSHE primary teachers across Halton & St Helens per annum, including support and evaluation of cascade of training to pupils.
- Social marketing driven, comprehensive, and highly visible coverage of targeted interventions delivered across Halton and St Helens.
- Deliver 12 Brief Intervention training sessions-1each month.
- Implement new intervention to encourage pregnant smokers to quit for the term of the pregnancy.
- Raise profile of SUPPORT stop smoking services by targeted brief Intervention training to Halton General and HCRC staff Pre-Op, Cardio respiratory, minor Injury 100% outpatient services in Halton General and 5 Borough Mental Health settings in Halton, trained in referral pathway to stop smoking services.
- Increase the number of Pharmacies offering support to smokers from 15 to25.
- Increase in cessation data collected from GP practices
- 10% Increase in annual numbers of under 18 attending support to stop smoking.
- Increase awareness of the Support service to areas of High deprivation and deliver targeted campaigns to pregnant and manual smokers.

NI 139	Improve the number of people over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently

Baseline (Year)	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
30.4% (2008)	N / A Place Survey	32.8%	N / A	N/A	-	-	N / A	N / A

Data Commentary

This is collected through the Place Survey carried out every two years. The scheduled survey for Autumn 2010 has been cancelled by the Coalition Government.

General Performance Commentary

Not applicable.

Summary of key activities undertaken / planned during the year

Due to this Ministerial announcement we will not be reporting these measures for the rest of the year. Consideration will be given to whether there is need for a slimmer local survey in 2011 following clarification of the government's reporting requirements (April 2011) and our own performance management needs.

NI 142	Improve the number of vulnerable people supported to maintain independent living

Baseline (Year)	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
98.17% (2007/8)	**98.95%**	99.04%	**99.39%**	**98.7%**	-	-	✓	↑

Data Commentary

This data is sourced from Supporting People Provider Workbooks on a quarterly basis.

General Performance Commentary

During this quarter a slight decrease in performance has been noted for older peoples and generic services. Older people's services have reported 10 departures during the last quarter to residential or nursing care and long stay hospital or hospice.

Performance will continue to be monitored and visits arranged if performance continues to fail to meet targets set.

There is however improvement in the performance of the teenage parents service.

Summary of key activities undertaken / planned during the year

Good performance has been experienced in the Teenage Parent Service, with a joint approach between Supporting People and Children's Services. By using this joint approach it is expected appropriate referrals will be made, service users will also be accessing other services and so will engage with the support provider and that positive outcomes will be achieved.

All services continue to be monitored on a quarterly basis and any issues identified will be addressed by the Quality Assurance Team. No additional resources have been required as this service is performing on target.

NI 150	Number of adults in contact with secondary mental health services in employment

Baseline (January 2010)	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
11.1%	**11.1%**	12.1%	**11.7%**	**12.4%**	-	-	✓	↑

Data Commentary

This data is obtained from the 5Boroughs Mental Health Trust.

General Performance Commentary

This figure stands in October 2010 at 12.4% and is higher than any of the other areas within the 5Boroughs. Direction of travel for Q2 cannot be determined as there was no comparable information available for the same period in 2009/10.

Summary of key activities undertaken / planned during the year

A single review process has been taking place, led by the 5Boroughs (with externally commissioned support), but with the active support of the PCTs and Local Authorities covering Halton, St Helens, Warrington and Knowsley. A new model for the delivery of community mental health services has been developed; this is intended to provide overarching consistency across the 5Boroughs footprint, but with scope for local variation according to local need.

H 121	Reduce the death rate in under 75s from circulatory disease by 57% from 1995-97 baseline by 2011 (NI 121 – amended)

Baseline (Year) 1995/97 Halton specific	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
182.95	**88.8**	78.3	97.2	97.9	-	-		

Data Commentary

Q1 figure has been updated. August figure used as a proxy for Q2 as September data has not yet been released from ONS.

General Performance Commentary

There has been a slight rise in CVD mortality under the age of 75. This may be due to natural variation but needs to be monitored closely. Although the reduction in this rate has been very good in past years this has slowed significantly in the past year. In Halton there was a rise in the number of deaths for these causes. This rise could be due to natural variation but needs to be tracked to ensure that the right initiatives are in place to have an impact on mortality for CVD.

Summary of key activities undertaken / planned during the year

The current programmes in place are listed below.

- Identifying people without established Cardiovascular Disease (CVD)
- Optimisation of evidence based therapy
- Improved heart failure diagnostic pathway
- Improved diabetic care through enhanced diabetic care scheme
- Improved cardiac diagnostics
- Building on evidence through CVD equity audit

Further detail is provided under NI 120.

H 122	Reduce the death rate from cancer (in under 75s) by 25% in 2011 from 1995-97 baseline (NI 122 –amended)

Baseline (Year) 1995/97 Halton specific	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
185.98	**166.8**	139.5	151.5	157.6	-	-		

Data Commentary

The quarterly figures are Directly Age Standardised Rates per 100,000. The standardisation allows comparison between different geographical areas, but hides the number of events, which are about 200 deaths.

August figure used as a proxy for Q2 as September data has not yet been released.

General Performance Commentary

Halton's cancer statistics for under 75s remain disappointing, despite a fall in cancer death rates from 185.98/ 100,000 in 1995/1997.

On present trends we are unlikely to meet the cancer mortality target. The recent PCT figures hide some dramatic improvements and some positive outlooks for the future. The Clinical Commissioning Committee (CCC) recently reviewed the burden of cancer deaths in the PCT, and noted that in the under 75s, cancer deaths are more than Coronary heart Disease and Stroke deaths combined.

Summary of key activities undertaken / planned during the year

The Clinical Commissioning Committee asked for a stakeholders' workshop to be held early in 2011, where an action plan could be agreed and partners invited to support a cancer strategy for the PCT/ Boroughs. Current financial pressures may reduce the effect that the PCT "Get checked" campaign and "Health Checks" are able to deliver in terms of early detection and prevention of cancer in Halton and St Helens.

Age extension to the breast cancer screening programme, to 47-73 years, was due to commence in December 2010 and be fully in place after 3 years. Due to the difficulty in replacing out dated equipment at our local screening unit, this will not be commenced until at least mid 2011.

NI 124	% of people with a long term condition supported to be independent and in control of their condition

Baseline (Year)	09 – 10 Actual	2011 Target	2010 – 11 Cumulative outturn data				Current Progress	Direction of Travel
			Q1	Q2	Q3	Q4		
43% (2008)	**25.18%**	49%	-	-	-	-	**N/A**	**N/A**

Data Commentary

The outturn figure has been extracted from the GP Patient Survey 2009-10 for Q4 2009/10. Annual reporting is in June/July each year. Data for 2010/11 is unavailable to date.

General Performance Commentary

As above.

Summary of key activities undertaken / planned during the year

Information not currently available.

REPORT TO:	**Healthy Halton Policy & Performance Board**
DATE:	**05th January 2011**
REPORTING OFFICER:	**Strategic Director Adults & Community**
SUBJECT:	**Business Plans 2011-2014**
WARDS:	**Borough wide**

1. PURPOSE OF THE REPORT

1.1. To provide an update on Business Planning for the period 2011-14 and to consider the Directorate priorities, objectives and targets for services for this period that fall within the remit of this Policy and Performance Board.

2. RECOMMENDED: that

i. The Board identifies any objectives and targets for the next three years that it wishes to see included in the Business Plans.

ii. That Board Members pass any detailed comments that they may have on the attached information to the relevant Operational Director by 20th January 2011.

3. SUPPORTING INFORMATION

3.1 Each Directorate of the Council is required to develop a medium term business plan, in parallel with the budget, that is subject to annual review and refresh. Draft Service Objectives and Performance Indicators and targets have been developed by each Department and this information is included within Appendices to the Directorate Plan. These departmental objectives and measures will form the basis of the quarterly performance monitoring received by the Board during the future year.

3.2 Due to the proposed structural changes across the Council and the need to better integrate the Directorate's priorities as last year a combined plan will be published rather than individual Departmental Service Plans. This plan is still subject to reconfiguration of services between Directorates, subject to consultation.

3.3 PPB input to the business planning process and the setting of priorities for the Directorate is an important part of this process and the report outlines some options for consideration. Comments additional to those made following the PPB meeting should be made to the relevant Operational Director by 20th January 2010 to allow inclusion in the draft business plan.

3.4 The draft Directorate Business Plan will be revised given proposed reconfiguration of Directorates during January and will go to Executive Board for approval on 12th February 2011, at the same time as the draft budget. This will ensure that decisions on Business Planning are linked to resource allocation. All Directorate plans will be considered by full Council at the 2nd March meeting.

4.0 POLICY IMPLICATIONS

4.1 Business Plans form a key part of the Council's policy framework.

5.0 OTHER IMPLICATIONS

5.1 Directorate Plans will identify resource implications.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

All service objectives and performance indicators demonstrate how Directorate plans contribute to the delivery of Council's strategic priorities and key areas of focus.

7.0 RISK ANALYSIS

7.1 Risk assessment will continue to form an integral element of Directorate Plan developments. This report mitigates the risk of members not being involved in the setting of service delivery objectives.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 All Service Plans will be subject to an equality impact assessment and any high priority implications will be summarised within the plans.

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

9.1 There are no relevant background documents to this report.

APPENDIX

Adults & Community Directorate
Business Plan

Service Objectives and Performance Indicators

DRAFT v0.1

Community Services

Service Objectives/Milestones/Performance Indicators: 2011 – 2014

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Departmental Service Objectives

Corporate Priority:	*A Healthy Halton*
Key Area Of Focus:	**AOF 2** Improving the future health prospects of Halton residents through encouraging and providing the opportunities to access and participate in physically active lifestyles. **AOF 3** Delivering programmes of education to improve the health of Halton residents. **AOF 6** Providing services and facilities to maintain the independence and well-being of vulnerable people within our community.

Service Objective:	**CS 1 - Increase participation in sport and physical activity, thereby encouraging better lifestyles.**	**Responsible Officer**
Key Milestone(s) (11/12)	▪ *Achieve full re-accreditation for Quest (Industry Quality Charter Mark).* ***Mar 2012.*** *(AOF 2 &6)*	*Sport and Recreation Mgr*
	▪ Increase number of new participants through Sport and Physical Activity Alliance delivery plan i.e. sports participation (This is part of a 3 year agreed programme with Sport England). **Mar 2012.** (AOF2 & 3)	*Sport and Recreation Mgr*
	▪ *Active People survey results show an increase in participation rates from 2009/10 baseline.* ***Mar 2012.*** *(AOF 2 & 3)*	*Sport and Recreation Mgr*
	▪ *Review and update the Sports Strategy and Facilities Strategy and begin their implementation during 2011/12.* ***Mar 2012.*** *(AOF 2 & 3)*	*Sport and Recreation Mgr*
	▪ *Use promotional events to increase participation and raise awareness associated with Sporting Excellence and 2012 Olympics e.g. Halton Sports Fair Week 18-24 July 2011 (Olympic Weekend – 23/24 July 2011.* ***Aug 2011.*** *(AOF 2 & 3)*	*Sport and Recreation Mgr*
Key Milestone(s) (12/13)	▪ Monitor and review all CS 1 milestones in line with three-year planning cycle. **Mar 2013.**	Operational Director (Community)

Key Milestone(s) (13/14)	▪ Monitor and review all CS 1 milestones in line with three-year planning cycle. **Mar 2014.**				Operational Director (Community)
Risk Assessment	Initial	Medium	**Linked Indicators**	CS2, NI8	
	Residual	Low			

Corporate Priority:	Children & Young People in Halton Employment, Learning & Skills in Halton A Safer Halton Corporate Effectiveness & Efficient Service Delivery
Key Area Of Focus:	**AOF 15** To deliver effective services to children and families by making best use of available resources **AOF 21** To improve access to employment by providing opportunities to enhance employability skills and knowledge **AOF 26** Actively encouraging socially responsible behaviour by engaging with Halton's young people and by providing opportunities for them to access and take part in affordable leisure time activities. **AOF 33** Ensuring that we are properly structured organised and fit for purpose and that decision makers are supported through the provision of timely and accurate advice and information.

Service Objective:	**CS 2 - Increase the use of libraries promoting reader development and lifelong learning, thereby encouraging literacy skills and quality of life opportunities.**	**Responsible Officer**
	▪ *Develop a plan to implement RFID (Radio Frequency Identification) technology in Halton to facilitate self service, thereby providing opportunities for added value services.* ***Sept 2011.*** *(AOF 15 & 26)*	*Library Service Mgr*
	▪ *Deliver a programme of good quality Reader Development activities with at least 1 major event per quarter.* ***Mar 2012.*** *(AOF 15 & 26)*	*Library Service Mgr*
	▪ *Implement action plan derived from Public Library Service User Surveys to ensure services meet the needs of the Community.* ***Mar 2012.*** *(AOF 21 & 26)*	*Library Service Mgr*

	▪ *Deliver a programme of extended informal learning opportunities including Information, Advice and Guidance service targets.* ***Mar 2012.*** *(AOF 15 & 21)*				*Library Service Mgr*
	▪ *Develop proposals for a new Runcorn Library.* ***Mar 2012.*** *(AOF21 & 26)*				*Library Service Mgr*
Key Milestone(s) (12/13)	▪ Monitor and review all CS 2 milestones in line with three-year planning cycle. **Mar 2013.**				Operational Director (Community)
Key Milestone(s) (13/14)	▪ Monitor and review all CS 2 milestones in line with three-year planning cycle. **Mar 2014.**				Operational Director (Community)
Risk Assessment	Initial	Medium	**Linked Indicators**	CS1, NI9, NI10, NI11	
	Residual	Low			

Corporate Priority:	*Corporate Effectiveness & Efficient Service Delivery*
Key Area Of Focus:	**AOF 33** Ensuring that we are properly structured organised and fit for purpose and that decision makers are supported through the provision of timely and accurate advice and information.

Service Objective:	**CS 3 – Review the efficiency of Customer Services (Halton Direct Link) to ensure that it is providing a value for money service, which meets the needs of the people of Halton**	**Responsible Officer**
Key Milestone(s) (11/12)	▪ *Following the work stream efficiency assessment of Halton Direct Link, develop alternative options for delivery of the service (if any).* ***Apr 2012.*** *(AOF 33)*	Operational Director (Community)
	▪ Develop an Implementation, Transition and Development Plan which outlines the activities required to implement the recommendations of the review of Halton Direct Link and consider the development of performance measures, including a measure of satisfaction with the service. **Mar 2012.** (AOF 33)	Operational Director (Community)
	▪ *Following implementation, undertake an evaluation of the service to ensure that it is meeting the requirements of the people of Halton.* ***Mar 2012.*** *(AOF 33)*	Operational Director (Community)
Key Milestone(s) (12/13)	▪ Monitor and review all CS 3 milestones in line with three-year planning cycle. **Mar 2013.**	Operational Director (Community)
Key Milestone(s) (13/14)	▪ Monitor and review all CS 3 milestones in line with three-year planning cycle. **Mar 2014.**	Operational Director (Community)

Risk Assessment	Initial	Medium	**Linked Indicators**	NI14
	Residual	Low		

Departmental Performance Indicators

Ref[1]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
Service Delivery							
CS 3	Domestic burglaries per 1,000 households (Previously BVPI 126 & CL L11).	5.04	4.66		N/A	N/A	N/A
CS 4[2]	Number of racial incidents recorded by the Authority per 100,000 population (Previously BVPI 174 & CL L12).	N/A	N/A		N/A	N/A	N/A
CS 5[3]	% Of racial incidents that resulted in further action (Previously BVPI 175 & CL L13).	N/A	N/A		N/A	N/A	N/A
NI 9[4]	% of adult population (16+) say they have used their public library service during the last 12 months.	46.8	47		N/A	N/A	N/A
CS 10 (Previously NI 10)	% of adult population (16+) who have visited a museum or gallery at least once in the past 12 months	N/A	N/A		N/A	N/A	N/A
CS 11 (Previously NI 11)	% of adult population (16+) that have engaged in the arts at least 3 times in the past 12 months.	N/A	N/A		N/A	N/A	N/A

[1] Key Indicators are identified by an underlined reference in bold type.
[2] There are difficulties in collecting data for this indicator. Work is under way to resolve this.
[3] There are difficulties in collecting data for this indicator. Work is under way to resolve this.
[4] Data is collected annually in December for NI 9, NI 10 and NI 11 as part of the Active Users Survey. It is no longer necessary to collect NI 10 since April 2010, as per Audit Commission Guidance, however, all three of these indicators will still be collected through the Active User Survey. NI 9 remains a key indicator and NI 10 and 11 have now been made local indicators CS10 and CS11.

Ref[5]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
N1 21[6]	Dealing with local concerns about anti-social behaviour and crime by the local council and police	N/A	25.2		N/A	N/A	N/A
NI 27	Understanding of local concerns about anti-social behaviour and crime by the local council and police	N/A	24.9		N/A	N/A	N/A
NI 8	% of adult population (16+) participating in sport each week	22.13	23.02		24.02	N/A	N/A
NI 6	Participation in regular volunteering	N/A	N/A		20.02	N/A	N/A
NI 7	Environment for a thriving third sector	N/A	29.7		N/A	N/A	N/A
NI 14[7]	Avoidable Contact: The average number of customer contacts per received customer request	N/A	18		15	13	N/A

[5] Key Indicators are identified by an **underlined reference in bold type.**

[6] NI 8, NI 21 and 27 are part of the Place Survey. There is no Place Survey in 2010 given a recent Ministerial Announcement. Due to this announcement we will not be reporting these measures for the rest of the year. Consideration will be given to whether there is need for a slimmer local survey in 2011 following clarification of the government's reporting requirements (April 2011) and our own performance management needs.

[7] There is no longer a requirement to collect this nationally as of April 2010, however, the indicator will still be reported on in order to reflect Customer Service Excellence locally

Ref[8]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
Quality							
CS 1	% Overall satisfaction of Library Users (Previously BVPI 118c & CL LI4) **(3-yearly 2012**)	95	97		97	97	N/A
NI 17 [9]	Perception of anti-social behaviour	N/A	21.2		N/A	N/A	N/A
NI 22[10]	Perceptions of parents taking responsibility for the behaviour of their children in the area	N/A	29.6		N/A	N/A	N/A
NI 23	Perceptions that people in the area treat one another with respect and dignity	N/A	32.4		N/A	N/A	N/A
NI 41	Perceptions of drunk or rowdy behaviour as a problem	N/A	27.7		N/A	N/A	N/A
NI 42	Perceptions of drug use or drug dealing as a problem	N/A	35.7		N/A	N/A	N/A

[8] Key Indicators are identified by an **underlined reference in bold type.**
[9] This indicator is part of the Place Survey. There is no Place Survey in 2010 given a recent Ministerial Announcement. Due to this announcement we will not be reporting these measures for the rest of the year. Consideration will be given to whether there is need for a slimmer local survey in 2011 following clarification of the government's reporting requirements (April 2011) and our own performance management needs.
[10] NI 22, NI 23, NI 41 and NI 42 are also part of the Place Survey (see above footnote)

Ref[11]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
Area Partner National Indicators							
The indicators below form part of the new National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.							
NI 15	Serious violent crime rate	0.17	0.70		N/A	N/A	N/A
NI 16	Serious acquisitive crime rate (per 1000 population)	14.42	15.65		15.23	N/A	N/A
NI 18	Adult re-offending rates for those under probation supervision	8.57	6.77		N/A	N/A	N/A
NI 19	Rate of proven re-offending by young offenders	N/A	N/A		N/A	N/A	N/A
NI 20	Assault with injury crime rate (per 1000 population)	8.89	10.09		9.82	N/A	N/A
NI 28	Serious knife crime rate	0.47	N/A		N/A	N/A	N/A
NI 29	Gun crime rate	0.13	N/A		N/A	N/A	N/A
NI 30	Re-offending rate of prolific and priority offenders	16.69	19		N/A	N/A	N/A
NI 33	Arson incidents	700	855		N/A	N/A	N/A
NI 34	Domestic violence – murder	N/A	N/A		N/A	N/A	N/A
NI 38	Drug-related (Class A) offending rate	N/A	N/A		N/A	N/A	N/A

[11] Key Indicators are identified by an underlined reference in bold type.

Ref[12]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
NI 143	Offenders under probation supervision living in settled and suitable accommodations at the end of their order or licence	N/A	N/A		N/A	N/A	N/A
NI 144	Offenders under probation supervision in employment at the end of their order or licence	N/A	N/A		N/A	N/A	N/A
NI 35	Building resilience to violent extremism	N/A	2.5		2.5	N/A	N/A
NI 36	Protection against terrorist attack	N/A	N/A		N/A	N/A	N/A
NI 49	Number of primary fires and related fatalities and non-fatal casualties, excluding precautionary checks	N/A	N/A		N/A	N/A	N/A

[12] Key Indicators are identified by an underlined reference in bold type.

Proposed Performance Indicators

(Derived from Department of Culture, Media and Sport Business Plan)

Ref[13]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
	Input Indicator – DCMS subsidy per home with broadband access that would not otherwise be connected						
	Input Indicator – Tourism (e.g. subsidy per foreign visitor)						
	Input Indicator – Arts (e.g. Arts Council England subsidy per funded performance)						
	Input Indicator – Museums (e.g. subsidy per visit)						
	Input Indicator – Sport (e.g. subsidy per coach, subsidy per total number of sport sessions)						
	Input Indicator – Heritage (e.g. subsidy per property, subsidy per visit)						
	Impact Indicator – Proportion of adults and children who regularly participate in sport						
	Impact Indicator - Proportion of adults and children who regularly participate in cultural activities and/or proportion of adults and children satisfied with their last cultural experience						
	Impact Indicator – Proportion of people who volunteer or donate to cultural or sporting organisations						
	Impact Indicator – Proportion of people employed in tourism and/or spend per foreign visitor						
	Impact Indicator – UK broadband take-up						

[13] Further detailed information is awaited from Department of Culture, Media and Sport Business Plan regarding the above measures. The Business Plan can be obtained from the Number10.gov website.

Complex Care Services

Service Objectives/Milestones/Performance Indicators: 2011 – 2014

DRAFT

Departmental Service Objectives

Corporate Priority:	A Healthy Halton Employment, Learning & Skills in Halton
Key Area Of Focus:	**AOF 6** Providing services and facilities to maintain the independence and well-being of vulnerable people within our community. **AOF 7** Providing services and facilities to maintain existing good health and well-being. **AOF 21** To improve access to employment by providing opportunities to enhance employability skills and knowledge

Service Objective:	**CCS 1 –** Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs	**Responsible Officer**
Key Milestone(s) (11/12)	▪ *Monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.* ***Mar 2012.*** *(AOF 6)*	*Operational Director (Complex Care)*
	▪ *Consider implications of Autism Act 2009 and review working practices to ensure they are 'fit for purpose'.* ***Mar 2012.*** *(AOF 7)*	*Operational Director (Complex Care)*
	▪ *Contribute to the implementation of the Council wide Volunteering Strategy as a means to improving services to communities.* ***Mar 2012.*** *(AOF 21)*	*Operational Director (Complex Care)*
	▪ *Review policies/procedures/pathways within the HHILLS Service to ensure they are 'fit for purpose'.* ***Mar 2012.*** *(AOF6 & 7)*	*Divisional Manager (Complex Needs)*

	▪ Implement the Local Dementia Strategy, to ensure effective services are in place. **Mar 2012.** (AOF6 & 7)	Operational Director (Complex Care)
	▪ *Implement the Local Affordable Warmth Strategy, in order to reduce fuel poverty and health inequalities.* ***Mar 2012.*** *(AOF 7)*	*Divisional Manager (Complex Needs)*
	▪ *Implement the redesign of the Supported Housing Network to ensure that it is meeting the needs of those with the most complex needs.* ***Mar 2012.*** *(AOF6 & 7)*	*Divisional Manager (Complex Needs)*
	▪ *Continue to develop the Single Point of Access to ensure that it delivers an effective mechanism for access into Services.* ***Mar 2012.*** *(AOF 6 & 7)*	*Divisional Manager (Mental Health)*
	▪ *Continue to ensure there is a wide choice of pathways into volunteering opportunities to meet the needs of people with a Learning Disability.* ***Mar 2012.*** *(AOF 6 & 21)*	*Divisional Manager (Mental Health)*
	▪ *Implement the recommendations following the Challenging Behaviour review/project to ensure services meet the needs of service users.* ***Mar 2012.*** *(AOF 6 & 7)*	*Operational Director (Complex Care)*
Key Milestone(s) (12/13)	▪ Monitor and review all CCS 1 milestones in line with three year planning cycle. **Mar 2013**	*Operational Director (Complex Care)*
Key Milestone(s) (13/14)	▪ Monitor and review all CCS 1 milestones in line with three year planning cycle. **Mar 2014.**	*Operational Director (Complex Care)*

Risk Assessment	Initial	Medium	**Linked Indicators**	CCS2, CCS3, CCS4, CCS5, CCS6, CCS7,CCS8, CCS9, CCS10, NI145
	Residual	Low		

Corporate Priority:	**A Healthy Halton** **Employment, Learning & Skills in Halton** **Corporate Effectiveness & Efficient Service Delivery**
Key Area Of Focus:	**AOF 7** Providing services and facilities to maintain existing good health and well-being. **AOF 32** Building on our customer focus by improving communication, involving more service users in the design and delivery of services, and ensuring equality of access.

Service Objective:	**CCS 2 -** Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required	**Responsible Officer**
Key Milestone(s) (11/12)	▪ *Continue to implement a behaviour solutions approach to develop quality services for adults with challenging behaviour - Models of good practice to continue to be developed.* ***Mar 2012.*** *(AOF7)*	*Operational Director (Complex Care)*
	▪ Continue to survey and quality test service user and carers' experience of services to evaluate service delivery to ensure that they are receiving the appropriate outcomes. **Mar 2012.** (AOF 32)	Principal Manager Customer Care & Information Services
	▪ *Implement the new Statutory Adult Social Care Survey across all Client Groups.* ***May 2011.*** (AOF 32)	*Operational Director (Complex Care)*
Key Milestone(s) (12/13)	▪ Monitor and review all CCS 2 milestones in line with three year planning cycle. **Mar 2013.**	Operational Director (Complex Care)
Key Milestone(s) (13/14)	▪ Monitor and review all CCS 2 milestones in line with three year planning cycle. **Mar 2014.**	Operational Director (Complex Care)

Risk Assessment	Initial	Medium	**Linked Indicators**	
	Residual	Low		

Corporate Priority:	Corporate Effectiveness & Efficient Service Delivery
Key Area Of Focus:	**AOF 33** Ensuring that we are properly structured organised and fit for purpose and that decision makers are supported through the provision of timely and accurate advice and information. **AOF 34** Attracting and managing financial resources effectively and maintaining transparency, financial probity and prudence and accountability to our stakeholders **AOF 35** Implementing and further developing procurement arrangements that will reduce the cost to the Council of acquiring its goods and services

Service Objective:	**CCS 3 -** Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs	**Responsible Officer**
Key Milestone(s) (11/12)	▪ Consider with our PCT partners the recommendations and implications of the review of Halton's section 75 agreement in light of the publication of the Government White Paper 'Equity and Excellence: Liberating the NHS'. **Mar 2012.** (AOF 33,34 and 35)	Operational Director (Complex Care)
	▪ *Following the publication of the national guidance on complaints, continue to review, develop, agree and implement a joint complaints policy and procedure to ensure a consistent and holistic approach. **Nov 2011.** (AOF 33)*	*Principal Manager Customer Care & Information Services*
Key Milestone(s) (12/13)	▪ Monitor and review all CCS 3 milestones in line with three-year planning cycle. **Mar 2013.**	Operational Director (Complex Care)
Key Milestone(s) (13/14)	▪ Monitor and review all CCS 3 milestones in line with three-year planning cycle. **Mar 2014.**	Operational Director (Complex Care)

Risk Assessment	Initial	Low	**Linked Indicators**	CCS1
	Residual	Low		

Departmental Performance Indicators

Ref[14]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
Cost & Efficiency							
CCS 1	% of client group expenditure (MH) spent on domiciliary care services (Previously AWA LI1).	24%	28%		N/A	N/A	N/A
Service Delivery							
CSS 6	Adults with physical disabilities helped to live at home (Previously AWA LI11).	8.15	8.0		N/A	N/A	N/A
CSS 7	Adults with learning disabilities helped to live at home (Previously AWA LI12).	4.24	4.3		N/A	N/A	N/A
CSS 8	Adults with mental health problems helped to live at home (Previously AWA LI13).	3.93	4.0		N/A	N/A	N/A
NI 145	Adults with Learning Disabilities in Settled accommodation.	81.99%	90%		90%	N/A	N/A
CSS 9[15]	Total number of new clients with dementia assessed during the year over the total number of new clients assessed during the year, by age group.	N/A New Indicator	N/A New Indicator		N/A	N/A	N/A

[14] Key Indicators are identified by an underlined reference in bold type.
[15] CSS9 and CSS10 are new indicators. Awaiting clarification of indicator definition.

Ref[16]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
CSS10	Total number of clients with dementia receiving services during the period provided or commissioned by the CSSR over the total number of clients receiving services during the year, by age group.	N/A New Indicator	N/A New Indicator		N/A	N/A	N/A
Quality							
CSS 5	% of items of equipment and adaptations delivered within 7 working days (Previously OP LI9).	91.24	93		94	N/A	N/A
Fair Access							
CSS 2	Number of learning disabled people helped into voluntary work in the year (Previously AWA LI5).	56	43		45	N/A	N/A
CSS 3	Number of physically disabled people helped into voluntary work in the year (Previously AWA LI6).	11	5		8	N/A	N/A
CSS 4	Number of adults with mental health problems helped into voluntary work in the year (Previously AWA LI7).	17	17		21	N/A	N/A

[16] Key Indicators are identified by an underlined reference in bold type.

Ref[17]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
Area Partner National Indicators							
The indicators below form part of the new National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.							
NI 149	Adults in contact with secondary mental health services in settled accommodation.	89.3	90		N/A	N/A	N/A
NI 39	Hospital Admissions for Alcohol related harm.	2548.6E	2309		N/A	N/A	N/A
NI 119[18]	Self-reported measure of people's overall health and well-being. (Place Survey).	N/A	N/A		N/A	N/A	N/A
NI 120	All-age all cause mortality rate.	Male: 803.8e Female: 597.3e	Male 755 Female 574		N/A	N/A	N/A
NI 121	Mortality rate from all circulatory diseases at ages under 75.	88.8e	78.31		N/A	N/A	N/A
NI 122	Mortality from all cancers at ages under 75.	166.8e	126.41		N/A	N/A	N/A
NI 123	16+ current smoking rate prevalence – rate of quitters per 100,000 population.	888e	1128		N/A	N/A	N/A

[17] Key Indicators are identified by an underlined reference in bold type.
[18] This is a Place Survey Indicator. There is no Place Survey in 2010 given a recent Ministerial Announcement. Due to this announcement we will not be reporting these measures for the rest of the year. Consideration will be given to whether there is need for a slimmer local survey in 2011 following clarification of the government's reporting requirements (April 2011) and our own performance management needs.

Ref[19]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
Area Partner National Indicators							
The indicators below form part of the new National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.							
NI 124	People with a long-term condition supported to be independent and in control of their condition.	N/A	18.2%		N/A	N/A	N/A
NI 126	Early access for women to maternity services.	1319e	3229 85.5%		N/A	N/A	N/A
NI 137	Healthy life expectancy at age 65.	N/A	N/A		N/A	N/A	N/A

[19] Key Indicators are identified by an underlined reference in bold type.

Proposed Performance Indicators

(Derived from Department of Health Consultation – Transparency in Outcomes: A framework for Adult Social Care)

Ref[20]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
[3] Ensuring a positive experience of Care and Support							
	Overarching Measure – Overall satisfaction with local adult social care services						
	Outcomes Measure – Proportion of people using social care and carers who express difficulty in finding information and advice about local services						
	Outcomes Measure – Proportion of Carers who report that they have been included or consulted in discussions about the person they care for						
	Supporting Quality Measure – TBC						
[4] Protecting from avoidable harm and caring in a safe environment							
	Overarching Measure – Proportion of people using social care services who feel safe and secure						
	Outcomes Measure – Acute hospital admissions as a result of falls or falls injuries for over 65s*						
	Outcomes Measure – Proportion of adults in contact with secondary mental health services in settled accommodation*						
	Outcomes Measure – Proportion of adults with learning disabilities in settled accommodation						
	Supporting Quality Measure – Proportion of referrals to adult safeguarding services which are repeat referrals						

* Derived from NHS or other non council data sources

[20] Further detailed information is awaited from Department of Health regarding the above measures.

Catering and Stadium Services

Service Objectives/Milestones/Performance Indicators: 2011- 2014

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Departmental Service Objectives

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	**AOF 2** Improving the future health prospects of Halton residents through encouraging and providing the opportunities to access and participate in physically active lifestyles. **AOF 6** Providing services and facilities to maintain the independence and well-being of vulnerable people within our community. **AOF 7** Providing services and facilities to maintain existing good health and well-being.

Service Objective:	**SH 1 - Increase the community usage of the stadium and to maintain and improve the health of Halton residents.**	**Responsible Officer**
Key Milestone(s) (11/12)	• *Identify areas for improvement in line with the Business Plan and Marketing Plan. (This will drive the development of milestones for 2011/12).* ***Jan2011.*** *(AOF2)*	HOS – Stadium & Hospitality
	• *Visit Riverside College Halton and local Sixth Forms to advise and promote to students the leisure facilities available at The Stadium.* ***Sept 2011.*** *(AOF2)*	HOS – Stadium & Hospitality
	• *Measure customer satisfaction with Stadium Community Services****. Jan 2012*** *(AOF2)*	HOS – Stadium & Hospitality
	• *Promote off peak opportunities at the start of each quarter to charitable and community organisations to utilise Stadium facilities at a reduced price.* ***Quarterly.*** *(AOF6 & 7)*	HOS – Stadium & Hospitality
	• *Formulate proposals for events linked to the Football World Cup bid 2018/22 and the Rugby World Cup 2013.* ***Sept 2011.*** *(AOF2 & 7)*	HOS – Stadium & Hospitality
	• *Develop new, user friendly, interactive, Stadium website,* ***Dec 2011*** *(AOF7)*	HOS – Stadium & Hospitality

Key Milestone(s) (12/13)	• Identify areas for improvement in line with the Business Plan and Marketing Plan (this will drive the development of milestones for 2012/13). **Jan 2012.** (AOF2)				HOS – Stadium & Hospitality
Key Milestone(s) (13/14)	• Identify areas for improvement in line with the Business Plan and Marketing Plan. (This will drive the development of milestones for 2013/14). **Jan 2013.** (AOF2)				HOS – Stadium & Hospitality
Risk Assessment	Initial	High	**Linked Indicators**	SH 9 & 10	
	Residual	Low			

Corporate Priority:	Corporate Effectiveness & Efficient Service Delivery
Key Area Of Focus:	**AOF 34** Attracting and managing financial resources effectively and maintaining transparency, financial probity and prudence and accountability to our stakeholders

Service Objective:	**SH 2 - Increase the Stadium turnover and improve efficiency to reduce the level of Council contribution**	**Responsible Officer**
Key Milestone(s) (11/12)	• *Review and identify areas for improvement in line with the Business Plan and Marketing Plan**. Jan 2011.***	HOS – Stadium & Hospitality
	• *Continue to implement annual sports bar specific action plan designed to improve profitability, **April 2011***	HOS – Stadium & Hospitality
	• *Host a wedding fayre in **Oct 2011 and Feb 2012** and a business fayre in **Jul 2011.***	HOS – Stadium & Hospitality
	• *Continue to develop promotional strategy to attract a minimum of 12 large corporate events annually to the Stadium **Mar 2011.***	HOS – Stadium & Hospitality
Key Milestone(s) (12/13)	• Review and identify areas for improvement in line with the Business Plan and Marketing Plan. **Jan 2012.**	HOS – Stadium & Hospitality

Key Milestone(s) (13/14)	• Review and identify areas for improvement in line with the Business Plan and Marketing Plan. **Oct 2013.**			HOS – Stadium & Hospitality
Risk Assessment	Initial	High	**Linked Indicators**	SH 1, 2, 3 & 9
	Residual	Low		

Corporate Priority:	A Healthy Halton	
Key Area Of Focus:	**AOF 1** Improving the future health prospects of Halton residents, particularly children, through the encouragement of an improved dietary intake and the availability of nutritionally balanced meals within schools and other Council establishments.	
Service Objective:	**SH 3 - Increase the number of Pupils having a school lunch, to raise awareness and increase levels of healthy eating**	**Responsible Officer**
Key Milestone(s) (11/12)	• *Deliver a promotion and educational campaign* ***Sept 2011 and Jan 2012.***	HOS – Stadium & Hospitality
	• *Extend the cashless payment Smart Card scheme to additional schools, which reduces queuing times and helps parental monitoring of actual spend and food consumption* ***Sept 2011.***	HOS – Stadium & Hospitality
	• *Conduct a monthly benchmarking exercise that compares individual school performance. Good performance to be investigated and shared with all schools and producing individual School Action Plans including independently run schools.* ***Aug 2011.***	HOS – Stadium & Hospitality
	• *Review and update the strategy and action plan to increase the uptake of free school meals.* ***July 2011.***	HOS – Stadium & Hospitality

	• *Develop effective joint working and agree funding, with the private/public sector to address childhood obesity,* ***Sept 2011.***	HOS – Stadium & Hospitality
Key Milestone(s) (12/13)	• Deliver a promotion and educational campaign **Sept 2012 and Jan 2013.**	HOS – Stadium & Hospitality
Key Milestone(s) (13/14)	• Deliver a promotion and educational campaign **Sept 2013 and Jan 2014.**	HOS – Stadium & Hospitality
	• *Extend the cashless payment Smart Card scheme to additional schools, which reduces queuing times and helps parental monitoring of actual spend and food consumption* ***Sept 2012.***	HOS – Stadium & Hospitality

Risk Assessment	Initial	Medium	**Linked Indicators**	SH 5, 7, 8a & b, 11 & NI 52a & b
	Residual	Low		

Departmental Performance Indicators

Ref[21]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
Cost & Efficiency							
SH 1	No. of meals served versus hourly input of labour (Previously SH LI5)	8.52	8.75		9.00	9.50	10.00
SH 2	Turnover of the Stadium (£m's) (Previously SH LI16)	2.00	2.10		2.15	2.45	2.75
SH 3	Council contribution to Stadium operating costs (£100K's) (Previously SH LI21)	10.46	10.70		10.60	10.00	9.50
Fair Access							
SH 4	Diversity – number of community groups accessing stadium facilities (Previously SH LI23)	N/A	22		10	12	15

[21] Key Indicators are identified by an underlined reference in bold type.

Ref[22]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
Quality							
SH 5	Number of catering staff achieving a formal qualification (previously SH LI3)	12	10		15	20	25
SH 6a	Food cost per primary school meal (pence) (Previously SH LI22a)	69	72		74	75	76
SH 6b	Food cost per secondary school meal (pence) (Previously SH LI22b)	90.45	92		94	94	94
Service Delivery							
SH 7	% Of schools complying with National Nutritional Guidelines (66 Schools) (Previously SH LI1)	100	100		100	100	100
SH 8a	% Take up of free school meals to those who are eligible - Primary Schools (Previously SH LI8a)	73.73	78		80	82	85
SH 8b	% Take up of free school meals to those who are eligible - Secondary Schools (Previously SH LI8b)	66.91	67.5		70	72.50	75.00
SH 9	No. of people accessing stadium facilities (1,000's) (Previously SH LI10)	670	680		690	700	750

[22] Key Indicators are identified by an underlined reference in bold type.

Ref[23]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
Service Delivery							
SH 10	Uptake of the Halton Leisure card scheme (Previously SH LI11)	270	300		325	350	375
NI 52a	Take up of school lunches (%) – primary schools	46.38	48		50	52	55
NI 52b	Take up of school lunches (%) – secondary schools	48.75	49		51	53	55
SH 11	Average number of healthy food initiatives per school (Previously SH LI18)	8	7		7	8	8

[23] Key Indicators are identified by an underlined reference in bold type.

Enablement Services

Service Objectives/Milestones/Performance Indicators: 2011 – 2014

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Departmental Service Objectives

Corporate Priority:	**A Healthy Halton**
Key Area Of Focus:	**AOF 6** Providing services and facilities to maintain the independence and well-being of vulnerable people within our community. **AOF 7** Providing services and facilities to maintain existing good health and well-being.

Service Objective: EN 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people	**Responsible Officer**
Key Milestone(s) (11/12)	▪ *Maintain the numbers of carers provided with assessment leading to the provision of services, to ensure Carers needs are met.* ***Mar 2012.*** *(AOF7)*	Divisional Manager (IC)
	▪ *Implement recommendations of Intermediate Care Services evaluation to ensure they are meeting the requirements of the community of Halton.* ***Sept 2011.*** *(AOF7)*	*Operational Director (Enablement)*
	▪ *Continue to ensure that the Re-ablement service is meeting the requirements of the community of Halton.* ***Mar 2012.*** *(AOF6 & 7)*	*Operational Director (Enablement)*
	▪ Implement the Early Intervention/Prevention Strategy to improve outcomes for Older People in Halton. **Mar 2012.** (AOF6 & 7)	*Sure Start 2 Later Life Project Manager*
	▪ Implement Telecare strategy and action plan. **Mar 2012.** (AOF 6 & 7)	Operational Director (Enablement)
	▪ *Review and evaluate new arrangements for integrated hospital discharge.* ***Mar 2012.*** *(AOF 6&7)*	Operational Director (Enablement)

	▪ *Review Joint Equipment Service to ensure the service is meeting the requirements of the community of Halton.* ***Mar 2012.*** *(AOF 6&7)*	Operational Director (Enablement)
	▪ *Implementation of the recommendations of the review of Oak meadow.* ***Mar 2012.*** *(AOF 6&7)*	Operational Director (Enablement)
Key Milestone(s) (12/13)	▪ Monitor and review all EN 1milestones in line with three year planning cycle. **Mar 2013.**	Operational Director (Enablement)
Key Milestone(s) (13/14)	▪ Monitor and review all EN 1 milestones in line with three year planning cycle. **Mar 2014.**	Operational Director (Enablement)

Risk Assessment	Initial	High	**Linked Indicators**	EN4, EN5, EN6, EN7, EN8, EN9, NI125, NI131
	Residual	Medium		

Corporate Priority:	A Healthy Halton Halton's Urban Renewal Corporate Effectiveness & Efficient Service Delivery
Key Area Of Focus:	**AOF 2** Improving the future health prospects of Halton residents through encouraging and providing the opportunities to access and participate in physically active lifestyles. **AOF 4** Helping people to manage the effects of ill health, disability and disadvantage. **AOF 7** Providing services and facilities to maintain existing good health and well-being. **AOF 11** Maintaining levels of affordable housing provision within Halton that provides for quality and choice and meets the needs and aspirations of existing and potential residents **AOF32** Building on our customer focus by improving communication, involving more service users in the design and delivery of services, and ensuring equality of access

Service Objective: EN 2	Effectively consult and engage with service users to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required	**Responsible Officer**
Key Milestone(s) (11/12)	▪ *Implementation of Engagement Strategy aimed at ensuring SU views are taken into account when redesigning/evaluating services.* ***Mar 2012.*** *(AOF 7 & 32)*	*Commissioning Manager (Older People)*
	▪ *In conjunction with Halton OPEN, implement mechanisms to ensure that Older People are able to effectively contribute to service monitoring and reviews, including the development of mystery shopping.* ***Mar 2012.*** *(AOF 7 & 32)*	Commissioning Manager (Older People)
Key Milestone(s) (12/13)	▪ Monitor and review all EN 2 milestones in line with three year planning cycle. **Mar 2013.**	Operational Director (Enablement)
Key Milestone(s) (13/14)	▪ Monitor and review all EN 2 milestones in line with three year planning cycle. **Mar 2014.**	Operational Director (Enablement)

Risk Assessment	Initial	High	**Linked Indicators**	
	Residual	Medium		

Departmental Performance Indicators

Ref[24]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
Cost & Efficiency							
EN 1	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously OP LI1).	99.25	90		N/A	N/A	N/A
EN 2	% of client group expenditure (OP/ILS) spent on domiciliary care services (Previously OP LI2).	24%	26%		N/A	N/A	N/A
EN6[25]	Number of people referred to intermediate care/reablement who progressed to receive a service.	N/A New Indicator	N/A New Indicator		N/A	N/A	N/A
EN7	Average length of stay for those accessing intermediate care/reablement services.	N/A New Indicator	N/A New Indicator		N/A	N/A	N/A
EN8	Number of people fully independent on discharge from intermediate care/reablement services.	N/A New Indicator	N/A New Indicator		N/A	N/A	N/A

[24] Key Indicators are identified by an underlined reference in bold type.
[25] Indicators EN6, EN7, EN8 and EN9 are New Indicators for 2011/2012. Awaiting clarification of indicator definitions.

Ref[26]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
Service Delivery							
EN 5	Admissions of supported residents aged 65+ to permanent residential/nursing care (per 10,000 population) key Threshold < 140 (Previously OP LI9).	43.90	60		N/A	N/A	N/A
NI 125	Achieving independence for Older People through rehabilitation/ Intermediate Care.	85.14	85		N/A	N/A	N/A
EN9	Number of people receiving Telecare Levels 2 and 3.	70	70		164	259	353
Quality							
NI 131	Delayed Transfers of Care.	N/A	25		25	25	N/A
Fair Access							
EN 4	Ethnicity of Older People receiving assessment (Previously OP LI4).	0.36	1.5		1.5	1.5	N/A

[26] Key Indicators are identified by an **underlined reference in bold type.**

Ref[27]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
Area Partner National Indicators							
The indicators below form part of the new National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.							
NI 129	End of life access to palliative care enabling people to choose to die at home.	22.9e	21		N/A	N/A	N/A
NI 134	The number of emergency bed days per head of weighted population.	67317.08e	N/A		N/A	N/A	N/A
NI 138[28]	Satisfaction of people over 65 with both home and neighbourhood.	N/A	N/A		N/A	N/A	N/A
NI 139	People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently.	N/A	32.8%		N/A	N/A	N/A

[27] Key Indicators are identified by an underlined reference in bold type.

[28] NI 138 and NI 139 are Place Survey Indicators. There is no Place Survey in 2010 given a recent Ministerial Announcement. Due to this announcement we will not be reporting these measures for the rest of the year. Consideration will be given to whether there is need for a slimmer local survey in 2011 following clarification of the government's reporting requirements (April 2011) and our own performance management needs.

Proposed Performance Indicators

(Derived from Department of Health Consultation – Transparency in Outcomes: a framework for Adult Social Care)

Ref[29]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
[2] Preventing Deterioration, delaying dependency and supporting recovery							
	Overarching Measure – Emergency readmissions within 28 days of discharge from hospital*						
	Overarching Measure – Admissions to residential care homes per 1,000 population						
	Outcomes Measure – Proportion of older people (65+) who were still at home after 91 days following discharge from hospital into reablement/rehabilitation services						
	Outcomes Measure – Emergency bed days associated with multiple (two or more in a year) acute hospital admissions for over 75s*						
	Outcomes Measure – Proportion of people suffering fragility fractures who recover to their previous levels of mobility/walking ability in about 120 days*						
	Supporting Quality Measure – Delayed transfers of Care*						
	Supporting Quality Measure – Proportion of Council Spend on residential care						

* Derived from NHS or other non-council data sources

[29] Further detailed information is awaited from Department of Health regarding the above measures. The Consultation period is due to run until February 2011

Prevention & Commissioning Services

Service Objectives/Milestones/Performance Indicators: 2011 – 2014

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Departmental Service Objectives

Corporate Priority:	A Healthy Halton Halton's Urban Renewal A Safer Halton Corporate Effectiveness & Efficient Service Delivery
Key Area Of Focus:	**AOF 2** Improving the future health prospects of Halton residents through encouraging and providing the opportunities to access and participate in physically active lifestyles **AOF 4** Helping people to manage the effects of ill health, disability and disadvantage **AOF 6** Providing services and facilities to maintain the independence and well-being of vulnerable people within our community. **AOF 7** Providing services and facilities to maintain existing good health and well-being. **AOF 11** Maintaining levels of affordable housing provision within Halton that provides for quality and choice and meets the needs and aspirations of existing and potential residents. **AOF 30** Improving the social and physical well being of those groups most at risk within the community. **AOF 31** Working with partners and the community, to ensure that our priorities, objectives, and targets are evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and to narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.

Service Objective:	**PCS 1 –** Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for the community of Halton.	**Responsible Officer**
Key Milestone(s) (11/12)	▪ Contribute to the safeguarding of vulnerable adults and children in need, by ensuring that staff are familiar with and follow safeguarding processes. **Mar 2012** (AOF6)	Operational Director (Prevention & Comm.)
	▪ Implement Action Plan to improve on the findings of Care Quality Commission Inspection. **Mar 2012** (AOF 6)	Operational Director (Prevention & Comm.)

	▪ *Introduce Supporting People 'Gateway' or single point of access service.* ***Mar 2012*** *(AOF 6, 30 and 31)*	Divisional Manager (Commissioning)
	▪ *Impact of Homelessness (TBC)*	Divisional Manager (Commissioning)
	▪ Continue to establish effective arrangements across the whole of adult social care to deliver self directed support and personal budgets. **Mar 2012** (AOF6)	Divisional Manager (Care Management)
	▪ *Revise and update the Supporting People Plan to ensure effective services are in place (AOF 6)* ***Sept 2011***	Divisional Manager (Commissioning)
	▪ *Work with the Council's Planning Department to introduce an affordable housing policy within the Local Development Framework.* ***Mar 2012*** *(AOF 11)*	Divisional Manager (Commissioning)
	▪ *Implement and deliver the objectives outlined in the Homelessness and Housing Strategies and Repossessions Action Plan.* ***Mar 2012*** *(AOF 6 & 30)*	Divisional Manager (Commissioning)
	▪ *Deliver against the government target to reduce by half (by 2010) the use of temporary accommodation to house homeless households.* ***Mar 2012*** *(AOF 6, 30 and 31)*	Divisional Manager (Commissioning)
	▪ *Maintain the number of carers receiving a carers' break, to ensure Carers needs are met.* ***Mar 2012*** *(AOF7)*	Divisional Manager (Care Management)
	▪ *Continue to monitor activity of the joint 'SCIP' service developed with Runcorn PBC, to ensure services are effectively delivered.* ***Mar 2012*** *(AOF2 & 4)*	Divisional Manager (Care Management)
	▪ *Introduce a Choice Based Lettings scheme to improve choice for those on the Housing Register seeking accommodation.* ***Dec 2011*** *(AOF11and 30.)*	Divisional Manager (Commissioning)

	▪ Work with Halton Carers Centre to develop appropriate funding arrangements past September 2011, to ensure that Carers needs within Halton continue to be met. **Jun 2011** (AOF 7)			Operational Director (Prevention & Comm.)
Key Milestone(s) (12-13)	▪ Monitor and review all PCS 1 milestones in line with three year planning cycle. **Mar 2013**			Operational Director (Prevention & Comm.)
Key Milestone(s) (13-14)	▪ Monitor and review all PCS 1 milestones in line with three year planning cycle. **Mar 2014**			Operational Director (Prevention & Comm.)
Risk Assessment	Initial	High	**Linked Indicators**	PCS4, PCS5, PCS6, PCS7, PCS8, PCS11, PCS12, PCS16, NI135, NI141, NI142, NI156

Corporate Priority:	A Healthy Halton Corporate Effectiveness & Efficient Service Delivery
Key Area Of Focus:	**AOF 6** Providing services and facilities to maintain the independence and well-being of vulnerable people within our community. **AOF 7** Providing services and facilities to maintain existing good health and well-being. **AOF32** Building on our customer focus by improving communication, involving more service users in the design and delivery of services, and ensuring equality of access.

Service Objective:	**PCS 2 -** Effectively consult and engage with the community of Halton to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required	**Responsible Officer**
Key Milestone(s) (11/12)	▪ *Update Joint Strategic Needs Assessment (JSNA) - full data document, following community consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton.* ***Mar 2012*** *(AOF 6)*	Divisional Manager (Commissioning)
	▪ Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. **Mar 2012** (AOF 32)	Operational Director (Prevention & Comm.)
	▪ Continue to negotiate with housing providers and partners in relation to the provision of further extra care housing tenancies, to ensure requirements are met (including the submission of appropriate funding bids). **Mar 2012** (AOF6 & 7)	Divisional Manager (Commissioning)
	▪ Update the JSNA summary of findings, following community consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton. **Mar 2012** (AOF 6)	Divisional Manager (Commissioning)
Key Milestone(s) (12/13)	• Monitor and review all PCS 2 milestones in line with three year planning cycle. **Mar 2013.**	Operational Director (Prevention & Comm.)

Key Milestone(s) (13/14)	• Monitor and review all PCS 2 milestones in line with three year planning cycle. **Mar 2014.**				
Risk Assessment	Initial	Low	**Linked Indicators**	NI141, NI142	
	Residual	Low			

Corporate Priority:	A Healthy Halton Corporate Effectiveness & Efficient Service Delivery
Key Area Of Focus:	**AOF 6** Providing services and facilities to maintain the independence and well-being of vulnerable people within our community **AOF 7** Providing services and facilities to maintain existing good health and well-being **AOF 34** Attracting and managing financial resources effectively and maintaining transparency, financial probity and prudence and accountability to our stakeholders **AOF 35** Implementing and further developing procurement arrangements that will reduce the cost to the Council of acquiring its goods and services

Service Objective:	**PCS 3 -** Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs	**Responsible Officer**
Key Milestone(s) (11/12)	▪ *Undertake ongoing review and development of all commissioning strategies and associated partnership structures to enhance service delivery and cost effectiveness.* ***Mar 2012.*** *(AOF 35)*	Divisional Manager (Commissioning)
	▪ *Review and deliver SP/Contracts procurement targets for 2010/11, to enhance service delivery and cost effectiveness.* ***Mar 2012****. (AOF35)*	Divisional Manager (Commissioning)
Key Milestone(s) (12/13)	▪ Monitor and review all PCS 3 milestones in line with three-year planning cycle. **Mar 2013.**	Operational Director (Prevention & Comm.)
Key Milestone(s) (13/14)	▪ Monitor and review all PCS 3 milestones in line with three-year planning cycle. **Mar 2014.**	Operational Director (Prevention & Comm.)

Risk Assessment	Initial	Low	**Linked Indicators**	PCS1, PCS2, PCS8, PCS9, PCS10, PCS13, PCS14, NI130
	Residual	Low		

Departmental Performance Indicators

Ref[30]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
Cost & Efficiency							
PCS1	% of client group expenditure (ALD) spent on domiciliary care services (Previously AWA LI2)	33%	N/A		N/A	N/A	N/A
PCS2	% of client group expenditure (PSD) spent on domiciliary care services (Previously AWA LI3)	28%	N/A		N/A	N/A	N/A
Service Delivery							
PCS 7	Admissions of Supported Residents aged 18-64 into residential/nursing care (Previously AWA LI10)	0.27	0.4		0.4	0.4	N/A
PCS15	% of VAA Assessments completed within 28 days	69%	75%		80%	85%	N/A
PCS16 [31]	% VAA initial assessments commencing within 48 hours of referral	N/A New Indicator	N/A New Indicator		N/A	N/A	N/A
NI 135	Carers receiving Needs Assessment or Review and a specific Carer's Service, or advice and information	26.1	25		25	25	N/A

[30] Key Indicators are identified by an underlined reference in bold type.
[31] New Indicator introduced for 2011/2012. Awaiting clarification of indicator definition.

Ref	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
Service Delivery							
PCS 8	No. of relevant staff in adult SC who have received training (as at 31 March) addressing work with adults whose circumstances make them vulnerable (Previously HP LI2)	475	475		N/A	N/A	N/A
PCS 9	% of relevant adult social care staff in post who have had training (as at 31 March) to identify and assess risks to adults whose circumstances make them vulnerable (Previously HP LI3)	84%	84%		N/A	N/A	N/A
PCS 10	Estimate % of relevant staff employed by independent sector registered care services that have had training on protection of adults whose circumstances make them vulnerable (Previously HP LI 4)	86%	86%		N/A	N/A	N/A
PCS 11	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough). (Previously HP LI 5)	6.3	4.2		4.4	N/A	N/A
PCS 12	The proportion of households accepted as statutorily homeless who were accepted as statutorily homeless by the same LA within the last 2 years (Previously HP LI 6)	1.27	1.2		1.2	1.2	N/A

Ref[32]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
NI 156	Number of households living in Temporary Accommodation	23	14		12	N/A	N/A
NI 130	Social Care Clients receiving self directed support (DP's/Individualised Budgets)	16.8	30		N/A	N/A	N/A
PCS 14	Percentage of Social Services working days/shifts lost to sickness absence during the financial year. (Previously HP LI8	6.87	8		8	8	N/A
NI 141	Number of Vulnerable people achieving independent living	82.4%	80%		80%	N/A	N/A
NI 142	Number of vulnerable people who are supported to maintain Independent Living	98.95%	99.04%		N/A	N/A	N/A
Quality							
PCS 5	Percentage of people receiving a statement of their needs and how they will be met (Previously AWA LI8 & OPLI6)	99.65	99		99	99	N/A
PCS 6	**Clients receiving a review as a % of adult clients receiving a service (Previously AWA LI9 & OP LI7)**	82.4	80		80	80	N/A
Fair Access							
PCS 4	Percentage of adults assessed in year where ethnicity is not stated Key threshold <10% (Previously AWA LI4 & OP LPi5)	0.27e	0.5		0.5	0.5	N/A

[32] Key Indicators are identified by an **underlined reference in bold type.**

Ref[33]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
Area Partner National Indicators							
The indicators below form part of the new National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.							
NI 26	Specialist support to victims of a serious sexual offence	N/A	N/A		N/A	N/A	N/A
NI 32	Repeat incidents of domestic violence	N/A	27%		N/A	N/A	N/A
NI 40	Drug users in effective treatment	N/A	515		N/A	N/A	N/A

[33] Key Indicators are identified by an **underlined reference in bold type.**

Proposed Performance Indicators
(Derived from Department of Health Business Plan Information Strategy)

Ref[34]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
	Input Indicator - Breakdown of Social Care Spend						
	Input Indicator - Unit Cost of Patients receiving community care						
	Input Indicator - Unit Cost of residential/nursing care						
	Input Indicator - Unit cost of receiving social care at home						
	Input Indicator - Unit cost of receiving day care						
	Impact Indicator - Differences in how long the best and worse off people can expect to live/to live without major health problems						
	Impact Indicator - Quality of life for people in social care						
	Impact Indicator – Satisfaction with Social Care Services						

[34] Further detailed information is awaited from Department of Health regarding the above measures. The Business Plans are available from the Number10.gov.uk website.

Proposed Performance Indicators
(Derived from Department for Communities and Local Government Business Plan and
***Department of Energy and Climate Change Business Plan)**

Ref[35]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
	Input Indicator – Affordable housing grant per dwelling						
	Impact Indicator – Total number of housing starts and completions (as a leading indicator of net additions)						
	Impact Indicator – Number of net additions to the housing stock						
	Impact Indicator – Number of affordable housing starts and completions delivered through the Homes and Communities Agency						
	Impact Indicator – Energy efficiency of new build housing (average SAP energy rating score)						
	Impact Indicator – Households in temporary accommodation						
	* *Impact Indicator* – The total number of energy efficiency installations (cavity wall and loft insulation) in UK households						

[35] Further detailed information is awaited from Department Communities and Local Government and Department of Energy and Climate Change, regarding the above measures. The Business Plans can be obtained from the Number10.gov.uk website.

Proposed Performance Indicators
(Derived from Department of Health Consultation –
Transparency in Outcomes: a framework for Adult Social Care)

Ref[36]	Description	Halton 09/ 10 Actual	Halton 10/11 Target	Halton 10/11 Actual	Halton Targets		
					11/12	12/13	13/14
[1] Promoting Personalisation and enhancing quality of life for people with care and support needs							
	Overarching Measure – Social Care related quality of life						
	Outcomes Measure – Proportion of those using social care who have control over their daily life						
	Outcomes Measure – Carer reported quality of life						
	Outcomes Measure – Proportion of adults with learning disabilities in employment						
	Outcomes Measure – Proportion of adults in contact with secondary mental health services in employment*						
	Outcomes Measure – Proportion of people with long term conditions feeling supported to be independent and manage their condition*						
	Supporting Quality Measure – Proportion of people using social care who receive self directed support						

* Derived from NHS or other non-council data sources

[36] Further detailed information is awaited from Department of Health regarding the above measures. The Consultation period is due to run until February 2011.