



**Healthy Halton Policy and Performance Board**

**Tuesday, 12 September 2006 6.30 p.m.  
Town Hall, Runcorn**

A handwritten signature in black ink, appearing to read 'David W R', is centered on the page.

**Chief Executive**

**BOARD MEMBERSHIP**

<b>Councillor Ellen Cargill (Chairman)</b>	<b>Labour</b>
<b>Councillor Kath Loftus (Vice-Chairman)</b>	<b>Labour</b>
<b>Councillor Sue Blackmore</b>	<b>Liberal Democrat</b>
<b>Councillor Mike Hodgkinson</b>	<b>Liberal Democrat</b>
<b>Councillor Margaret Horabin</b>	<b>Labour</b>
<b>Councillor Diane Inch</b>	<b>Liberal Democrat</b>
<b>Councillor Harry Howard</b>	<b>Labour</b>
<b>Councillor Eddie Jones</b>	<b>Labour</b>
<b>Councillor Martha Lloyd-Jones</b>	<b>Labour</b>
<b>Councillor Geoffrey Swift</b>	<b>Conservative</b>
<b>Councillor Pamela Wallace</b>	<b>Labour</b>
<b>Mr Bob Bryant</b>	<b>Co-optee</b>

*Please contact Caroline Halpin on 0151 471 7394 or e-mail [caroline.halpin@halton.gov.uk](mailto:caroline.halpin@halton.gov.uk) for further information.  
The next meeting of the Board is on Tuesday, 7 November 2006*

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

**Part I**

<b>Item No.</b>	<b>Page No.</b>
<b>1. MINUTES</b>	
<b>2. DECLARATION OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS)</b>	
Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda, no later than when that item is reached and (subject to certain exceptions in the Code of Conduct for Members) to leave the meeting prior to discussion and voting on the item.	
<b>3. PUBLIC QUESTION TIME</b>	<b>1 - 2</b>
<b>4. EXECUTIVE BOARD MINUTES</b>	<b>3 - 12</b>
<b>5. DEVELOPMENT OF POLICY ISSUES</b>	
(A) <b>DRAFT CARERS STRATEGY</b>	<b>13 - 62</b>
(B) <b>ANNUAL REPORT OF HALTON'S MULTI-AGENCY ADULT PROTECTION COMMITTEE</b>	<b>63 - 96</b>
(C) <b>CONSULTATION ON ROYAL LIVERPOOL CHILDREN'S NHS TRUST APPLICATION FOR FOUNDATION STATUS</b>	<b>97 - 98</b>
(D) <b>TOPIC BRIEF ALD DAY SERVICE REDESIGN</b>	<b>99 - 104</b>
(E) <b>LOCAL AREA AGREEMENTS</b>	<b>105 - 108</b>
<b>6. PERFORMANCE MONITORING</b>	
(A) <b>QUARTERLY MONITORING REPORTS</b>	<b>109 - 112</b>

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

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

**DATE:** 12 September 2006

**REPORTING OFFICER:** Strategic Director, Corporate and Policy

**SUBJECT:** Public Question Time

**WARD(s):** Borough-wide

### **1.0 PURPOSE OF REPORT**

- 1.1 To consider any questions submitted by the Public in accordance with Standing Order 33(5).
- 1.2 Details of any questions received will be circulated at the meeting.

**2.0 RECOMMENDED: That any questions received be dealt with.**

### **3.0 SUPPORTING INFORMATION**

- 3.1 Standing Order 34(11) states that Public Questions shall be dealt with as follows:-
- (i) A total of 30 minutes will be allocated for members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.
  - (ii) Members of the public can ask questions on any matter relating to the agenda.
  - (iii) Members of the public can ask questions. Written notice of questions must be submitted by 4.00 pm on the day prior to the meeting. At any meeting no person/organisation may submit more than one question.
  - (iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.
  - (v) The Chair or proper officer may reject a question if it:-
    - Is not about a matter for which the local authority has a responsibility or which affects the Borough;
    - Is defamatory, frivolous, offensive, abusive or racist;
    - Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or
    - Requires the disclosure of confidential or exempt information.

- (vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter, which is not dealt with in the public part of a meeting.
- (vii) The Chairperson will ask for people to indicate that they wish to ask a question.
- (viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.
- (ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

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

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

#### **4.0 POLICY IMPLICATIONS**

None.

#### **5.0 OTHER IMPLICATIONS**

None.

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

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

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

**DATE:** 12 September 2006

**REPORTING OFFICER:** Strategic Director, Corporate and Policy

**SUBJECT:** Executive Board Minutes

**WARD(s):** Boroughwide

**1.0 PURPOSE OF REPORT**

- 1.1 The Minutes relating to the Health Portfolio which have been considered by the Executive Board and Executive Board Sub are attached at Appendix 1 for information.
- 1.2 The Minutes are submitted to inform the Policy and Performance Board of decisions taken in their area.

**2.0 RECOMMENDATION: That the Minutes be noted.**

**3.0 POLICY IMPLICATIONS**

None.

**4.0 OTHER IMPLICATIONS**

None.

**6.0 RISK ANALYSIS**

None.

**7.0 EQUALITY AND DIVERSITY ISSUES**

None.

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

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

This page is intentionally left blank

**APPENDIX 1**

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

**EXECUTIVE BOARD MEETING HELD ON 22<sup>nd</sup> JUNE 2006**

**EXB14 INDEPENDENT LIVING FUND**

The Board considered a report of the Strategic Director – Health and Community outlining the development of a new policy relating to the Independent Living Fund (ILF). It was noted that the ILF had been introduced in 1993 and was designed to provide financial support to disabled people (people with a learning disability, physical disability, sensory impairment or with mental health problems) to enable them to choose to live independently in the community rather than in residential or nursing care. Details of how the fund could be used were outlined.

Existing practice meant that where a service user was eligible to apply for support and chose not to do so, the Council funded the full cost of their community based package. This practice gave an open-ended commitment which, in certain cases, could cost significantly more than traditional care packages. Within existing budgetary constraints this was not sustainable.

The Policy promoted new practices to encourage an increased take-up of the ILF by service users. The Policy would not impact on existing support packages in place but should ensure that the cost of future packages was shared between the ILF and Council contributions where relevant. The aim was to support those service users who were eligible for ILF to apply, thereby releasing Council funds for those not eligible.

RESOLVED: That

- (1) the report and policy documents on the Independent Living Fund (Appendix 1) be received; and
- (2) the implementation of the Policy be approved.

*(NB Councillor Massey declared a personal and prejudicial interest in the following item of business due to being Chairman of the Halton Hospital Trust and left the meeting for the duration of its consideration.)*

### EXB15 BETTER CARE, SUSTAINABLE SERVICES, NORTH CHESHIRE HOSPITALS NHS TRUST PROPOSALS

The Board considered a report of the Strategic Director – Health and Community which contained an independent consultant's report regarding North Cheshire Hospitals NHS Trust's proposed changes to the delivery of services to Halton and Warrington Hospitals.

A background to the proposal was outlined for information together with confirmation that an independent consultant, Mr. Geoff Hammond, had been commissioned by the Council to critically assess the proposal in accordance with the terms of reference contained in Appendix 2 of the report. The report from Mr. Hammond was now complete and it was noted that the conclusions were broadly similar to those contained within the formal response from the Primary Care Trust (PCT).

The report concluded that the proposed model of service had some advantages including improved organisation for elective surgery, and a reduction of duplication of staff and facilities with consequent resource benefits, but detailed the requirements of the Council to be fully assured that the proposals would be successfully implemented. In particular, the report noted that transport issues needed to be resolved prior to any changes being implemented, and recommended and concluded that a joint Strategy involving all the health bodies and the Council should be developed addressing the many health issues placed on the population in Halton.

In addition, Mr. Hammond attended the meeting in order to present his report and respond to Members' questions. The following points were noted/discussed:

- the Trust could not stay as it was;
- the Plan did not make any reference to inflation;
- the inevitability of a problem occurring at some point in respect of the stabilising and transferring of patients to Warrington; and
- the fact that a walk-in centre was not part of the Trust's proposals but rather something the PCT had said it would like to see.

It was noted that a preliminary meeting had been held with the PCT and the Hospital Trust where it was indicated that the Council should be invited to future meetings.



The Chairman thanked Mr. Hammond for his input and for attending the meeting.

RESOLVED: That

- (1) on the basis of the information currently available to the Council and the continuing uncertainty in respect of transport issues and the ability of the Trust to finance its proposals, the Council supports in principle the clinical model proposed by the Trust provided that:
  - (a) the Trust secures from the Health Commissioners or other appropriate funders guarantees that the funding and additional activity data will be available in the sums and amounts required to deliver the clinical model proposed by the Trust and within a reasonable timescale; and
  - (b) the Trust guarantees that transport services will be put in place and funded to support patients without the means or ability to get to and from Halton and Warrington Hospitals prior to the introduction of the clinical model proposed;and if these guarantees are not secured the Council is not able to support the proposals; and
- (2) the Chief Executive, Halton Borough Council, approach the Chief Executive of the Strategic Health Authority to bring together all interested parties to begin to develop a co-ordinated and flexible long-term plan for managing health care provision for the population of Halton.

## **EXECUTIVE BOARD MEETING HELD ON 20 JULY 2006**

### **EXB22 WIDNES PRIMARY CARE ESTATES STRATEGY**

The Board considered a report of the Strategic Director – Health and Community which provided details of a response to the consultation on proposed changes to primary care practices in Widnes as detailed in the strategy “Improving Local Health Services”.

The key aspects of Halton Primary Care Trusts’ preferred options were outlined for the Board’s consideration.

The Board raised a number of issues in relation to accessibility, parking facilities, nearest pharmacy locations, and the

need for a more local service. It was noted that the principles of accessibility, equity and the reduction of inequalities needed be more clearly evidenced in the proposals and there would be potential difficulties should the proposals go ahead in their current form.

RESOLVED: That

- (1) the proposals set out in the report be noted; and
- (2) reassurances be sought from St. Helens and Halton PCT on the issues identified within the conclusions set out at section 4.0 of the report.

### EXB23 5 BOROUGH PARTNERSHIP NHS TRUST MODEL OF CARE

The Board received a report providing Members with an assessment of the 5Boroughs Partnership Model of Care proposals, which highlighted the key issues for the Council to consider. The report outlined the proposals from “The Model of Care” including the key features of the proposals as follows:

- a change in emphasis of service delivery from treatment and maintenance to recovery and social inclusion;
- the development of Resource and Recovery Centres in each locality, which combined inpatient services with the new Crisis Resolution/Home Treatment service. This more intensive approach was intended to be much more flexible and needs-led;
- delivery of a reduced but more focused range of day therapies which would provide Access and Advice Teams to act as gatekeepers to the new service. Tighter and more focused eligibility criteria would be developed which would determine the people who would be accepted by the service.

It was noted that there had been a meeting with the 5Boroughs partnership, however it was felt that little progress had been made and a lot of work had to be done over the next six weeks in order to clarify and fully understand the proposals.

Members discussed the need for service users to be able return to the community to recover rather than having to live in hospitals and centres; what would be needed to make the model work; what resources we would have as a Council; and the possibility of training staff in order to look after clients from their homes.

RESOLVED: That

- (1) the Council commission an independent person suitably qualified to review the 5Boroughs proposals; and
- (2) a further report be presented to Executive Board on 7<sup>th</sup> September 2006.

#### **EXECUTIVE BOARD SUB COMMITTEE HELD ON 12 JUNE 2006**

##### **ES9 PROVISION OF CARE AND SUPPORT IN EXTRA CARE HOUSING SCHEME - DORSET GARDENS**

The Sub-Committee considered a report which sought authority to provide care and support services at the Dorset Gardens Extra Care Housing Scheme in-house within the Intermediate Care Division – Home Care Service for up to 2 years as a Service Development Opportunity, prior to undertaking a tender process.

Dorset Gardens Extra Care Housing Scheme in Charlton Close, Palacefields had been developed in partnership with Riverside Housing Association and was scheduled for completion in November/December 2006. As Dorset Gardens was a new build scheme, tenants had not yet been identified, and therefore it was not possible to anticipate their levels of need for care and support at this stage. This may require a 24-hour on-site service, or not dependant upon need.

Provision of a service in-house would enable the local model of care and support to develop flexibly over the first two years of the scheme, and provide a definitive model for this scheme to emerge.

After two years a tender process could be undertaken that would have the benefit of the two-year development period and enable clear definition of requirements of a care and support provider, a more accurate calculation of the expected cost for the agreed model of care, therefore obtaining better value for money for the Council.

The Sub-Committee was advised that tendering for the service at this stage would be very difficult as individual levels of need were currently undefined, and may therefore disadvantage the Council in terms of cost and over provision, as previously stated to contract for 24 hour on-site service that may not be required would seriously financially disadvantage the Council.

Therefore, it was reported that compliance with Standing Orders was not practicable, as compliance would result in a clear financial or commercial detriment to the Council and potentially to the Council having to forego a clear financial or commercial benefit.

RESOLVED: That

- (1) in the exceptional circumstances outlined above, for the purpose of Standing Order 1.6, Standing Orders 2.2 to 2.6 and, 2.8 to 2.13 be waived on this occasion because compliance would result in a clear financial detriment to the Council in relation to the service. The Council, therefore, has to establish local model of care and support on an exploratory basis to avoid the Council potentially having to forego a clear financial benefit (SO 1.6c). That a service level agreement for care and support services for the period from November/December 2006 for two years be agreed with the Intermediate Care Division – Home Care Service, Health and Community Directorate;
- (2) it is anticipated that staff employed to provide this service under a contract with an independent provider would transfer to that provider on commencement of the contract;
- (3) authority to tender for a care and support service be undertaken after a two year period of in-house provision, and that delegated power be approved to enable the Operational Director, Older People and Physical and Sensory Disability Services to award a contact for this provision following a competitive tendering process; and
- (4) the Strategic Director, Health and Community be authorised to take such action as may be necessary to implement the above recommendations.

#### **EXECUTIVE BOARD SUB COMMITTEE HELD ON 20 JULY 2006**

##### **ES22 INTERMEDIATE CARE CRISIS BEDS**

The Sub-Committee considered a report which sought authority to continue with the contract for two Intermediate Care Crisis beds with Southern Cross/Highfield Health Care (Beechcroft Care Home), for a period ending in December 2006, to suspend contract standing orders 2.2 – 2.6, 2.8 – 2.13 and approve delegated powers to enter into a contract without going out to competitive

tender.

The Beechcroft crisis beds were opened on the 12<sup>th</sup> August 2005, these beds were an essential part of the service and enabled the Authority to manage more complex risk issues, negating the need to admit unnecessarily to more intensive services. During the past six months, an intensive level of training and support had been provided to the staff supporting this bed provision and a network of relationships with the Intermediate Care Team has been forged. The outcome for service users had been positive and supported the overall aims of Intermediate Care.

It was noted that compliance with Standing Orders was not practicable for reasons of commercial detriment to the Council in line with the level of training and support that had been provided with this setting.

The request for the waiving of Standing Orders was made retrospectively, 12<sup>th</sup> February 2006, due to the need to continue to keep these beds operational. The waiver request would allow sufficient time to tender for the provision of this service and ensure that the Council could provide any additional training required to a new provider, and complete the review of the overall service provision, within the framework of Standing Orders.

If the waiving of Standing Orders was not agreed, this would result in a real decrease in service provision, particularly in Runcorn. This could result in an increase in admissions both to long-term care and hospital, due to the lack of services in the community. This would also result in inequity in provision across the Borough, as Widnes residents could access Oak Meadow intermediate care beds. Local services were important to supporting people in returning home.

RESOLVED: That

- (1) for the compliances of Standing Order 1.6c, standing orders be waived as compliance was not practicable for the reason of the level of training and support that had been provided within this environment, and the need to continue to operate the service; two Intermediate Care crisis beds in Runcorn; and

- (2) Contract Standing Orders 2.2 – 2.6, 2.8 – 2.13 be waived on this occasion and the contract for Intermediate Care Crisis Beds Services for the period 31<sup>st</sup> March until December 2006 be awarded to the Southern Cross/Highfield Health Care (Beechcroft Care Home).

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

**DATE:** 12 September 2006

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

**SUBJECT:** Carers Strategy 2006 -2008

**WARDS:** Borough wide

## **1.0 PURPOSE OF REPORT**

1.1 To provide an update on the Carers Strategy 2006 -2008

## **2.0 RECOMMENDATION:** That

2.1 Members note and comment on attached Carers Strategy 2006 -2008

## **3.0 SUPPORTING INFORMATION**

- 3.1 This local authority in the three-year periods 1999 -2002 and 2003 - 2006 has produced a Carers Strategy. These Carers Strategies correspond to the three-year period of notification, from the Department of Health, of the provision of Carers Grant. A requirement of receiving this grant is that each local authority should produce a strategy, which identify their aims for delivering services to carers.
- 3.2 The Department of Health, notified this local authority in December 2005, Carers Grant would be available for a further two years from 1<sup>st</sup> April 2006 to 31<sup>st</sup> March 2008. The level of funding has been increased to £490,000 in 2006 – 2007 and to £503,000 in 2007 –2008. In 2003 – 2004 the Department of Health Carers Grant was £269,589 and in 2004 – 2005 it was £334,000. The annual increase in Carers Grant reflects the growing importance, placed by the Department of Health, in supporting carers. The increased allocation of funding has been used to continue the work of the two Carers' Centre in Halton and provide increased funding to voluntary sector organisations and teams within Health and Community and Children and Young People's Directorate.
- 3.3 It is an expectation, in developing a carers strategy, to consult with all partner organisations who provide services to carers and with carers themselves about the content of the strategy.

A Carers Consultation Event, attend by 39 carers and 25 individuals involved with organisations that deliver services to carers, was held on 26 January 2006. Representatives from Health and Community Directorate and Children and Young People Directorate, Halton

Primary Care Trust and 13 local organisations and the 39 carers all participated in reviewing the Carers Strategy 2003 – 2006 and suggested actions for the Carers Strategy for 2006 – 2008.

- 3.4 The facilitators of the Carer Consultation Event produced a report that detailed the responses of carers and carer support organisations to a series of questions about what should be in a future Carers Strategy. Using feedback from carers the report identified what the big leaps would be – the things that would make a difference; the small steps towards reaching the big leaps; what we should do less of and what we should do more of and, finally, what worked for carers.
- 3.5 The Carers Strategy 2006 – 2008 contains a section ‘what carers say’ relating to each aim. These sections are based on comments made by all participants who took part in the event and focus on the ‘is there anything we should do more of’ section of the report. The focus, within the Carers Strategy 2006 –2008, has been to build on and develop those aspects of the service most valued by carers.
- 3.6 The Carers Strategy 2003 – 2006 contained 10 aims. These same aims have been used in Carers Strategy 2006 –2008. The aims incorporate the 5 standards identified by the King’s Fund Quality Standards for Local Carer Support Services and additional aims identified by local groups.
- 3.7 The Action Plan template within the Carers Strategy employs the same format used by Sefton Council in their Carers Strategy. Sefton is a Beacon Authority for Supporting Carers and provides a model of best practice. The actions identified in the Action Plans for each aim will be completed by 31<sup>st</sup> March 2008.
- 3.8 Contributions and suggested amendments to the Carers Strategy 2006 –2008 have been received from managers within the Health and Community Directorate and the Children and Young People Directorate, Halton Carers Forum and Age Concern Halton. Their suggestions have been incorporated into the final version of Carers Strategy 2006 – 2008.
- 3.9 The Carers Strategy 2006 –2008 reports on the issues faced by carers. These are linked to each aim. The Carers Strategy 2006 –2008 identifies progress made in providing services, by the local authority, to carers in Halton. It also identifies the contribution made by the Adult Learning Team, Halton Direct and Customer Services, Sports Development Team and the Welfare Rights Team in providing services to local carers.
- 3.10 Carers Strategy 2006 – 2008 reflects a collaborative and multi agency approach to the delivery of improved services to carers. The key agencies involved in this improvement are the Primary Care Trust, 5 Boroughs Partnership NHS Trust, key voluntary sector organisations



and Health and Community Directorate and Children and Young People Directorate. The Carers Strategy 2006 –2008 clearly identifies their priorities and what they intend to do to improve the services provided to carers in Halton.

- 3.11 Commission for Social Care Inspection (CSCI) in their recent publication 'A New Outcomes Framework for Performance Assessment of Adult Social Care 2006 –2007' have indicated that the profile of carers and services provided for carers will be raised and used in assessing the performance of adult social care within the Council.
- 3.12 It is clear the profile of carers has rightly risen up the national agenda. This is reflected in the measures adopted by CSCI and the Audit Commission Key Lines of Enquiry which feeds into the Corporate Performance Assessment. A stronger corporate approach to carers is required to meet these requirements and provide a council wide response to the needs of the significant number of carers in Halton.

#### **4.0 POLICY IMPLICATIONS**

- 4.1 None

#### **5.0 OTHER IMPLICATIONS**

- 5.1 None

#### **6.0 RISK ANALYSIS**

- 6.1 None

#### **7.0 EQUALITY AND DIVERSITY ISSUES**

- 7.1 A section on equal opportunities has been added to the Carers Strategy 2006 - 2008. The statement says ' carers will have equal access to services, advice and information and support regardless of gender, age, race, disability, religious beliefs and sexual orientation. Carers will be respected and valued including those in same sex relationships.'

This page is intentionally left blank

## **FOREWORD**

I am pleased to present this strategy for carers' services 2006 –2008. The strategy is the product of consultation and discussion with our partner organisations in health, the voluntary sector and, most importantly, with carers themselves.

Carers Strategy 2006 –2008 outlines a framework for the continued development of services for carers in Halton, and details the proposals for action over the next two years.

The main objectives of this strategy include the need to identify hidden carers, recognise and respond to carers needs, and improve information and access to support services. Carers, through participation at a consultation event, have indicated those actions they would like to take place to enable us to improve services. We have listened to what carers have told us about the help and support they need and responded by addressing the issues throughout the strategy.

We are proud of what we have achieved for carers since the last Carers Strategy. New services for children with disabilities have been developed. Services for carers of people with dementia have been significantly improved and more social and leisure breaks have been provided. Carers' Centres in Widnes and Runcorn have been opened and provide a wide range of services including counselling, complementary therapies and a place for support groups to meet. Working in partnership with voluntary agencies and the Primary Care Trust we intend to build on these improvements to continue to provide real support to carers.

There are as many as 13,500 carers in the borough who provide help and support for their partners, children, relatives and friends. We know that many carers are not in touch with services that could improve the quality of their lives. We want to change that and raise the profile of carers in Halton.

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

David Parr  
Chief Executive

**CONTENTS**

	<b>Page</b>
Foreword	
Contents Page	
Introduction	1
Carers legislation and quality standards	2
Quality standards	4
Carers UK Report	4
Equality opportunities	4
White Paper: Our Health, Our Care, Our Say	4
Since 2003	5
Carers grant	6
Halton Carers Strategy Group	7
Vision, values and aims	8
Carers Strategy and Action Plan 2006 –2008	10
Recognition	10
Information	12
Emotional support and support services	14
Assessment and assessing carers needs	17
Having a voice	20
Providing a break	22
Support that helps carers care and maintain their own health	24
Young carers	27
Parents of children with a disability	30
Financial security/carers in employment	32
Complaints and compliments	35
Useful addresses and telephone numbers	36 –38
Appendix 1 Implementing Carers Strategy 2006-2008	39

## **CARERS STRATEGY 2006 – 2008**

### **Introduction**

Halton Council's Social Services Department produced a three-year Carers Strategy in 1999 and another in 2003. Each strategy was the product of consultation and discussion with our partners in health, the voluntary sector and with carers themselves. During the last six years many of the actions in these strategies have been implemented and has led to significant improvements in services for carers.

The Carers Development Team, in consultation with the Carers Strategy Group and local carers, has developed this new Carers Strategy for 2006 –2008. The Carers Strategy Group includes members of staff from Health and Community and Children and Young People Directorate's, the Primary Care Trust, local voluntary organisations and members of Halton Carers Forum. We aim to build on the firm foundations of the former Carers Strategies and respond to the increasing local and national focus on carers.

### **Who is a carer?**

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

**A parent carer** is a parent or guardian who is likely to provide more support than other parents because their child is ill or disabled. Parent carers will probably support their child for many months or years and this is likely to have a significant affect on the other children in the family.

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

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

### **What do carers do?**

- Carers give practical, physical and emotional support to vulnerable people. They help the person they care for to deal with problems caused by short term or long-

term illness or disability, mental distress or problems resulting from alcohol or substance misuse.

- Carers may supervise someone to keep them safe.
- Caring responsibilities may vary over time and may be difficult to predict from day to day.
- Anybody can become a carer, as a result of a sudden event such as an accident or this may be a gradual process when someone's physical or mental health slowly deteriorates.

### **Carers in Britain**

Princess Royal Trust for Carers estimate that Britain has:

- 6 million carers. 1 in 8 people are carers
- Men are almost as likely to care as women. 42% of carers are men
- 21% of carers look after someone for more than 50 hours per week
- 25% of carers have been looking after someone for more than 10 years
- Women have a 50% chance of being a carer by the age of 59
- Half of all carers look after someone over the age of 75
- 70% of all carers are of working age
- Britain has an estimated 50,000 young carers under the age of 18 years
- 49% of all carers combine paid employment with caring responsibilities
- In 2001 11.44% of the population of Halton were carers.

(Source: [www.caringbritain.org.uk/facts.html](http://www.caringbritain.org.uk/facts.html))

### **Profile of carers in Halton**

Census 2001 found there were 13,528 carers in Halton.

- 7,942 individuals provide unpaid care for 1 -19 hours per week
- 1,887 individuals in Halton provide unpaid care for 20-49 hours per week
- 3,699 individuals provide unpaid care for 50 or more hours per week
- It also showed that 3,083 unpaid carers were aged 60 and over
- It is estimated that that there are between 900 parent carers of children with a disability
- It is estimated there are 474 young carers in Halton.

### **Carers Legislation and National Strategy for Carers**

#### **1. The Carers (Recognition and Services) Act 1995**

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

- All carers of any age are given the right to request their own carers assessment
- The carers assessment looks at the ways in which the carer can be supported in their caring role

- The information from the carers assessment can be used to increase the services to the cared for person

## **2. The National Strategy for Carers 1999**

In February 1999, the Government released the national strategy for carers 'Caring for Carers'. The strategy recognised the important role that carers play in supporting the people they care for. It emphasised that all social and health care organisations must focus not only on the client, patient or service user, but also the carer.

The National Carers Strategy has three key messages:

- Carers should be informed and supported, and receive better care to improve their health and well - being.
- Carers should be involved at local level in policy and service development.
- Carers should be treated as partners by all agencies.

It also emphasised the need for local authorities to develop their own local carers strategy.

## **3. The Carers and Disabled Children's Act 2000**

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

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

## **4. The Carers Equal Opportunities Act 2004**

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

- Be told about their rights to their own carers assessment
- Have their wishes to remain in, or return to work and education, taken into account when decisions are made about support given to the person they care for
- Have better information about opportunities for work, education, training and leisure
- Benefit from more emphasis on joint working between statutory services such as Halton Social Services, the Primary Care Trusts and 5 Boroughs Partnership NHS Trust

Benefits of the new legislation include:

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

## **Quality Standards**

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

Information

Providing a break

Emotional support

Support that helps carers to care and maintain their own health

Having a voice

## **Carers UK Report**

In August 2005 Carers UK published a report 'Carers in Halton'. This report makes a number of recommendations which have been incorporated into this Carers Strategy.

Halton Carers Strategy 2003 – 2006, incorporated the King's Fund five quality standards and added five additional aims. The Action Plan for 2006 -2008 has been developed using the same aims used in 2003 –2006.

## **Equal Opportunities**

Carers will have equal access to services, advice and information and support regardless of gender, age, race, disability, religious beliefs and sexual orientation. Carers will be respected and valued including those in same sex relationships.

## **White Paper: Our Health, Our Care, Our Say**

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

- Establishing an information service/helpline for carers
- Establishing short-term, home – based respite support to carers in crisis or emergency in each area
- Allocating funding to train carers



- Encouraging councils and Primary Care Trusts to nominate leads for carers services.

The local authority will be working with the Primary Care Trust to implement the recommendations related to establishing a short term, home based respite service; providing more training for carers and collaborating with local health care services.

### **Since 2003**

In Halton there has been a considerable improvement in local services for carers since the last Carers Strategy 2003 – 2006 was produced.

A significant contribution to the improved services have been provided by the Carers' Centres in Runcorn and Widnes. They opened in April and June 2004. They have continued to add new services for carers. A carer can visit a Carers' Centre and receive information and advice about welfare benefits and support services; they can receive a complementary therapy, attend a pamper session, receive emotional support, receive a carers break, attend a training session or a support group. During 2005/06 a total of 338 carers were provided with information and advice. 159 carers benefited from day trips which provided a valued break.

Now the Carers' Centres have been fully established, it is the intention to transfer the management to the voluntary sector with acceptance into the Princess Royal Trust for Carers Network. This will further strengthen the role of the Carers' Centres and ensure they will be able to access external funding and develop additional services to support local carers.

Each Local authority receives Carers Grant to primarily fund carers breaks and implement legislation, such as the Carers (Equal Opportunities) Act 2004. Halton Borough Council uses this grant in accordance to guidance provided by the Department of Health. In 2003, 615 carers of adults aged 18 and over received a carers break funded from Carers Grant. At the end of 2005/06 this has increased to 1,392 carers receiving a break. In 2003 Children Services provided 238 carers with a carers break. This has increased to 409 carers in 2005/06 receiving a break.

Halton Carers Umbrella Group was established in October 2003 to give carers a voice in service planning and design. This group, comprising of carers from a range of backgrounds, continued to meet until December 2005. Halton Carers Forum has now taken over the role of Halton Carers Umbrella Group. The Forum held their inaugural meeting in March 2006 and has elected a Chairperson and an Executive Board. It is hoped that Halton Carers Forum will play a constructive role in supporting the continued development and improvement in services for carers as well providing a much needed carers perspective on life in Halton.

The Children's Disability Partnership Board (CWDPB) was established in 2004 to oversee the implementation of the 'Building Bridges', Multi Agency Strategy for

Children with Disabilities. The Children Act 2004 has required local authorities to lead on the implementation of Children's Trusts and in Halton, this is being taken forward by the Children and Young People's Alliance Board. As part of these developments the CWDPB has evolved into the Children's Disability Mini Trust and includes representation from the Halton Carers Forum.

## **Carers Grant**

### **Funding support for carers**

In addition to publishing in 1999 the national strategy 'Caring about Carers' the Government allocated local authorities with funding to support carers. Carers Grant is provided each year to increase the amount and frequency of breaks available to carers who are providing regular and substantial amounts of care. The Department of Health has notified each local authority that Carers Grant will continue until 31<sup>st</sup> March 2008.

**Runcorn Carers' Centre and Widnes Carers' Centre** were opened in spring and early summer 2004. The Carers' Centres are currently managed by Halton Borough Council and provide the following services;

- Advice and information about local services available to carers
- Complementary therapies
- Pampering sessions
- A base for carer support groups to meet
- Welfare Rights advice
- Counselling
- Carer breaks and day trips
- Training courses for carers
- Referral for a carers assessment and other Council services
- A base for the Alzheimer's Society

Carers Grant has been provided to ensure Halton has two Carers' Centres. These Centres remain open throughout the year 10.00am – 4.00pm Monday to Friday.

Many local organisations received Carers Grant funding to provide carers breaks to carers during 2005/06. These were:

- Scope
- Halton Young Carers Project
- NCH Butterfly Project
- Halton Crossroads
- Barnardo's Wider Horizons Project
- Halton Autistic Family Support Group
- PSS Ltd
- Alzheimer's Society

- Halton Healthy Living Programme

In addition, small grants were provided to the following organisations:

- Mencap
- Halton Independent Living Trust (HILT)
- Let's Go Club
- Widnes and Runcorn Cancer Support Group
- Parkinson Society
- Halton Disability Service and Shopmobility
- Bridgewater and Astmoor Day Centres
- Halton Haven

Funding is provided to two Directorates in Halton Borough Council to provide additional support and carers breaks. These are

- The Children and Young People's Directorate – specifically to provide services to parent carers of children with a disability.
- The Health and Community Directorate who provide services to carers who support Adults with a Learning Disability, Adults with a Physical or Sensory Disability, Carers of people with Mental Health Needs and Carers of Older People.

### **Halton Carers Strategy Group**

This is a multi agency partnership group who meet every three months to oversee the Carers Strategy in Halton. Since the group first came together in 1999 there have been many changes in legislation and Government service directives aimed at improving the lives of vulnerable people and their carers.

Members of the Carers Strategy Group are representatives from;

- Social Care (Health and Community Directorate and Children and Young People Directorate)
- Halton Primary Care Trust
- Other voluntary sector providers
- The Chair of Halton Carers Forum
- Carers
- Halton Children's Alliance-Children with Disabilities Mini Trust

It is planned to extend the membership of this group to include representatives from Education, Housing and Employment.

The group discusses matters such as the issues in relation to implementation of Government legislation relating to carers, matters discussed in carers forums, information relating to changes in service delivery and the use of Carers Grant to meet the diverse needs of carers.

## **Vision, Values and Aims**

This strategy builds on the vision, values and aims of the Carers Strategy 2003 – 2006

### **Vision**

- Carers will be recognised and valued
- Carers will be supported and enabled to care as long as they wish to do so
- Carers will be enabled to have some regular time for themselves, free of their caring duties
- All agencies will work in partnership with carers to provide the help and services carers need
- All agencies will work together to plan and develop services for, and with, carers
- Information on issues of relevance to carers will be made available to carers, statutory and voluntary agencies, and the wider community.

### **Values**

The local authority, the Primary Care Trust, local health trusts, voluntary and independent sector agencies will work in partnership to improve support for carers as part of mainstream community care and children's services. Positive steps will be taken to identify, accommodate and support diverse needs.

- The major role played by carers in supporting people in the community who are frail, ill or disabled is recognised and valued
- Carers will be encouraged to identify themselves at the earliest possible stage, and will be empowered to ask for the service they require
- Carers will be involved in decision making about their needs and consulted about their preferences for services
- No carer will be compelled to care or to continue caring if they no longer feel able to do so
- Former carers will be helped to access support to enable them to adjust to their new circumstances
- Service providers will ensure equity in the provision of support to carers, whatever the illness or disability of the person they are caring for

- Carers will be involved in planning and determining the types of services available
- Carers will be invited to take part in the evaluation of services.

### **Aims**

The strategic aims are:

- 1. Recognition** – to identify carers and encourage them to identify themselves.
- 2. Information** – to ensure that carers are provided with the information they need, in an appropriate and accessible form, to enable them to function as carers.
- 3. Emotional support and support services** – to ensure a full range of co-ordinated and flexible services and support are provided for, and planned, with carers in Halton.
- 4. Assessment and assessing carers needs** – to ensure that carers are fully involved as partners in the assessment of the person for whom they care and are always offered their own assessment where appropriate.
- 5. Having voice** – to ensure that carers are actively involved in the planning, development and evaluation of services.
- 6. Provide a break** – develop services that offer a break to local carers.
- 7. Support that helps carers care and maintain their own health** – support carers to care and to maintain their own health and well being by offering training, health promotion and personal development opportunities and is responsive to individual needs.
- 8. Young Carers** – develop ways of identifying and meeting the needs of young carers.
- 9. Parents of children with a disability** – to ensure parents of children with a disability are aware of their rights as carers and are receiving appropriate services.
- 10. Financial support/carers in employment** – provide welfare benefit advice to carers that request it. Employees who are carers will have access to support to help them at times of crisis/emergency.

### **Monitoring Carers Strategy 2006 –2008 and sustaining the progress**

The Carers Strategy Group will monitor the implementation of this Carers Strategy for 2006 –2008 to ensure the targets and priorities have been achieved. The Action Plan contains no specific dates. It is intended the Action Plan will be implemented throughout the two-year period of 2006 –2008.

Consultation takes place with all stakeholders who contribute to delivering the Carers Strategy. This will involve talking to Halton Carers Forum, to monitor the delivery of the targets within this carers strategy. The feedback provided will help with directing future developments and commissioning intentions of Children and Young People Directorate and Health and Community Directorate, the local Primary Care Trust and 5 Borough's Partnership NHS Trust.

A consultation event in late 2006 or early 2007 will be held to review the Carers Strategy. It will consider strategies to sustain the progress made in developing carer support services into 2008 and future years. This is in response to a specific request made at the Halton Carers Strategy Consultation event held in January 2006.

### **Consultation about the Carers Strategy**

Carers were consulted about the Carers Strategy 2003 – 2006 in January 2006 and gave feedback about what they felt was needed to improve performance. Their views have been incorporated into the Halton Carers Strategy and Action Plan 2006- 2008.

## **Halton Carers Strategy and Action Plan 2006 -2008**

### **1. Recognition**

#### **Identifying carers**

Many individuals who are carers do not recognise themselves as carers. They are usually family members or close friends. Many carers, including those from ethnic minorities, remain 'hidden' to statutory services. These carers may not be accessing services or receive support from the many local agencies that can assist them. It is important for all agencies to identify carers including parents of disabled children who are required to provide a level of care above what is expected with a child without a disability. This will ensure;

- They can be provided with information about carer support services
- Ensure carers needs are assessed and appropriate action taken
- They can be consulted about services designed to help them
- Carers receive training, practical support and a break from caring
- A rigorous analysis of the numbers of carers and their needs is undertaken

#### **What carers say**

- Find and support hidden carers
- Get out and reach carers/get out in the community, e.g. in Children Services Sure Start, extended schools and children centres.
- Involve carers in training events for professionals

- Distribute more publicity about carer support services in GP practices, community centres and libraries

### What has been provided so far

- An outreach service in health centres in Widnes and Runcorn commenced in December 2005
- Liaison with Halton Primary Care Trust resulted in initiatives to access hard to reach carers
- Information giving events such as Carers Week and Carers Rights Day. These were attended by over 150 carers
- Consultation events and outreach activities specifically designed to reach hidden carers and carers from ethnic minorities
- Discovery event for children
- Parent support groups, e.g. Halton Autistic Family Support Group, Parent Partnership
- Drop in session and events for carers of disabled children.

<b>Objective</b>	<b>Designated area of responsibility</b>	<b>Method</b>	<b>Evidence of outcome</b>
Develop a strategy to publicise and promote issues concerning carers	All agencies	Carers Events, activities, information to be targeted as widely as possible to try and reach the maximum number of carers, especially 'hidden carers	Increased number of carers receiving support and accessing services
Work on raising awareness of carers needs with health and social care staff, and in the community	All agencies	Provide briefing sessions to health and social care staff	Raise profile of the needs of carers within the community.  Work with Primary Care Trust to encourage GPs to identify carers.
Identify 'hidden carers' to make their lives better	All agencies	Provide access to all services in the statutory and voluntary sector that will support carers	230 'hidden carers' identified by 2007/08

## **2. Information**

Carers can access information in a number of ways. They can telephone or drop into the Widnes Carers' Centre and Runcorn Carers' Centre. They can contact Customer Services Helpline in the Health and Community Directorate, use the Council's web site, or call into Halton Direct Link in Halton Lea, Runcorn and Halton Direct Link, Widnes (near Widnes Market). Halton Information Exchange will provide information to parents of disabled children. Carers can go to other specialist organisations in the borough with a special interest and expertise in dealing with carers. The contact details of these organisations can be found at the back of this strategy.

Information is one of the main needs of carers. Carers need good information to help them carry out their caring role and to have their own support needs met. Carers require information that is:

- Tailored to their needs
- Clear
- Comprehensive
- User friendly
- Up to date
- Accessible
- Age appropriate
- In the carers preferred language
- In a range of formats including the Internet and telephone to signpost them to support and services

The information provided should cover access to services, assessment, the illness/disability/condition of the person they care for, their rights as carers, charges for services, the roles of different agencies and professionals, what to do when things go wrong and how to complain. In addition it should provide details of where carers can access independent support and advocacy services.

### **What carers say**

- They want information that is jargon free, in plain English, up to date, accurate and appropriate
- Access to information is essential
- Information must be available in easily accessible formats
- Use local newspapers – make information simpler
- Involve carers in producing information and material.
- Carers want more opportunities for face-to-face contact and information sharing



- Carers want information about the services provided by independent and voluntary organisations

**What has been provided so far**

- Carers Information Packs containing information about local services for carers including information about their right to an assessment. This publication has been revised and updated in 2003, 2004 and 2005
- Halton Information Exchange (children) provides information to carers of disabled children through an information pack and regular newsletter.
- Children’s Information Service provides a range of information to all parents including parents of disabled children regarding childcare
- Parent Partnership, provides advice and support to carers in relation to special educational needs.
- A Quick Guide to Services for Carers leaflet, distributed at carers events
- A Young Carers Information Pack ‘Voice’
- Explaining Carers Assessment leaflet
- Two Carers’ Centres providing a drop in information service in Widnes and Runcorn
- A database to identify carers and inform them of carers day trips, pamper sessions, training courses and services available to help them as carers
- Two Carer Information Officers

Objective	Designated area of responsibility	Method	Evidence of Outcome
Keep carers up to date with current information and carers legislation to help them make informed choices about their caring role	All agencies <ul style="list-style-type: none"> <li>• Social Care</li> <li>• Primary Care Trust</li> <li>• Voluntary and independent sector</li> <li>• Carer Development Team</li> <li>• Halton Borough Council’s Customer Services Division</li> </ul>	Ongoing consultation  Provide updated Carer Information Packs  Publicity about carers issues  Carers web page to be regularly updated	More carers in contact with local organisations and attend Halton Carers Forum meetings  Number of carers on Carers’ Centre database increased by 20% in 2007/08  Update Council’s internet site  2,000 Carers Information Packs issued in 2006/07 and 2007/08

Ensure information is accessible and easy to understand and available, on request, to carers with a disability and to carers from ethnic minorities where English is not the first language	All agencies	Respond to requests and provide information	Carer Information Packs and leaflets translated and provided in other formats on request
Leaflets for carers in GP practices, libraries and made available at community events	All agencies	Inter agency group established to plan carers events and review publicity and publications for carers	More carers accessing information and contacting services
Encourage the creation of databases to identify carers accessing services and requiring support	All agencies	Databases created by all agencies	An increased number of carers, including 'hidden carers' on databases  More carers in touch with other local organisations

### 3. Emotional support and support services

Providing care to another individual can be lonely and demanding. Sometimes carers can become socially isolated. Also a carer may find that when their caring role ends (for example when the person they are caring for dies), they find it difficult to adjust to the change in their life. Different kinds of emotional support may be necessary. Widnes and Runcorn Carers' Centres provide access to appropriate counselling services. Other voluntary organisations including Age Concern Halton, Kings Cross Project, Barnardo's, Scope, HAFS, Halton Young Carers Project and Widnes and Runcorn Cancer Support Group are available to provide emotional support to carers.

Carers want co-ordinated and flexible services that will assist them in their role as carers. They want to be recognised, respected and listened to. They want services, provided by the Primary Care Trust, Social Services, Children & Young People Directorate and voluntary agencies to meet their needs as carers. They want to be able to access an independent advocacy service and dedicated services that are flexible, accessible and meets their needs.

Services for the cared for person have substantial impact on their carer. It is important they receive good quality, reliable and efficient services to enable them to take a break

from caring. All agencies in the statutory and voluntary sector need to ensure they employ well trained, well informed individuals who have had a criminal record bureau check. Carers want access to Direct Payments and a Carer Break Voucher Scheme to provide them with choice about when and where they can receive a service.

## **What carers say**

- Many carers need a break from the emotional demands of caring
- Carers value services provided by many voluntary sector organisations such as Alzheimer's Society, Age Concern Halton, Let's Go Club and Widnes and Runcorn Cancer Support Group
- Carers value the complementary therapies and pamper sessions provided at the Carers' Centres
- They want a more flexible short break service
- Ensure Carers Grant is used to provide carers with services so they can have a break from their caring responsibilities.
- They want more emergency respite services
- They want commissioners of services to listen to carers
- Carers want information about the range of services provided by all agencies offering emotional support in Halton

## **What has been provided so far**

- Access to counselling services at Widnes and Runcorn Carers' Centre provided by two voluntary agencies
- Confidential advice service to carers on a drop in basis at Widnes and Runcorn Carers' Centre and provided by other local voluntary sector organisations
- Referral to social workers and other local agencies providing advice and support
- A range of short breaks services for families of children with disabilities
- Sibling support group for siblings of disabled children
- Specialist support service for children with severe learning difficulties and challenging behaviour
- Keyworkers to provide a co-ordinated package of services to families of disabled children
- A meeting place at the Widnes and Runcorn Carers' Centre for many carer support groups. Some meetings take place in the evenings to accommodate working carers.
- Joint Commissioning Managers appointed in conjunction with the Primary Care Trust
- Complementary therapies specifically for carers
- Pamper sessions for carers, in conjunction, with Halton College.
- Use carers grant to provide carers respite services

<b>Objective</b>	<b>Designated area of responsibility</b>	<b>Method</b>	<b>Evidence of outcomes</b>
Recognise the emotional needs of all carers especially those hard to reach.	All agencies in the Statutory and Voluntary sector	Provide up to date information to enable carers to be signposted to relevant support services  Assessments that recognise the need for support  Providing access to counselling services for carers  Support carers who do not know how to access services	Carers provided with emotional support by a range of agencies in the voluntary and statutory sector  Refer carers to specialist support agencies e.g. bereavement and loss services, helplines and support groups
Continue to provide complementary therapy sessions for carers	Halton Healthy Living Programme	Provide a free complementary therapy service to carers who request it	320 carers will receive a complementary therapy, advice and counselling by 2007/08
Ensure staff training includes listening skills training and carer awareness training	Training Managers in PCT and Social Services	Arrange for training sessions for frontline staff dealing with carers	Staff training sessions dealing with carers issues Provided
Carers' Centres to continue to provide a helpline service providing advice, support and information for carers	Carers' Centres	Publicise Carers' Centre services throughout the community	Increased numbers of carers receiving telephone support
Develop a Joint Commissioning Strategy involving Social Services, the Primary Care Trust	Local Implementation Teams and Partnership Boards	Implement, where possible, the recommendations in the Carers UK Report	Services for carers jointly commissioned

and the voluntary sector			
More carers to be provided with control and choice using Direct Payments and the Carer Break Voucher Scheme	Direct Payments Team  Service teams in Directorates	Promote Direct Payments and monitor carer's opinion of the service  Promote Carer Break Voucher Scheme	Increased take up of Direct Payments and Carer break Voucher Scheme.  Monitor carers views of Direct Payments

#### 4. Assessment and assessing carers needs

In Halton there are various agencies that collect information about carers. Halton Borough Council's Health and Community Directorate and Children and Young People Directorate and Widnes and Runcorn Carers' Centres are all in contact with carers. The Primary Care Trust and 5 Boroughs Partnership NHS Trust also have contact with large numbers of carers. Numerous voluntary organisations including Age Concern Halton, Kings Cross Project, Barnardo's, Scope, Halton Young Carers Project, Halton Autistic Families Support Group and Widnes and Runcorn Cancer Support Group work with and provide services that support carers.

Carers can register their details at both Carers' Centres in Halton and can obtain help and support and be referred to have their needs assessed. Carers needs differ in a number of ways depending on factors such as:

- The level of support or personal care they provide to the person they care for
- The relationship to the person they care for
- The illness or disability of the person they care for
- Their cultural needs or those of the person they care for
- Whether the carer is in employment
- If the carer lives a distance from the person they care for.

#### What is a carers assessment?

If the carer looks after someone regularly they can have a carers assessment. This assessment looks at the care or support they provide and how it affects their life. The assessment is for the carer, not for the person who needs support or care.

Carers of disabled children should provide 'regular and substantial' care in line with the provisions of the Carers Disabled Children's Act 2000.

## **Who can have a carer's assessment?**

### **Carers of adults**

Under the Carers and Disabled Children's Act 2000, a carer over 16 years of age can request an assessment of her/his needs if:

1. The person being cared for is over the age of 18 years and is eligible for, or has had, a community care needs assessment  
**and**
2. The carer is not providing personal assistance for payment in cash or in kind or is a volunteer or working for a voluntary organisation  
**and**
3. The carer provides, or intends to provide, regular and substantial care

People who are about to take on a caring role are eligible for assessment as long as the above criteria are met and the care they intend to provide to someone looks likely to be regular and substantial.

A carer has a right to an assessment as long as the person they care for is, or would be, eligible for a community care assessment, even if they have refused to have one or have refused any services offered.

Carers of disabled children will have a right to an assessment if the child being cared for is eligible for a child in need assessment.

'Regular and Substantial' care is not defined within the Act. It is the 'impact' of caring on a person's life that is important not necessarily the nature of the caring tasks or how often or how much time is spent caring.

Halton has agreed to an Local Public Service Agreement (LPSA) to increase the number of carers assessment it provides for carers. In 2007/08 600 carers will receive a carers assessment.

### **What carers say**

- Carers want to be offered carers assessments regularly
- Carers assessments should be promoted widely to increase take-up
- The take up of carers assessments should be monitored and their outcomes made known
- Carers want an independent advocacy service
- More specialist staff should carry out carers assessments
- The quality of the carers assessment is vital to getting appropriate support services for both carer and cared for person

- Make sure carers know why they are being assessed
- Carers should be offered an assessment of their needs as carers

**What is available**

- Under the Carers (Recognition and Services) Act 1995 and the Carers and Disabled Children’s Act 2000, all carers providing regular and substantial care have the right to request an assessment of their own needs from Halton Social Services
- All carers on the care programme approach (mental health and learning disability) should be offered a carers assessment
- Since April 2005 the Carers (Equal Opportunities) Act means that identified carers will be told about their right to a carers assessment and have their wishes to remain in or return to work and education taken into account during the assessment.
- New carers assessment forms have been produced to comply with the changes made by the Carers (Equal Opportunities) Act 2004
- New carers assessment forms have been produced to assess the needs of carers of disabled children.

<b>Objectives</b>	<b>Designated area of responsibility</b>	<b>Method</b>	<b>Evidence of Outcome</b>
Carers to be offered an individual assessment of their own needs in accordance to the Carer Act 1995/2000 and Carers (Equal Opportunity) Act 2004	Care Managers  Halton Young Carers Project	Care Managers to offer all carers an assessment of need  Monitor the take up of carers assessment	Establish a system to record number of carers assessments offered, refused and completed  Through Performance Indicator (PI)
Ensure carers are fully involved as partners in the assessment of the person they care for	Care Managers in Health and Community Directorate and Children and Young People Directorate  Halton Young Carers Project	Professionals listen to carers and acknowledge their expertise  Carers to be fully involved in the assessment process	Provide needs led assessments that takes into account the circumstances and needs of the carer  Involvement of carers in planning groups

Promote carers right to an assessment	All agencies	Publicity and specific leaflets  Inform carers of their right to an assessment during advice sessions	600 carers assessments completed in 2007/08
Carers to be consulted about the level of care they are able to offer	All agencies	Through carers assessment and care management	Sampling of carers assessments for quality
Provide access to an independent advocacy service	All agencies	Carers will receive support from an advocacy service	More carers supported to access services

## 5. Having a voice

In 2004 Halton Carers Umbrella Group was established to provide carers, from all backgrounds, with an opportunity to comment on and help shape the development of services. This provided an opportunity for carers to express their views and anxieties about local services developed for carers. In 2006 Halton Carers Forum was established. This new carers forum intends to hold regular meetings with carers. The Halton Carers Forum will have an elected chairperson who will be a carer or someone who has been a former carer.

Other people who may attend the forum are:

- Elected members
- Representatives from Health and Community Directorate
- Representatives from Children and Young People Directorate
- Representatives from Primary Care Trusts
- Representatives from other organisations who help carers

Carers are already involved in commenting on services provided by the local authority and the Primary Care Trust.

The Children Act 2004 required local authorities to lead on the development of Children's Trust. In Halton the Children's Trust is known as the Children's Alliance to reflect the spirit of partnership. The Halton Children and Young People's Alliance Board will provide the appropriate vehicle for the development of the Trust. The development of the Alliance will be informed by the needs of the carers and young people and parent and carer forum has been established that will allow all parents and carers, including



those of disabled children, to influence developments. Carers are also represented within the Children’s Disability Mini Trust

**The Patient Advice Service (known as) PALS** is part of the Government’s commitment to ensuring that the NHS listens to patients, resolves their immediate concerns and then uses their views to develop services so they continue to meet the needs of patients, carers and relatives.

PALS officers are based in every Primary Care Trust, in Halton, Warrington and Whiston Hospital and 5 Boroughs Partnership NHS Trust.

**What carers say they want**

- An effective, robust, well resourced and independently facilitated Carers Forum
- Carer representatives on every planning group with systematic carer involvement in developing services
- Carers expenses met when participating in consultation
- Funding for appropriate respite services so carers can participate in consultation
- Carers to be consulted about services when they are being developed
- To know how their views have shaped services

**What has been provided so far**

- Assistance for the Halton Carers Umbrella Group to enable them to meet regularly
- Carers representation on Mental Health Carers LIT Sub Group, Valuing People Carers Implementation Group, Partnership Boards and LITS
- Consultation about services and training for carers provided by the Carers’ Centres
- Participation in meetings to establish Halton Carers Forum
- Carers representation within all levels of the Children’s Disability Mini Trust and carer representation in the allocation of carers grant funding.

<b>Objective</b>	<b>Designated area of responsibility</b>	<b>Method</b>	<b>Evidence of outcomes</b>
Ensure carers are represented on relevant committee’s, Boards with agreed support both practical and financial, to enable carers to attend	All agencies	Ensure carers are represented on all decision making groups Agencies to agree on financial support for carers who attend boards on a	Carers actively involved in all decision making Boards and committee’s

		regular basis	
Carers are to be provided with training to help them effectively contribute to meetings	Carers Development Team Halton Voluntary Action	Provide carers with committee skills training	Carers actively contribute
Carers to be involved in the Carers Grant allocation	Halton Carers Forum	Three carers to join Carers Grant Accountability Group	Minutes of meetings
Carers encouraged to give their views on services	All agencies	Service User and Carer Involvement arranged with each team in Adult Services and the Children with Disability Team	Feedback to service teams and providers
Support the development of Halton Carers Forum	All agencies	Provide support to Halton Carers Forum	Support provided by appropriate officers
Carers involvement in planning and monitoring of services	All agencies	Service planners and providers to liaise with carers/groups on all aspects of service planning and delivery.	Carers involved in planning and reviewing services
Provide carers with capacity building skills	Halton Voluntary Action	Local carers are encouraged to develop their skills	Carers groups encouraged to be more self sufficient services

## 6. Providing a break

The 2001 Census showed that 3,699 carers in Halton are looking after someone with an illness or disability for more than 50 hours per week. This may be providing help with personal care such as:

- Washing/bathing
- Dressing
- Walking around the house
- Getting in and out of bed
- Cooking and keeping the house clean

- Communication because of sight or hearing difficulties or difficulty understanding
- Helping with finances or paying bills
- Collecting medication or making sure someone takes prescribed medication

Being a carer can be emotionally and physically very tiring. Carers often do not think enough about their own health and well-being, and find they suffer from exhaustion and stress.

Taking a break from caring is essential for most carers, even if it's only a few hours. It allows them to see friends, relax, sleep, join classes, and meet other people – to do all the things that most people take for granted.

Some carers feel guilty about taking time for themselves. They see it as a sign of failure. However, without regular breaks, carers are putting their own health at risk. Everyone needs time to recharge their batteries.

Ideally, breaks from caring should be planned breaks so that both the carer and the person looked after are happy with the arrangements.

### **What carers say**

- Carers require breaks that are flexible and available at a time that suits them
- Carers need to be sure that agencies providing care are consistent and reliable. This will enable them to take a break from caring
- Carers say breaks should be seen as preventative measure: part of a care plan rather than a response to a crisis

### **What has been provided so far**

- Day trips to Trafford Centre, Southport, Oswaldtwistle Mill, Salford Quays
- Funding to local voluntary organisations and charities to arrange carers breaks for their members
- Increased the number of carers receiving a break each year since 2003.
- A range of carer short breaks for carers of disabled children

In 2006/07 1,531 carers of adults and older people will be provided with at least 11,747 carer breaks.

<b>Objective</b>	<b>Designated area of responsibility</b>	<b>Method</b>	<b>Evidence of outcome</b>
Carers of people who are assessed as being in need of community care services will have an opportunity for a break	Care Managers and service providers	Through assessment provided under the NHS and Community Care Act and other carer legislation	Take up of carers breaks provided by Health and Community Directorate and Children and Young People's Directorate
Continue to develop a range of opportunities for carers to have a break. This may be a few hours, a weekend or longer	All agencies including Halton Carers Forum	Listen to carers and provide carers with a break they want  Halton Carers Forum to find out the types of break carers want	1,970 carer breaks provided by 2007/08
Implement a Carer Break Voucher Scheme to enable more flexibility and choice of breaks	Carer Development Team  Social Services	Carer Development Team to work with social work teams and provide appropriate publicity	Increased number of carers using Carer Break Vouchers
Promote and raise awareness of Direct Payments amongst carers	All agencies	Publicise in Carer Information Pack and promote, on request, at carers events and forums	Increased number of carers using Direct Payments
Continue developing respite services and monitor and evaluate existing services	All agencies in conjunction with Social Services	Meet with providers every three months to monitor performance	Increased number of carers benefiting from respite services

## **7. Support that helps carers care and maintain their own health**

Caring can be physically and emotionally exhausting. As a result, many carers suffer from physical injury or need treatment for stress related problems.

Carers UK research has found

- Carers are twice as likely to have mental health problems if they provide substantial care
- 316,000 people in the UK who provide care describe themselves as ‘permanently sick or disabled’
- Seven out of 10 carers worry about their finances and six out of 10 believe this has an effect on their health

**(Source: [www.carersuk.org.uk](http://www.carersuk.org.uk))**

Some studies show that 52% of carers need treatment for stress related problems and 51% of carers have a physical injury as a result of caring.

Many carers have to give up work and caring because of the effect caring has on their own health. However, with the right information and support, many of the health problems affecting carers are preventable.

### **Carers should be able to:**

- Get enough sleep and rest
- Get regular and planned breaks from caring
- Have time for themselves
- Get enough information about services that could help
- Feel free from financial worry because they have access to financial information on benefits or debt
- Receive advice and training on aspects of caring.

### **Carers need to:**

- Make sure their GP knows they are a carer
- Ask social services for a carers assessment to find out about breaks from caring, receive services to support the carer with caring or get advice on health awareness courses
- Contact Widnes or Runcorn Carers’ Centre to ask about complementary therapies, counselling and health awareness courses
- Get financial advice on benefits or debt
- Find out about training courses that can help the carer

### **What carers say**

- Carers felt they needed training in moving and handling and on the effects and how to administer of medication and coping strategies
- Carers wanted regular health checks, pampering, healthy eating
- Training and advice for carers on the issues related to the person they are caring for
- Make health providers aware of carers and their needs
- Increase in number and types of breaks for carers

### What has been provided so far

- A comprehensive complementary therapy service for carers
- A training programme for carers
- Pamper sessions, in conjunction with Halton College, to take place at Widnes and Runcorn Carers' Centres
- Support groups use, free of charge, the Carers' Centres to meet and support their members
- Kings Cross Project provide a counselling service at both Carers' Centres
- Drop in information and advice and referral of carers to the Welfare Benefits Service and Citizen Advice Bureau
- Reduced rates at many indoor and outdoor leisure and recreational activities via the Halton Leisure Card.

Objective	Designated are of responsibility	Method	Evidence of outcome
<p>Provide training courses for carers to help them maintain their health</p> <p>Respond to carers requests for training to help them in their caring role.</p>	<p>Health and Community Directorate</p> <p>Children and Young People Directorate</p> <p>Primary Care Trusts</p> <p>5 Boroughs Partnership NHS Trust</p> <p>Voluntary organisations</p> <p>Halton Borough Council's Adults Learning Team</p>	<p>Provide courses in</p> <ul style="list-style-type: none"> <li>• Moving and handling and lifting</li> <li>• Stress management</li> <li>• Wellness</li> <li>• Assertiveness training</li> <li>• Medical conditions and difficult behaviour</li> <li>• Basic First Aid</li> <li>• IT and use of the Internet</li> </ul>	<p>100 carers will attend training courses in 2007/08</p>
<p>Continue to support existing carer support groups and help to develop new ones</p>	<p>All agencies including organisations in the voluntary sector working with carers</p>	<p>Encourage the formation of carer support groups</p> <p>Voluntary organisations provided with assistance to run support groups</p>	<p>More support groups established</p>

Promote caring issues in GP practices, throughout the Primary Care Trust and 5 Boroughs Partnership NHS Trust	Primary Care Trust 5 Boroughs Partnership NHS Trust	Agree an Information Strategy that addresses the health needs of carers	Monitor promotional activities
Ensure that professionals are aware of the health risks to carers and address ways of preventing or treating them	All agencies Training Managers in Social Services and Primary Care Trust	Provide awareness raising sessions for professionals focusing on the health issues faced by carers	More training sessions provided to professionals

## 8. Young carers

The government document ‘Caring about Carers’ states: ‘the experience of growing up in a family where a parent, relative or sibling is ill or disabled can bring both rewards and difficulties’.

Children and young people under 18 who have caring responsibilities are often referred to as ‘young carers’. These are young people whose lives are restricted in some way because they are supporting or taking responsibility for care of a person who is ill, has a disability or mental illness or misuses a substance.

Not every young person who has a parent, sibling or grandparent who is ill or disabled is a young carer, but of those young people who are taking on extra responsibilities, recent research has shown that;

- One quarter are missing school or have difficulties with lateness, no time to do homework or have other problems
- 12% cent of young carers are caring for more than one person
- More than half are providing care for their mother and one third for their brother or sisters

Halton’s Children and Young People Directorate fund the **Halton Young Carers Project** through their mainstream budgets and additional funding is provided from Carers Grant for support, activities and short breaks for Young Carers.

### What carers say

- Identify more young carers
- There should be more publicity for Halton Young Carers Project
- Listen to young carers
- Provide more joined up services

- Ask young carers what they want
- Provide training to professionals to enable them to identify young carers

**What has been provided so far**

- A Young Carers Information Pack has been produced, in conjunction with young carers
- Additional funding to identify 16 –17 year old young carers
- Support for Halton Young Carers Project to provide additional carers breaks for young carers

<b>Objective</b>	<b>Designated area of responsibility</b>	<b>Method</b>	<b>Evidence of Outcome</b>
Support Halton Young Carers Project to identify and work with Young Carers	Halton Young Carers Project  Children and Young People Directorate  5 Boroughs Partnership NHS Trust  Primary Care Trust	Provide information and briefing sessions about young carers services to other professionals  Provide information about the project in the local community	Young carers receive more support sessions  220 Young Carers will be identified and provided with support
Provide young carers with carers breaks and activities they want	Halton Young Carers Project  Children and Young People Directorate	Deliver support sessions for young carers after school  Provide residential and/or day activity programmes as appropriate	Young Carers benefiting from a break
Ensure that the views of young carers are heard and considered when planning services	Halton Young Carers Project  Children and Young People Directorate  Health and Community Directorate	Provide age appropriate opportunities for young people to express their views	Increased number of Young Carers accessing these opportunities



<p>Strengthen links with other agencies that may be aware of and/or provide support for young carers</p>	<p>Halton Young Carers Project</p> <p>All statutory and voluntary agencies</p>	<p>Develop processes between agencies</p> <p>Appropriate signposting to relevant support services</p>	<p>Established networks between agencies</p> <p>Young Carers benefiting from appropriate signposting</p>
<p>Recognise the emotional and physical impact that a caring role may have on a young person</p>	<p>All agencies in the statutory and voluntary sector</p> <p>Halton Young Carers Project</p>	<p>Appropriate signposting to relevant support services</p> <p>Assessments that recognise the need for support</p>	<p>Provide emotional support to carers at Halton Young Carers Project and other appropriate services.</p> <p>Refer young carers to specialist support agencies e.g. bereavement and loss services as appropriate</p>

## **9. Parents of children with a disability**

Social Services have the responsibility for assessing the needs of disabled children and their carers, and for co-ordinating services to meet those needs. They will arrange an assessment, a process to identify all the needs of the child and the family. A worker from the team will visit the family and provide them with a 'Care Plan'. This will show the needs of the child and family and the services which will be provided. Carers will also be entitled to a carers assessment that will provide them with a Carer's Action Plan.

Services offered by Children and Young People Directorate may include a home from home family based short break, advice and support to families, after school clubs, Direct Payments, outreach support and a range of social and leisure opportunities.

### **What carers say**

- They need a continuum of services for children
- They need better liaison between children and adult services
- They would like stakeholders days dedicated to parents
- They would like better advertising of services
- Provide more flexible services and Direct Payments
- Ensure there is equity of provision
- More partnership working with carers

### **What has been provided so far**

- Crossroads support services for carers
- Saturday and after school clubs
- Inclusive play and leisure groups
- Sibling support group
- Parent Partnership
- Early Support programme
- Halton Information Exchange
- Children's Information Service
- Youth Clubs
- One to one volunteer links
- School holiday play schemes
- Carer Assessment
- Direct Payments

<b>Objective</b>	<b>Designated area of responsibility</b>	<b>Method</b>	<b>Evidence of outcome</b>
Raise the profile of the needs of carers of disabled children	Children's Carers Development Officer  Halton Information Exchange Co-ordinator	Provide Information sessions in schools, children's centres and other child centred venues	Higher profile of needs of carers of disabled children in the community and increase in number of registrations with Halton Information Exchange
Keep carers of disabled children updated on new information	Halton Information Exchange Coordinator	Provide information packs and regular newsletter to carers of disabled children  Liaise with Children's Information Service	Increased number of families registered and receiving information
Involve carers in partnership working	Children's Carers Development Officer	Representation in Children with Disabilities Mini Trust  Carers stakeholder event	Continued carer representation
Promote the use of Direct Payments	Children's Disability Team  Client Finance Team	Provide support to access Direct Payments	Increase in take up of Direct Payments
Develop pathways to ensure a continuum of services that are easy to access	Strategic Manager Children with Disabilities	Implementation of Building Bridges Strategy	A co-ordinated multi agency response to the needs of disabled children and their families
Continue to provide support to parents /carers in relation to Special Educational Needs	Parent Partnership Co-ordinator	Provision of independent support and advice to parents	Through Annual Report

Provide carer breaks	Strategic Manager Children with Disabilities	Commission a range of short break services	Number and quality of carer breaks offered
----------------------	---	--	--

## 10. Financial security/Carers in employment

### Carers and working

Many carers find they cannot work because of the amount time they spend caring. Other carers try to ‘juggle’ work with caring and find themselves doing two jobs, one paid and one unpaid.

#### Problems faced by carers who are working include:

- Stress and anxiety from constantly juggling work and care
- Tiredness and having to cope with little or broken sleep
- Isolation because they have no time to go out and socialise
- Feeling that their colleagues think they are not committed to their paid work

The support the carer needs to keep working may be very simple. For example, a carer might need to be able to use a telephone and check the person they care for is all right.

Sometimes, however, carers do need to take leave to help them through difficult times.

### Financial security

Money matters more than ever when caring for someone. Carers may find they are:

- Unable to work
- Living on less money
- Faced with decisions that will affect money in the future, for example in the area of pensions
- Experiencing poverty because of being a long-term carer
- Needing to sort out debt problems

Many carers do not claim enough benefits or discounts for themselves because the benefit system is complex and they do not know what to claim.

Carers UK research has shown

- One in five carers has to cut back on food
- One in three have trouble paying utility bills
- Four out of ten find the level of charges for services cause financial difficulties
- One in three carers have no savings at all

**(Source: [www.carersuk.org](http://www.carersuk.org))**

Many carers experience debt and the financial stress affects their health.

### **What carers say**

- Promote carers rights and eligibility to benefits and support in work and education
- Make services available at times that fits working carers needs
- Caring responsibilities affect access to employment opportunities for carers of working age
- Target carers in the workplace and offer them support
- Help carers to return to work
- They want more joint working between services such as Welfare Benefit Team and Jobcentreplus

### **What has been provided**

- Many carers requesting benefit advice have been referred to Halton Borough Council's Welfare Rights Service
- General advice service and debt counselling is available through the Citizen Advice Bureau
- Information for working carers and benefit advice is included in the Carers Information Pack and A Quick Guide to Carer Services leaflet.
- Return to work information is available in the Carers Information Pack. It is provided to each carer when they receive a carers assessment.
- Information about carers rights and their benefit entitlement was available at Carers Week and Carers Rights Day events and other community events for carers.

<b>Objective</b>	<b>Designated area of responsibility</b>	<b>Method</b>	<b>Evidence of outcome</b>
Provide access to information on benefits and finance	Carers' Centre  Halton Borough Council's Welfare Rights Team  Age Concern Halton  Halton Citizen Advice Bureau	Refer more carers to Welfare Rights Service  Undertake more outreach work and link with the Benefits Express Bus  Carers Information Pack will be provided to each carer during a carers assessment  Continue to promote carers rights and entitlements	Carers receiving benefit advice
Carers provided with the opportunity to enter training or employment	All agencies including the Halton Borough Council's Adult Learning Team and Jobcentreplus	Continue to develop training to support carers into employment or education	Carers are supported to access education and employment
Provide support to working carers	All agencies	Encourage employers to identify working carers  Promote carer friendly employment policies and provide, on request, to local employers	Working carers receive advice and support  Personnel Departments made aware of the need to adopt carer friendly employment policies

### **Comments and complaints about social care services**

Your comments, compliments and complaints are important as they help us to improve and develop the services we provide.

Sometimes decisions are made or things may happen that you are unhappy about or disagree with. If this happens we want you to tell us – but we also want you to tell us when you are pleased with the help you have received.

Sometimes it is not possible to resolve a complaint about a service. In these circumstances, when all stages of the procedure have been completed, an individual complainant should contact the Commissioner for Local Administration (York Office).

If you want to write, our Freepost address is:-

Complaints, Freepost (CS/3)  
Customer Care Officer  
Health and Community Directorate  
Halton Borough council  
Grosvenor House  
Halton Lea  
Runcorn  
WA7 2ED

Email: [ssdcomplaint@halton.gov.uk](mailto:ssdcomplaint@halton.gov.uk)

If you require more information about how to make a complaint, you can contact Customer Services Advisor Tel; **01928 704406** or visit Halton Direct Link, Halton Lea, Runcorn and Halton Direct Link, 7 Brook Street, Widnes

## Useful addresses and telephone numbers

### **Social Services Customer Services**

Tel 01928 704406

Tel 01928 704466

### **Halton Crossroads Caring for Crossroads**

Old Police Station

Mersey Road

Runcorn

Tel 01928 588523

### **Runcorn Carers' Centre**

62 Church Street

Runcorn

WA7 ILD

Tel 01928 580182

### **Widnes Carers' Centre**

c/o Age Concern Halton

106 Albert Road

Widnes

WA8 6LG

Tel 0151 257 7767

### **Halton Primary Care Trust**

Victoria House

The Holloway

Runcorn

WA7

Tel 01928 593672

### **Halton Direct**

7 Brook Street

Widnes

WA8 6NE

### **Halton Direct**

Halton Lea

Runcorn

WA7 2ES

### **Halton Borough Council**

#### **Welfare Rights Team**

Tel 0151 471 7448

### **Advocate**

Kipling House

2 Kipling Crescent

Widnes

WA8 7BT

Tel 0151 257 9663

### **Halton Carers Forum**

c/o Halton Voluntary Action

Sefton House

Public Hall Street

Runcorn

WA7 1NG

Tel 01928 592 405

### **Halton Young Carers Project**

c/o HITS

84 Grangeway

Halton Lodge

Runcorn

WA7 5HZ

Tel 01928 564663

### **Halton Information Exchange**

Woodview CDC

Crow Wood Lane

Widnes

WA8 3L2

Tel 0151 424 4454

### **Age Concern Halton**

44 Church St

Runcorn

WA7 1LR

Tel 01928 590600



**Halton Citizen Advice Bureau**

Lugsdale Road  
Widnes  
WA8 6DJ  
Tel 0151 257 7767

**5 Boroughs Partnership NHS Trust**

Hollins Park House  
Hollins Lane  
Winwick  
Warrington  
WA2 8WA  
Tel 01925 664000

**Barnardo's Wider Horizons Project**

Grosvenor House  
Halton Lea  
Runcorn  
WA7 2HF  
Tel 01928 719031

**Scope Family Link Scheme**

Old Police Station  
Mersey Road  
Runcorn  
WA7 1DF  
Tel 01928 588516

**PSS Ltd**

18 Seel Street  
Liverpool  
L1 4BE  
Tel 0151 702 5555

**Alzheimers Society**

c/o Runcorn Carers Centre  
62 Church Street  
Runcorn  
WA7 ILD  
Tel 01928 580182

**Age Concern Halton**

106 Albert Road  
Widnes  
WA8 6LG  
Tel 0151 424 9000

**Widnes and Runcorn Cancer Support Group**

21-23 Alforde Street  
Widnes  
WA8 7TR  
Tel 0151 423 5730

**MIND**

Mental Health Resource Centre  
30A Widnes Road  
Widnes  
WA8 6AD  
Tel 0151 495 3991

**Making Space**

c/o Mental Health Resource Centre  
30A Widnes Road  
Widnes  
WA8 6AD  
Tel 0151 422 1714

**Halton Happy Hearts**

56 Oxford Road  
Widnes  
WA8 6DE  
Tel 0151 420 5432

**Let's Go Club**

46 Thirlmere Close  
Frodsham  
WA6 7LZ  
Tel 01928 731165

**Halton Shopmobility and Disability**

77 Albert Road  
Widnes  
WA8  
Tel 0151 424 8080

**Halton Shopmobility and Disability**

102 River Walk  
Halton Lea  
Runcorn  
WA7 2BX  
Tel 01928 7172277

**Mencap**

Acorn Club  
Laburnham Grove  
Runcorn  
Tel 01928 574867

**Halton Healthy Living Programme**

Suite 1E  
Midwood House  
Midwood Street  
Widnes  
WA8 6BH  
Tel 0151 495 3293

**Halton Autistic Families Support Group (HAFS), Trinity House**

78-80 Victoria Road  
Widnes  
WA8 7RA  
Tel 0151 495 3540

**Kings Cross Project**

c/o Trinity Methodist Church  
Peelhouse Lane  
Widnes  
WA8 6TJ  
Tel 0151 420 4905

**Halton Independent Living Trust**

c/o 1 Henley Court  
Runcorn  
WA7 5QL  
Tel 01928 580987

**Stroke Association**

Halton General Hospital  
Hospital Way  
Runcorn  
WA7 2DA  
Tel 01928 790372

**Halton Voluntary Action**

Sefton House  
Public Hall Street  
Runcorn  
WA7 ING  
Tel 01928 592 405

**The United Carers of Halton (TUCH)**

c/o 11 Tennyson Road  
Widnes  
WA8 7DA  
Tel 0151 424 8502

**Halton Parkinson's Disease Support Group**

23 Park Road  
Runcorn  
WA7 4SS  
Tel 01928 580015



This page is intentionally left blank

## Appendix 1

### Implementing Carers Strategy 2006-2008

Aim	Action	Number of carers			How will this be achieved?
		2005/06	2006/07	2007/08	
<b>1. Recognition</b>	Identify 'hidden carers'	210	220	230	Implement an outreach strategy to identify 'hidden carers' and carers of black and ethnic minority individuals. This will involve working closely with statutory and voluntary sector partner organisations
	Identify and support Black and Ethnic Minority carers	18	20	22	
<b>2. Information</b>	Issue Carer Information Packs to provide carers with relevant information	2,000	2,000	2,000	Ensure publicity leaflets and Carers Information Pack is kept up to date and relevant. Leaflets will be widely distributed in the community and 2,000 Carer Information Packs made available each year.  Provide a drop-in information service for carers. Develop links with Princess Royal Trust for Carers and consider the long-term future of the Carers' Centres.
	Provide Carers' Centres in Widnes and Runcorn				
<b>3. Emotional support and support services</b>	Provide access to complementary therapies, advice and counselling services to carers	350	360	370	Carers have access to services that provide them with emotional support at the Carers' Centres and to services provided in the voluntary sector.
<b>4. Assessment and assessing carers needs</b>	Provide an increased number of carers assessments	230	400	600	Health and Community Directorate will implement a strategy to ensure 600 carers assessments are completed by 2008.
	Meet LPSA target in 2008				

<b>5. Having a voice</b>	Carers involved in planning and monitoring services  Halton Carers Forum receives support				A Service User and Carer Involvement Payment Policy is being developed. This will ensure carers are reimbursed when they are invited to participate in service improvement activities  Halton Carers Forum meetings ensure carers have a voice and their views are considered
<b>6. Provide a break</b>	Increase the number of carers enjoying a short break	1,801	1,940	1,970	Carers Grant schemes will be developed by the local authority and voluntary groups to give carers the widest possible access and choice of a carers break.
<b>7. Support that help carers care and maintain their own health</b>	Number of carers attending training courses  Promote caring issues in GP Practices, in the Primary Care Trust and 5 Boroughs Partnership NHS Trust	60	80	100	Training courses for carers, aimed at maintaining their health, are planned for 2006 and 2007  Links with GP Practices will be further developed to help carers to be identified and provided with a service.
<b>8. Young Carers</b>	Support Halton Young Carers Project to identify and work with young carers	180	200	220	Assistance will be provided to Halton Young Carers Project to engage with more Young Carers
<b>9. Parents of children with a disability</b>	Support parents and carers of children with a disability				Continue to develop services for parents of children with a disability

<p><b>10. Financial security/Carers in employment</b></p>	<p>Provide access for carers to welfare benefit advice</p> <p>Help carers to remain in employment</p> <p>Provide carers wishing to return to employment with appropriate help and support</p>				<p>Carers will be referred to Halton Borough Council's Welfare Rights Team, Halton Citizen Advice Bureau for welfare benefit advice</p> <p>Working carers will receive advice and support from the Carer Development Team and Jobcentreplus</p> <p>The Carers' Centres and Halton Borough Council's Adult Learning Team will provide assistance to carers to access education and employment.</p>
---	---	--	--	--	---

This page is intentionally left blank



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

**DATE:** 12 September 2006

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

**SUBJECT:** Annual Report of Halton's Multi-Agency Adult Protection Committee

**WARDS:** Borough-wide

### **1.0 PURPOSE OF REPORT**

1.1 To present the Annual Report (2005/06) of Halton's multi-agency Adult Protection Committee, for endorsement.

**2.0 RECOMMENDATIONS: That the Annual Report of Halton's Adult Protection Committee be endorsed.**

### **3.0 SUPPORTING INFORMATION**

3.1 This report of Halton's Adult Protection Committee (APC) outlines the operation of the multi-agency arrangements for the protection of vulnerable adults in Halton, gives details of the work undertaken during the past year from April 2005 to March 2006, and summarises planned activity for the year April 2006 to March 2007.

3.2 The membership of the APC and its contributory organisations are detailed in Appendix 1 to the Annual Report.

3.3 Abuse, and the fear of abuse, has a significant impact on a person's ability to maintain and maximise their health, wellbeing and potential.

3.4 No single agency, team or individual can act in isolation to ensure the welfare and protection of adults who are vulnerable to abuse, exploitation or mistreatment because of their disability, impairment, age or illness. All individuals, agencies and organisations that have contact with vulnerable adults have a role to play in protecting them from such abuse and dealing with it appropriately and effectively when it occurs.

3.5 All agencies supporting the multi-agency arrangements retain their separate statutory responsibilities in respect of adult protection, whilst Halton Borough Council's Health and Community Directorate has responsibility for coordination of the arrangements.

### **4.0 IMPLICATIONS**

4.1 There are no legal, policy or major resource implications in endorsing this Annual Report.

**5.0 RISK ANALYSIS**

5.1 Not applicable.

**6.0 EQUALITY AND DIVERSITY ISSUES**

6.1 Not applicable.

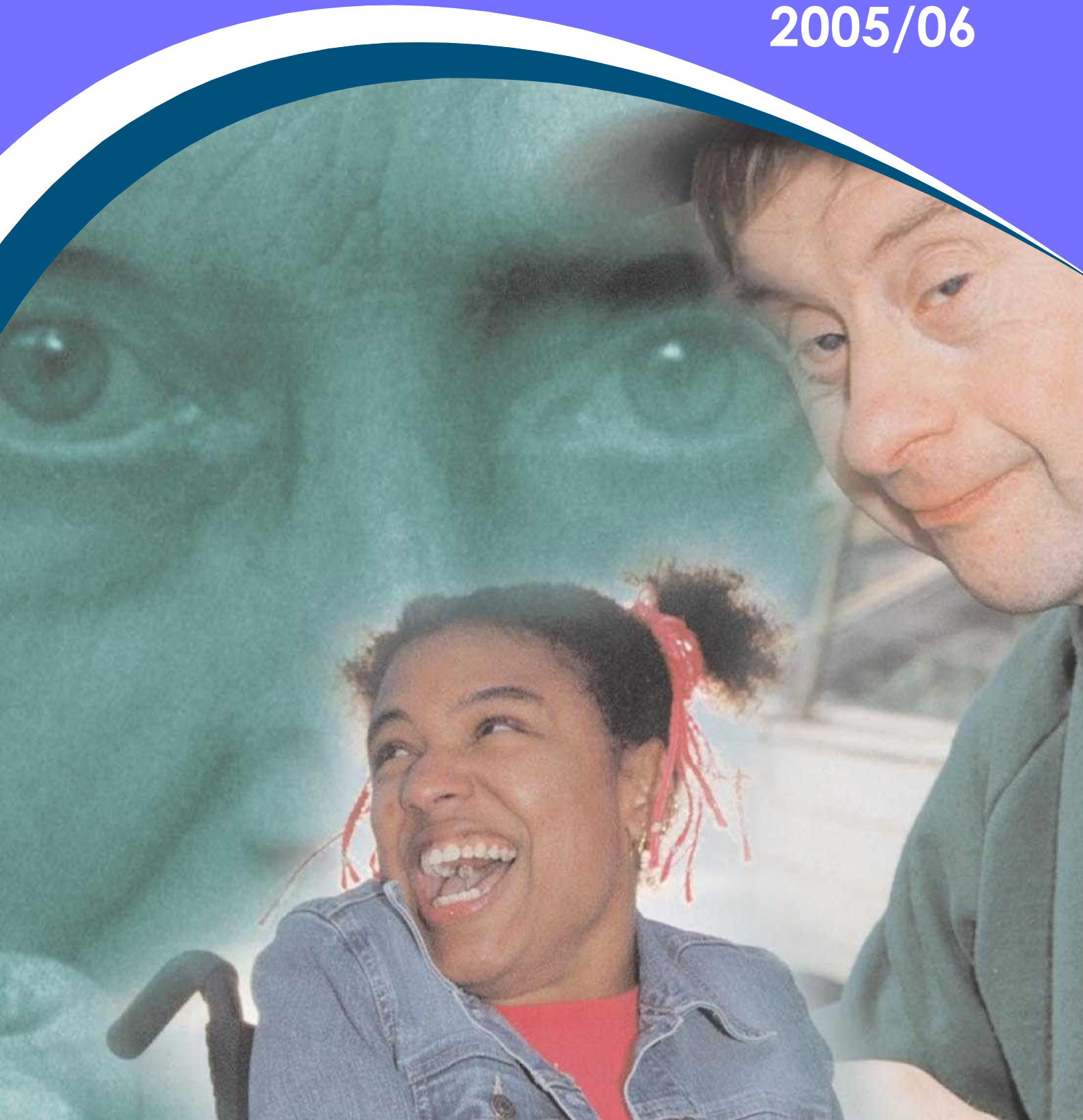
**7.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

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



# *no*secrets

## Annual Report of Halton's Multi-Agency Adult Protection Committee 2005/06





## Contents

<b>Section</b>		<b>Page</b>
	Foreword by: <ul style="list-style-type: none"> <li>• Chair of Adult Protection Committee</li> <li>• Cheshire Constabulary – Northern Area</li> <li>• St Helens and Knowsley Hospitals NHS</li> </ul>	<b>4</b> <b>5</b> <b>6</b>
	Summary	<b>7</b>
	Introduction	<b>8</b>
<b>1</b>	Funding	<b>9</b>
<b>2</b>	Adult Protection Committee and Practitioners Group	<b>10</b>
<b>3</b>	Training: <ul style="list-style-type: none"> <li>• Provided and attended</li> <li>• Expenditure</li> <li>• Feedback</li> <li>• 2006/07 programme</li> </ul>	<b>12</b> <b>12</b> <b>14</b> <b>14</b> <b>15</b>
<b>4</b>	Policies, procedures and guidance	<b>17</b>
<b>5</b>	Contracts and contracted providers	<b>18</b>
<b>6</b>	Publicity and information	<b>19</b>
<b>7</b>	Service user survey	<b>20</b>
<b>8</b>	Halton's Adult Protection Data	<b>24</b>
	Appendices	
Appendix 1	Adult Protection Committee (APC) and membership	<b>27</b>
Appendix 2	Practitioners Group membership	<b>30</b>

## Foreword

### Chair of Adult Protection Committee

I am pleased to be able to introduce this Annual Report of Halton's multi-agency Adult Protection Committee, which outlines the work undertaken during the year 1<sup>st</sup> April 2005 to 31<sup>st</sup> March 2006 and summarises planned activity.

There have been considerable developments in Halton's arrangements for the protection of vulnerable adults, in the past year, which build on progress made during the previous 2 years since the launch of Halton's Inter-agency Policy, Procedures and Guidance, in 2003. The Committee wishes to acknowledge the vital input of Katy Hansford, Service Development Officer, to those developments that have occurred both prior to and since the launch of the procedures. Katy played an important part in maintaining the momentum gathered, leading up to and following the launch.

Developments within the area of adult protection in Halton have been supported through a joint funding initiative between the Neighbourhood Renewal Fund, Primary Care Trust and the Local Authority. This programme is lead through the Vulnerable Adults Task Force (VATF), which currently reports to both the Halton Health Partnership and the Older People's Local Implementation Team. October 2004 saw the appointment of a full time Adult Protection Coordinator for Halton, Julie Hunt, who started work in February 2005 in a temporary post for 3 years. Funded by VATF monies, this is a key post in driving forward the adult protection agenda in the Borough, with responsibility for the formulation, development, implementation, monitoring and review of arrangements including policies, procedures and practice.

At the centre of local developments is the strategic decision making body, Halton's multi-agency Adult Protection Committee and its main working sub-group, the Practitioners' Group. Members' attendance and contributions in meetings are invaluable and I hope they continue to provide a dynamic arena for raising issues, and the consultation and decision-making involved in moving forward our challenging agenda to combat abuse. It is important to recognise and acknowledge that this is underpinned by a sound commitment to effective inter-agency working and the vital contribution made by organisations and individual staff and volunteers in all sectors – public, private and voluntary.

This year has seen an increase in the learning we have gained from child protection. For instance, the Bichard Inquiry and accompanying Serious Case Review resulted in several recommendations services aimed at the protection of vulnerable adults can benefit. I would also like to thank Halton Borough Council's Quality Assurance Unit in the Children and Young People's Directorate, for sharing relevant information and their valuable experience with us.

At a time when we are seeing many new initiatives and developments nationally such as the impending second reading of the Safeguarding Vulnerable Adults

Bill, audit of the Protection of Vulnerable Adults scheme, arrangements for the implementation of the Mental Capacity Act 2005 and proposals for national reporting requirements, important links exist between local and national adult protection agendas. Halton has benefited from membership of networks that influence, support and communicate important developments. Dwayne Johnson, Strategic Director, Health and Community services for Halton Borough Council, has recently taken over the chair of the multi-agency Safeguarding Adults National Reference Group and been appointed as Lead Director for the Association of Directors of Social Services (ADSS) Protection of Vulnerable Adults Committee. Julie Hunt is a member of two regional Adult Protection Coordinators networks, with links to the national network.

The forthcoming year provides us with an opportunity to consolidate and refine our operations here in Halton, continuing to work at ensuring that all agencies and individuals treat the protection of vulnerable adults as a priority. I am confident that we will build on progress and continue to meet the challenges brought by new legislation, guidance and national developments, improving our inter-agency and internal procedures and working arrangements, staff training and development, raising public awareness and, not least, consultation with people who use the adult protection service.

Finally, this Annual Report is intended to assure all partner agencies of our continuing commitment to this crucial area of our work and to thank them for their contributions to the partnership.

**Peter Barron**

**Chair of Halton's Adult Protection Committee and Operational Director (Older Peoples, Physical and Sensory Impairment Services) for Halton Borough Council (Health and Community Directorate)**

## **Cheshire Constabulary – Northern Area**

In April 2005 the Constabulary undertook a programme of change under the title 'Taking Control'. The Halton area was adjoined with Warrington to form a new police 'Basic Command Unit, the 'Northern Area'. The programme also introduced a new dedicated unit for each of the Constabulary's three Basic Command Units, which would deal with child protection, domestic violence and vulnerable adult abuse, the 'Public Protection Unit'.

The Northern Area Public Protection Unit has two police officers dedicated to investigating certain cases of vulnerable adult abuse. These officers are supervised by a Detective Sergeant, who in turn is supervised by the manager of the Northern Area Public Protection Unit, a dedicated Detective Inspector.

The new Public Protection Unit has worked hard over the last twelve months at continuing with the already excellent working relationships developed over the last few years between the police and other agencies in the very important area of vulnerable adult abuse.

The Cheshire Constabulary is committed to working with our partners in tackling the abuse of the most vulnerable members of our communities, whenever and wherever that abuse takes place.

**Detective Chief Inspector Judi Heaton**  
**Northern Area**  
**Cheshire Constabulary**

### **St. Helens and Knowsley Hospitals NHS Trust**

The Trust is taking positive steps to deal with incidents of abuse and is committed to the protection of vulnerable adults.

The Hospital has developed important links between local Adult Protection Agencies with Trust representation on the Adult Protection Committee at Halton Borough Council, Knowsley and St. Helens.

Forthcoming year plans are to focus on raising staff awareness regarding the abuse of adults, develop the Trust Adult Protection Committee and introduce systems to safeguard adults in our care. The Trust supports effective communication between agencies and acknowledges that though progress has been made, much more has to be done and is committed to this area of work.

**Tina Cavendish**  
**Senior Nurse**  
**Quality/Clinical Standards**  
**St Helens and Knowsley Hospitals NHS**



## Summary

### **The main areas of achievement during 2005/06 have been as follows:**

- Building the multi-agency representation, agenda and infrastructure of the APC and Practitioners Group;
- Review of interagency policies, procedures and guidance and production and 'roll out of further documents;
- Extension of publicity arrangements;
- Progression of the service user survey;
- Delivery of a training programme, by external providers, extending invitations to courses to an extended audience and evaluation of the delivery.
- Ensuring that adult protection is on the local 'agenda' in other related forums, such as the Domestic Abuse Forum, Safer Halton Partnership and Community Strategy.

### **Developments planned over the next 12-18 months will include:**

- Adult Protection Committee will look at how the forum can best support partner agencies in their development of internal policies, procedures and systems, including data collection arrangements and provision of information to the public and staff;
- Training provision, including evaluation of last year's training and consideration of any new courses needed;
- Finalising the review and revision of multi-agency policies and procedures;
- Further review of policies and procedures, including those that govern inter-agency working;
- Review of data collection arrangements, incorporating comments from managers and practitioners, any national requirements, and looking at how analysis can monitor standards and inform developments;
- Involvement in planning for local implementation of new legislation such as the Mental Capacity Act 2005, in terms of the adult protection elements;
- Further promotion of the Service User Survey.

## **Introduction**

Abuse, and the fear of abuse, has a significant impact on a person's ability to maintain and maximise their health, wellbeing and potential.

No single agency, team or individual can act in isolation to ensure the welfare and protection of adults who are vulnerable to abuse, exploitation or mistreatment because of their disability, impairment, age or illness. All individuals, agencies and organisations that have contact with vulnerable adults have a role to play in protecting them from such abuse and dealing with it appropriately and effectively when it occurs.

This report of Halton's Adult Protection Committee (APC) will outline the operation of the multi-agency arrangements for the protection of vulnerable adults in Halton, give details of the work undertaken during the past year from April 2005 to March 2006, and summarise the following year's planned activity.

The membership of the APC and its contributory organisations are detailed in Appendix 1 to the report.

## 1. Funding

Adult protection developments have been funded during 2005/06 as follows:

<b>Item</b>	<b>Income £</b>	<b>Expenditure £</b>	<b>Balance £</b>
	<b>Vulnerable Adults Task Force (VATF) funding</b>		
	<b>£50,000</b>		
<b>Budget available</b>			
<b>Adult Protection Coordinator post including on-costs</b>		<b>41,283.98</b>	
<b>Publicity materials - purchase</b>		<b>698.80</b>	
<b>Total</b>	<b>50,000</b>	<b>41,982.78</b>	<b>8,017.22</b>
<b>Training – no separate budget for Adult Protection training</b>	<b>N/A</b>	<b>5,125</b>	<b>N/A</b>

For the coming year 2006/07, the available VATF budget remains at £50,000 and estimated total cost of the Adult Protection Coordinator post is £43,842.00

## 2. Adult Protection Committee and Practitioners Group

The membership of the Adult Protection Committee (APC) and its main sub-group, the Practitioners' Group (PG), has been expanded considerably to provide a more comprehensive multi-agency representation. An additional 10 members have joined the APC and 15 the PG, since 1<sup>st</sup> April 2005. The full membership of each forum is shown in Appendices 1 and 2, indicating those members who have joined the committee/group during the year and the organisations/teams they represent.

Total attendances at meetings have seen a corresponding increase as follows:

	<b>2004/05</b>	<b>2005/06</b>
<b>Adult Protection Committee</b>	56	63
<b>Practitioners Group</b>	49	60

Appendix 2 shows attendances by organisation, indicating also the date from which attendance began in the case of newer members. In seeking nominations to join the forums, from organisations and sectors not previously represented, the Commission for Social Care Inspection (CSCI) facilitated attendance by a Regulatory Inspector at PG meetings, but declined to provide representation at the APC, explaining there would be a conflict of interest in so doing. Consumer Protection and the Probation Service have undertaken to send representatives to meeting where they feel the agenda is pertinent to their work. Cheshire Constabulary (Halton Public Protection Unit) agreed to be represented by a Detective inspector rather than a Detective Sergeant, as a rank that facilitates strategic decisions.

Terms of reference have been developed and agreed for both forums.

Both the APC and Practitioners' Group have met every 8-9 weeks during 2004/05 and have made significant contributions to the development of Halton's adult protection arrangements, progressing the local action plan, and to national consultation processes. It is anticipated that quarterly meetings will suffice for the coming year 2006/07.

Agreement was gained, in late 2005, that the APC should report and be accountable to the Safer Halton Partnership, a multi-agency forum. This will be facilitated through presentation of the annual report and quarterly data to the forum, and minutes of APC meetings to the co-chairpersons. Dwayne Johnson (Strategic Director, Halton Borough Council) will present the reports and Julie Hunt (Adult Protection Coordinator) would attend when required.

The APC and Practitioners Group agenda items for the past year have included:

- Learning to be gained from the Bichard Inquiry and accompanying Serious Case Review

- Guidance on the Protection of Vulnerable Adults (PoVA) scheme
- Training
- Police referral route and thresholds
- Mental Capacity Act 2005
- Service user participation and survey
- Contracting
- Anti-Bullying policy and procedure
- Exclusion policy
- Mental health issues in the news
- Publicity
- National standards – Safeguarding Adults
- Data reporting and analysis
- Multi-agency representation

The Practitioners Group has provided vital input from practitioners and operational managers, during the past year, on adult protection arrangements and developments in the Borough.

Readers should refer to this report's summary for information about developments planned for the coming year, 2006/07.

### 3. Training

#### 3.1 Training provided and attended

Multi-agency training has been provided free of charge and facilitated by external training providers ICIS and Tony Axford. Provision, take-up and attendance was as follows during 2005/06:

Course title	Number and duration of courses	Number of delegate places per course	Total number of delegate places available	Total number of delegates nominated to attend	Total number of delegates who attended
Referrers (formerly called 'Alerters') training	Three 1 day events held in January, February and March 2005	50 per course	150	142	91
Facilitators training (to prepare trainers to provide basic awareness training)	Two half day events in January	50 per course	100	85	65

Take up of places was as follows. CSCI explained that they have training provided within their organisation and therefore did not need to attend:

#### Number of attendees per agency, organisation or sector

	HBC	NHS Trusts	Police	Fire Service	College	P & V sector care homes	P & V sector dom. care	Other P & V sector organisations
Referrers course	31	2	11	0	0	15	10	22
Facilitators course	11	2	1	1	1	18	16	15

Halton's training video and accompanying guide continue to be provided to those delegates attending the Facilitators' training.

**3.1.1 Investigators training** was provided and made available to Halton Borough Council's social work assessment teams, Halton Police and the Commission for Social Care Inspection, as follows, although the Police and

CSCI explained that they have training provided within their organisations and therefore did not need to attend:

<b>Course title</b>	<b>Number and duration of courses</b>	<b>Number of delegate places provided</b>	<b>Total number of delegates who attended</b>
<b>Investigators</b>	One course of 2 days	<b>18</b>	<b>14</b>

**3.1.2 Chairing Skills training** was provided for Halton Borough Council employees as follows:

<b>Course title</b>	<b>Number and duration of courses</b>	<b>Number of delegates nominated</b>	<b>Total number of delegates who attended</b>
<b>Chairing Skills - for managers chairing strategy and professionals' meetings and case conferences</b>	One course of 2 days	<b>11</b>	<b>5</b>

Day 2 of this course was re-scheduled as it coincided with the day of industrial action by local government workers. This affected attendance because only day 2 was re-scheduled and, when asked about attendance some of the delegates had already made alternative plans for Day 1 also, assuming that this would be cancelled. One manager was unable to attend when a meeting had to be rescheduled to the day of the training.

The total number of people attending courses during 2005/06, compared with 2004/05, was as follows:

	<b>2004/05 *</b>	<b>2005/06</b>
Halton Borough Council	69	61
Partner Agencies and Housing	71	114
<b>Total</b>	<b>140</b>	<b>175</b>

- Figures taken from Halton Borough Council's Training and Development Plan for 2005/06 - numbers of people attending all Adult Protection (i.e. Managers' Investigators' and Facilitators') training courses.

Non-attendance by people nominated to attend is followed up by a memo from Halton Borough Council Health and Community Directorate's Training Section,

to the managers of nominated delegates, and by Contracting Section in respect of contracted providers.

### **3.2 Training Expenditure**

£5,125 was spent on Adult Protection training during 2005/06. This was a combination of Halton Borough Council monies and the National Training Strategy grant.

The Adult Protection training budget for 2006/07 has not yet been agreed. There is no separate budget for Adult Protection training.

### **3.3 Training Feedback**

Feedback from course delegates was, on the whole, very positive. Delegates said the training was appropriate to their training needs, participative and the skills, knowledge and experience of the trainer appropriate. Additionally, comments were made about course materials, presentation, usefulness, suggested changes to improve effectiveness, and what delegates learned from the courses. Words used to describe the events included professional, interesting, stimulating, helpful, valuable, well tutored and presented, thorough and motivating.

Negative comments were the exception and were as follows:

- Investigators course – one delegate used the terms ‘basic’ and ‘confusing’ and said the materials were good but scenario could be expanded to be clearer. One person suggested the inclusion of some role-play.
- Chairing Skills course – one delegate commented that the role-play and group exercises would have been more useful had the group been larger.
- Facilitators courses – two delegates said the pace of the course was too fast, one said it was basic, one said it should have been longer and the video longer and one said the course should focus more on the role of manager rather than the alerter, one person suggested a different course was needed for voluntary organisations. One person commented that, as a manager, s/he was not clear of his/her role. Three people said the room was too large and six people commented on the acoustics in the Charles Barkla Suite (training room) – that they couldn’t hear others talking, better sound reception was needed, audio system/microphone should have been working/used, it was difficult to hear on occasion despite the microphone in use people hard of hearing do not want to have to publicly declare it.
- Referrers course
  - Feedback from the January course included one comment that the course was not relevant to the delegate’s training needs, one that the delegate was not able to take part/contribute, one that the skills/knowledge and experience of the trainer was not appropriate, one comment of ‘boring’, one of ‘boring in parts’ and



one of 'nothing new'. Comments were also received that more handouts would be nice, there needed to be more involvement looking at policy and procedures. Two people commented that the facilitator kept referring to child protection. One person added a number of comments, that the course structure was not logical, there should have been more emphasis on referral rather than investigation, there was no discussion around 'whistle-blowing', and the course was not suitably pitched for the audience. Three people said that the room was too hot and four commented that they could not hear, the venue was distracting and acoustics were poor.

- Feedback from the February course said, in one instance, 'basic' and 'a little boring'. Three delegates suggested more detailed handouts would be helpful, one said the room temperature was a problem, one said the trainer wandered off the issue of referral/trigger, two comments said the acoustics were not good.
- Feedback from the March course contained fewer negative comments than from the two previous courses. One delegate described it as basic and one suggestion was received to reduce the length of the course.

The written feedback was forwarded to the course providers. Action taken to address the negative comments received was as follows:

- The Adult Protection Co-ordinator spoke with the provider of the Referrers course and agreed actions to remedy the issues that had led to negative feedback. Comments from delegates on the next course showed the resulting changes to be effective.
- Given concerns raised about the acoustics in the Charles Barkla Suite (used only for the Facilitators course), the Adult Protection Co-ordinator met with Halton Borough Council's Training Officer and agreed changes to the feedback form, to invite specific comments about the venue. A 'roving microphone' was provided on subsequent courses, delegates were asked [but not pressured] to use it and the seating was rearranged.

The feedback form was revised during the year, to incorporate questions about whether delegates witnessed any discriminatory comments, if so how they were dealt with, and about the suitability of the venue.

### **3.4 2006/07 Training Programme**

Training for 2006/07 will be discussed at the APC meeting in June 2006, incorporating:

- An overview evaluation of courses provided during the year 2005/06;
- Future training need, including consideration of the possibility of providing basic awareness courses, the training needs of provider service managers who may undertake investigations, and Achieving Best Evidence training for social work staff.

The Adult Protection Coordinator and Training Officer will meet to look at the training strategy for 2006/07, consider how to address the issue of non-attendance by nominated delegates, and seek a resolution to the on-going problem of poor acoustics in the Charles Barkla Suite.

#### **4. Policies, Procedures and Guidance**

The document 'Adult Protection in Halton, Inter-agency Policy, Procedures and Guidance' has been revised and the draft document is due to be distributed for consultation. The revision has incorporated comments received from managers and practitioners throughout the year, new information and learning, up-dating the content, and improved referencing and order of contents within the document to better enable people to find the information they need.

Information and Guidance has been devised and distributed, on the Protection of Vulnerable Adults (PoVA) scheme. This included Halton Borough Council's (HBC) policy and staff leaflet regarding its own employees and a guidance document for managers leading adult protection investigations and chairing associated meetings. All documents have been shared with the APC and contracted providers of care homes and domiciliary care agencies, some of whom have attended a presentation.

The arrangements, for obtaining Criminal Record Bureau (CRB) disclosures for Halton Borough Council's staff employed before the scheme was implemented, have been reviewed.

Halton Borough Council Health and Community Directorate's Recruitment and Selection Policy and Procedure have been revised, taking into account relevant recommendations arising from the Richard Inquiry.

The effectiveness of the Association of Directors of Social Services (ADSS) protocol relating to reciprocal arrangements between local authorities has been reviewed.

The Adult Protection Coordinator has taken part in a number of local and national consultation exercises during the year, including those dealing with the Richard Inquiry recommendations on a vetting and barring scheme, the White Paper 'Our Health, Our Care, Our Say', Halton's Community Strategy, Domestic Abuse policies, procedures and protocol and national standards for adult protection.

The Service Development Officer, in consultation with practitioners and managers, has recently devised an Anti-Bullying Policy and Procedure. Briefings/training will be provided to HBC and PCT staff and contracted providers during May 2006.

A Letter of Understanding about thresholds and referral routes was agreed with Halton Police, after some negotiation. This will be reviewed during 2006. Cheshire Constabulary have been approached by Halton Borough Council, regarding an over-arching adult protection policy for the Cheshire, Halton and Warrington area and suggesting a review of the arrangements for working with the Constabulary since Halton and Warrington gained unitary status.

The Association of Directors of Social Services (ADSS) published a national framework of standards for good practice in adult protection work, 'Safeguarding Adults', in

October 2005. Halton's Adult Protection Committee considered the document and it was agreed that Halton would not formally adopt the Safeguarding Adults standards as a whole, but would continue to develop its policies and procedures in accordance with good practice and the local action plan, which would take the standards into account.

Pathways/flowcharts, standard meeting agendas and letters are in the process of being devised, to support the inter-agency procedures.

Guidance is being compiled in consultation with Legal Services, about information sharing.

## **5. Contracts and Contracted Providers**

Providers who contract with Halton Borough Council are represented on the Adult Protection Committee and Practitioners Group.

The care home and domiciliary care contracts and specifications have been reviewed and revised in respect of adult protection issues and their content is under review regarding confidentiality and obligations to share information.

Briefings have been given at providers' meetings, on the PoVA scheme and learning from the Bichard Inquiry, and written information has been distributed.

Staff and public information leaflets and invitations to training are distributed to all contracted providers.

2006/07 will see a review of the Supporting People contract and further briefings on the PoVA scheme and Anti-Bullying Policy and Procedure.

## 6. Publicity and Information

Distribution of leaflets and posters has been extended in the past year, to include, for example, many more voluntary sector groups and organisations, the fire and ambulance service, housing associations and sheltered housing, pharmacies and GP surgeries,

The public information leaflet and poster have been redesigned, to up-date information provided and simplify the leaflet. The existing 'branding' has been maintained in order to facilitate recognition and association with other materials, and the multi-agency approach continues to be recognised by the materials.

Presentations and briefings have been provided to a number of staff and voluntary groups including the Primary Care Trust and 5 Boroughs Partnership, Oak Meadow and Halton Voluntary Action's Health and Community Care Forum to which an invitation is extended to all voluntary groups and organisations in Halton.

Articles have been published in 'Inside Halton', which is distributed to all households and businesses throughout the Borough and 'In Touch' (Halton Borough Council's staff magazine) and Halton Voluntary Action's Information Exchange.

A 'Quick Link' has been set up this year, to facilitate easy access the Adult Protection page of Halton Borough Council's (HBC) website. Links set up this year, to other sites, include the Commission for Social Care Inspection and information on what to do if you think that a child is being abused.

The document 'Adult Protection in Halton, Inter-agency Policy, Procedures and Guidance' is available on the Internet, along with general introductory information about the protection of vulnerable adults, staff and public information leaflets, an accessible guide produced for people with learning disabilities and reading difficulties. The Anti-Bullying policy and procedure has been added to the website and people have been informed of what is available and how to access it.

Further documents and links will be added to the website during 2006/07 and partner agencies encouraged to consider similar developments. The information accessible on Halton Borough Council's intranet will be developed when the facility to do so is available.

The Adult Protection Coordinator will seek to provide further articles, briefings and presentations during the coming year. Articles will be published in the Halton Voluntary Action and Halton OPEN (Older People's Empowerment Network) newsletters.

## 7. Service User Survey

### 7.1 Background to the Survey and Referrals

Liverpool University is carrying out a study on the abuse of vulnerable adults, through a collaborative consortium with Halton Borough Council, with the aim of promoting good practice through the development and application of research. The purpose of the study is to evaluate the service provided in Halton, by interviewing service users, carers and advocates and examining cases of alleged abuse and the way in which they have been dealt with. The learning gained will inform and help to shape future services to adults who may be vulnerable to abuse, in the borough.

Two independent researchers, Joan Darwin and Lisa Pickering, are deployed to undertake the study, which is overseen by a Steering Committee that is responsible to the University for the promotion of the aims of the consortium.

The Halton study began in January 2005 and ran as a pilot for a period of 7 months, followed by an official launch in August 2005. Due to conclude in November 2006, the project has been granted an extension until November 2007. The two years data collection will end in July 2007, with the production of a draft final report in late October 2007.

With the appointment of the Adult Protection Coordinator in February 2005, the project was driven forward and a central point for contact and queries became available.

Total referrals have been in the ratio of approximately 1:3 (referrals to the survey, to the total number of adult protection referrals in Halton), with 35 referrals and 99 non-referrals, but have been mainly from the Older Persons Runcorn (OPR) Team and from one Social Worker (S/W) in particular. All social work teams have made referrals, as follows:

<b>Social Work Team or Service User Group</b>	<b>Referrals 1.1.05 to 31.7.05</b>	<b>Referrals 1.8.05 to 31.3.06</b>
Older Persons teams	4	23 [16 of which are from 1 S/W in OPR]
Older People's Mental Health team	10	N/A
Mental Health team	0	1 [from a S/W in OPR]
EMI team		6 [1 of which is from a S/W in OPR]
ALD	3	1
PSD	0	4
<b>Total</b>	<b>17</b>	<b>35</b>

Whilst the total number of referrals has increased, the response remains inconsistent across the teams and the majority of cases are still not referred to the study. A number of steps have been taken to address this issue, including:

- The researchers have attended meetings with social work teams, providers and carers to explain the project, maintain contact and to remind people of the continuing need to send referrals through to the project.
- The Adult Protection Coordinator has emailed data to managers and commented on the lack of referrals.
- APC has received reports produced by the Researchers.
- Referral forms and guidance have been revised, to ensure clarity, encourage social workers to offer service users [or their advocate, representative or carer] the opportunity to participate, to discourage non-referral for unacceptable reasons, and to allow information to be extracted about who took the decision that the opportunity to participate should not be offered. It also detailed the social work team involved.
- A 'flier' was sent to social work teams, to remind them of contact details.
- The researchers are furnished with the adult abuse figures from HBC's monthly reports, so they are aware of the number of cases being dealt with in total and by team. The totals of both referred and non-referred cases sent to the research project should correspond to these totals.
- The Researchers and Adult Protection Coordinator meet to review progress and consider remedial action indicated.
- The Steering Committee has considered the issue.

## **7.2 Summary of the study's findings:**

### **7.2.1 Pilot period**

- The process of referral from homes to Social Services and CSCI is prompt and well established
- Referrers felt that they had a effective and timely response from the investigating officers
- Once the investigation commenced, many staff interviewed felt that they were not sufficiently consulted for their individual knowledge and that their professional expertise was not utilised.
- Strategy meetings and case conferences did take place in some cases, but only the Manager of the home attended and nothing was documented and/or circulated.
- Next of Kin and relatives of Service Users were not always informed of the incident and subsequent investigation.
- In none of the referrals was a recommendation made for an advocate to be appointed to represent a Service User.
- No evidence was found of Action Plans being completed and logged with the Care Homes concerned at the end of the individual investigation.
- Risk assessments were routinely carried out by the Homes themselves but did not appear to involve or consult social workers.

### 7.2.2 1<sup>st</sup> August 2005 to 31<sup>st</sup> March 2006

- Of the cases referred to the project, no major problems in procedures have been found and many examples of good practice were cited.
- The low volume of referrals from certain areas is therefore skewing the outcomes and also not doing justice to the amount of work undertaken by Social Workers in those teams. The Researchers are aware that complex investigations are taking place, via anecdotal evidence, but because these are not being referred to the project they are unable to report this in the data.
- The majority of cases referred have been of allegations/instances of abuse of service user on service user. This is clearly not representative of the types of referral and investigations experienced.

### 7.2.3 Interviewees' comments

The following selection of comments is from carers, as no service users were interviewed during the period 1<sup>st</sup> April 2005 to 31<sup>st</sup> March 2006. Wherever possible verbatim comments have been recorded but in those cases where the interviewee was confused in their description or comments, then the researcher paraphrased or summarised and then on each occasion read the version out or gave the interviewee the sheet to read. Agreement was always gained on the wording of these comments.

- 'Advocates for both the husband and wife would represent their views; "and it would stop me from having to take sides" (Daughter)';
- 'The social worker was very easy to contact and prompt with action';
- 'District Nurse and Social Services acted promptly, they reassured next of kin who were kept informed of actions taken by social workers and of visit to the house';
- 'District Nurse and Social Services dealt effectively with this incident. However, subsequent information and awareness of follow up not given. Would have wanted to know these details and action taken to prevent reoccurrences for other vulnerable adults';
- 'Social worker dealt with the incident promptly and efficiently, good advice was given and social worker listened to the care manager';
- 'They believe that the matter was referred to the police but were unsure, not being informed of the progress of the investigation. They would have liked to have known what had occurred';
- '...there was not enough recognition of care home staffs' professional status';
- 'Police investigated, kept service user informed';
- 'No written action plans';
- 'No action plan but risk assessment and care plan reviewed';
- 'Action plan given by Social Services'.

The above selection of comments demonstrates themes that were followed up in the summaries provided by the researchers. The following actions have been taken in order to address any concerns raised by interviewees:



- Reports produced by the researchers have been forwarded to Social Services' managers and an overview given to the Adult Protection Committee;
- Concerns about lack of referrals and representative referrals have been communicated to managers;
- Halton's Inter-agency adult protection procedures have been revised to take account of comments, for example about advocacy, feedback to referrers and communicating regarding the protection/action plan;
- Researchers have fed back some comments directly to a social work team and other agency involved, where particular concerns have arisen, and managers have been encouraged to invite the researchers to meet with them, to receive feedback.

This research study is a unique opportunity for Halton's adult protection service to benefit from independent consultation with people who use the service. Promotional work will continue as long as necessary, for the remainder of the project.

## 8. Halton's Adult Protection Data

The number of referrals received have increased year on year, since data was collected in Halton in 2003, as follows:

<b>August 2003 to 31<sup>st</sup> March 2004 (8 month period) from trigger/monitoring forms</b>	<b>1<sup>st</sup> April 2004 to 31<sup>st</sup> March 2005 (12 month period)</b>	<b>1<sup>st</sup> April 2005 to 31<sup>st</sup> March 2006 (12 month period)</b>
75	254	375

Full data is available in the 4<sup>th</sup> Quarter Data Report, which provides cumulative figures for the year 1<sup>st</sup> April 2005 to 31<sup>st</sup> March 2006. The following information is extracted from that report and is gathered from the CareFirst client record system and trigger/monitoring forms received. The reason for using the two methods of collection is that CareFirst does not presently collect all categories of information required.

Referrals by service user group were as follows:

<b>Service user group</b>	<b>Number of referrals</b>
Older people	213
Adults with learning disabilities	90
Physical and sensory disabilities	31
Mental health	41
<b>Total</b>	<b>375</b>

Locations of alleged abuse were as follows:

<b>Location</b>	<b>% of Referrals</b>
Own home/rented	38.71
Hospital *	2.30 *
Nursing home	18.89
Residential home	17.97
Educational establishment	0.46
Public place	3.69
Sheltered accommodation	0.92
Supported living	3.23
Day services	1.84
Other	4.61
Not stated #	7.37 #

\* Allegations made during hospital stays, about alleged abuse occurring in hospital, may not be referred to Halton Borough Council as they should be dealt with within the Trust's own procedures. The Adult Protection Committee will be

offering to support Trusts in the development of their internal procedures and data collection arrangements, where necessary, during 2006/07.

# Trigger/monitoring forms are now checked to ensure that all information is completed.

Relationship of the alleged perpetrator was as follows:

<b>Relationship</b>	<b>% of Referrals</b>
Partner/relative	26.27
Other service user	33.18
Stranger/no relation	9.22
Other	14.75
Staff/formal carer	2.76
Not stated #	13.82 #

The following figures show the percentage of cases where there had been previous allegations of abuse:

<b>Previous allegations?</b>	<b>%</b>
Yes	16.13
No	18.89
Don't know #	27.65
Not recorded #	37.33

# The review of data collection arrangements during 2006/07 will seek to address this lack of information.

Outcomes of investigations have been recorded as follows:

<b>Outcome</b>	<b>% of Referrals</b>
Case not substantiated	21.50
Inaccurate information	1.25
Refused Social Services input	4.36
Refused action after investigation	7.48
Referred to Protection of Vulnerable Adults Act [PoVA] list	3.12
Monitor by agency worker	11.84
Monitor by social worker	16.20
Police found insufficient evidence	10.28
Criminal proceedings	1.87
Worker reinstated	0.62
Worker dismissed	0.62
Other	12.15
Change of provider	1.87
Not stated	6.85

2006/07 will see a review of data collection arrangements in Halton Borough Council, including methods of collection, avoiding duplication and focussing on its usefulness and other quality considerations. This will take into account any recommendations arising from the Bichard Inquiry and associated Serious Case Review and national requirements.

## Appendix 1

### Adult Protection Committee (APC) membership

	Name	Job title
<b><i>Halton Borough Council</i></b>		
<b>Chair</b>	Peter Barron	Operations Director
<b>A/P Co-ordinator</b>	# Julie Hunt	Adult Protection Coordinator
<b>Practitioners' Group/APC Link</b>	Lyn Gifford	Principal Manager
<b>Legal Services</b>		
<b>Contracting Section</b>	Lesley Baker	Solicitor
	# Neil Lynch	Principal Contracts Manager
<b>PSD Services</b>	# Ruth McDonogh	Divisional Manager
<b>ALD Services</b>	Marie Mahmood	Divisional Manager
<b>MH Services</b>	Lindsay Smith	Divisional Manager
<b>OP Services</b>	Jacqui Maguire ( <b>A/P Lead for Social Services</b> )	Divisional Manager
<b>Drug Action Team</b>	Steve Eastwood	Drug Action Team Coordinator
<b><i>Primary Care Trust</i></b>		
<b>Adults</b>	Sandy Bering	Head of Learning Disability Services
<b>Older People</b>	# Emma Darbyshire [member since January 2006 – previously Janet Dunne]	Social Care Manager
<b><i>NHS Hospital Trusts</i></b>		
<b>Halton &amp; Warrington Hospitals</b>	# Anna Alexander	Deputy Director of Nursing North Cheshire Hospitals NHS Trust

<b>Whiston Hospital</b>	# Tina Cavendish	Senior Nurse Quality/Clinical Standards
<b>5 Boroughs Partnership</b>		
<b>Adults of working age</b>	# Stuart Clark [now left – Mike Kenny nominated]	
<b>Older People</b>	Helen McColm [now left] <b>A/P Lead for 5 B'sP</b> or Lesley Sanders	
<b>Cheshire Constabulary – Halton Police</b>	Mark Tasker [member since December 2005 - previously DS Clare Coleman]	Detective Inspector
<b>Job Centre Plus</b>	Sheila Robinson	Appeals Officer
<b>Consumer Protection</b>	Dawn Walton [member since November 2005 – previously Linda Smallthwaite]	Trading Standards Officer
<b>Residential Social Landlords</b>	[To seek membership]	
<b>Sheltered Housing</b>	# Alison Adzobu – Cannell Court	Sheltered Accommodation Court Manager

<b>HBC Supporting People</b>	# Angela McNamara	Project & Commissioning Manager
<b>HBC Education</b>	Teresa Miskimmon	Inclusive Learning Coordinator, Early Years and Lifelong Learning
<b>Halton Voluntary Action</b>	Lyn Williams or # Tony McClenaghan	Health & Community Care Worker
<b>Age Concern</b>	Melissa Critchley	Chief Officer
<b>ARCH Initiatives [Alcohol services]</b>	Nomination requested	
<b>Carers Umbrella Group</b>	# Diane Smith	Carer
<b>Care Homes Provider MH</b>	Andrew Lyons	Woodcrofts, Care Home Manager
<b>Care Homes Provider OP</b>	Sheila Wood-Townend	Operations Manager, CLS Care Services
<b>Care Homes Provider MH/ALD</b>	Sarah Lyons	CIC
<b>Domiciliary Care Provider</b>	Andrew Bain Carewatch	General Manager

## Appendix 2

### Practitioners Group membership

<b><i>Halton Borough Council</i></b>		
<b>Chair</b>	# Julie Hunt	Adult Protection Coordinator
<b>Practitioners' Group/APC Link</b>	Lyn Gifford	Principal Manager
<b>Contracting Section</b>	Benitta Kay	Contracts Officer
<b>PSD Services</b>	Helen Moir	Principal Manager
<b>ALD Services</b>	Elaine Roberts	Principal Manager
<b>MH Services</b>	Bob Dawson	Practice Manager
<b>OP Services</b>		
	Irene Lester	Principal Manager
	# John Patton	Practice Manager
<b>Hospital Team</b>	Eddie Moss	Principal Manager
<b><i>Primary Care Trust</i></b>		
<b>Adults' services</b>	Barbara Langford	Specialist Nurse – Learning Disabilities
<b>Older People's services</b>	Representative sought	
<b><i>NHS Hospital Trusts</i></b>		
<b>Halton &amp; Warrington Hospitals</b>	# Julie Newton	Senior Nurse, A&E Department, Halton Hospital
<b>Whiston Hospital</b>	# Fiona Twemlow	Matron, A&E Department



<b>5 Boroughs Partnership</b>	# Kevin Bailey	Ward Manager – Brooker Centre
	# Zena Dickson	Community Psychiatric Nurse

<b>Cheshire Constabulary – Halton Police</b>	DS Clare Coleman ( <b>A/P Lead for Police</b> ) or # PC Elaine Flynn	
<b>Residential Social Landlords Housing</b>	[Seeking representation] Chris Durr	Community Warden Manager, Halton Borough Council
<b>Supported Housing</b>	# Jean Connolly	Group Leader, Supported Housing Network
<b>HBC Supporting People</b>	# Gary Fearon [previous rep. Laura Hunt]	Deputy Supporting People Manager
<b>HBC Education</b>	# Stephen Bailey	Learner Services Manager
<b>Age Concern</b>	# Sue Molyneux [previous rep. Julie Mansfield]	Home Support Coordinator
<b>Day Services</b>	# Eileen Clarke – Pingot D/C	Senior Day Services Officer – HBC
	# Alison Waller	Senior Day Services Officer - HBC
<b>Care Homes Provider OP/MH</b>	# Janet Leatherbarrow	Manager - CIC
<b>Care Homes Provider OP</b>	# Mabel Lewis	Manager – CLS Care Services

<b><i>Domiciliary Care Provider</i></b>	Pauline Blinston	Registered Branch Manager - Medico
<b><i>Regulator</i></b>	# David Jones	Regulatory Inspector – Commission for Social Care Inspection

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

**DATE:** 12 September 2006

**REPORTING OFFICER:** Strategic Director – Health & Community &  
Strategic Director - Children & Young People

**SUBJECT:** Consultation on Royal Liverpool Children's NHS  
Trust application for Foundation Status.

**WARD(S):** Boroughwide

### **1.0 PURPOSE OF REPORT**

**1.1** To ratify the process for responding to Royal Liverpool Children's NHS Trust's consultation document.

### **2.0 RECOMMENDATION: That**

- (1) there should be a joint meeting between Healthy Halton PPB and Children & Young PPB to consider these proposals; and**  
**(2) at least three members of this Board be appointed to the Joint PPB.**

### **3.0 SUPPORTING INFORMATION**

**3.1** Under Health & Social Care Act 2003 Royal Liverpool Children's NHS Trust has applied to become an NHS Foundation Trust. The consultation period of 12 weeks commenced Monday 31 July 2006 and ends on Monday 23 October 2006.

**3.2** When an organisation becomes a Foundation Trust, this means it will:

- Have more autonomy in making decisions about services provided.
- Be accountable to members (staff, patients and local people) rather than directly to the Secretary of State.
- Remain part of the NHS.
- Be accountable to NHS Commissioners through legally binding contracts.
- Be approved by the Independent Regulator 'Monitor' (which authorises and monitors NHS Foundation Trusts).

**3.3** A representative of the Executive of Royal Liverpool Children's NHS Trust will present 'Your Alder Hey, Have Your Say' outlining the details of the consultation on their Foundation NHS Trust proposal.

**3.4** A link has been provided to the relevant Trust's webpage and to the

consultation document ([Appendix 1](#)).

**4.0 POLICY AND OTHER IMPLICATIONS**

4.1 None.

**5.0 OTHER IMPLICATIONS**

5.1 None

**6.0 RISK ANALYSIS**

6.1 None associated with this report.

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None associated with this report.

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

8.1 Attached Appendices.

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

**DATE:** 12 September 2006

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

**SUBJECT:** Scrutiny Topic: ALD Day Service Redesign

**WARD(S):** Borough Wide

## **1.0 PURPOSE OF REPORT**

1.1 To secure agreement to the terms of reference for the review of ALD Day Service redesign under the Board's 2005/06 Scrutiny Programme, and to seek nominations/agreement for a working group.

## **2.0 RECOMMENDED: That**

- 1) the terms of reference be agreed; and**
- 2) the Board agrees three Members to serve on a working group.**

## **3.0 SUPPORTING INFORMATION**

3.1 The Board agreed that the process of ALD Day Service redesign be an area for scrutiny during 2005/06, following agreement to redesign services from the Executive Board in November 2005.

3.2 The terms of reference suggested for the review are detailed in the Topic Brief, previously submitted. (Appendix 1)

3.3 It is hoped that the review can be concluded by a small working group, in time to report to Healthy Halton PPB in March 2007. The Board is invited to ratify Members to participate in that group. (See Project Brief for nominations)

## **4.0 POLICY IMPLICATIONS**

4.1 This will be dependent on the outcome of the review.

## **5.0 OTHER IMPLICATIONS**

5.1 None.

## **6.0 RISK ANALYSIS**

6.1 Not applicable.

## **7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 Not applicable.

**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 this Act.

## TOPIC BRIEF

**TOPIC TITLE:** ALD Day Service Redesign

**PPB(s) responsible:** Healthy Halton

**Officer Lead:** Audrey Williamson

**Planned start/end dates:** September 2006

**Target PPB meeting:** March 2007

### Topic description and scope

To scrutinise the process of the redesign of Day Services for adults with learning disabilities, as outlined in the White Paper, *Valuing People: A New Strategy for Learning Disability for the 21<sup>st</sup> Century*, and as agreed by Halton Borough Council's Executive Board in November 2005.

Scope:

- i) To review the process undertaken to decommission Astmoor Day Centre.
- ii) To review the expectations and experiences of stakeholders, including people accessing services, carers and staff members.
- iii) To benchmark Halton Day Services against other local authority providers.
- iv) To assess the extent to which the redesign of Day Services has fulfilled the criteria outlined within *Valuing People*.
- v) To identify any barriers that may exist hindering redesign.

### Why this topic was chosen

- i) It is recognised that the agreed closure of Astmoor as a Day Centre was accompanied by considerable concern from a number of stakeholders, especially carers. In agreeing to the redesign of Day Services, the Executive Board was keen to ensure that a transparent and effective process was followed.
- ii) It is anticipated that, where appropriate, learning points from the redesign process will be used within the review of Day Services for other client groups.

### Key outputs and outcomes sought

- i) To ascertain to what extent progress has been made in terms of redesigning Day Services in Halton, as outlined in *Valuing People*.

- ii) To produce a critical appraisal of the process undertaken in decommissioning Astmoor as a Day Centre, and developing alternative service provision.
- iii) To ensure that learning points from the experiences and expectations of key stakeholders – most notably people accessing services, carers and staff – are noted and used during similar exercises.
- iv) To identify any service gaps and necessary service improvements, and barriers to redesign and to make recommendations regarding future service development and provision.

**Which of Halton's 5 strategic priorities this topic addresses and the key objectives and improvement targets it will help to achieve**

**Priority 1 Improving Health**

Outcome 2 (Service Plan) – To improve the health of Halton residents. The Integrated Services Department aims to promote and support working aged people and their carers to make positive choices about their lifestyle and health.

**Enhancing Life Chances and Employment**

Overall Aim: To enhance the personal development, training and employment opportunities and overall life chances of local people, encouraging all to reach their full personal and work potential.

Key Objective A – To promote access to suitable education, training and means for personal development for residents of all ages.

Key Objective E – To improve opportunities for the personal development of young people, particularly those who are disenfranchised, disaffected or hard to reach.

**Nature of expected/desired PPB input**

Member led review of the implementation of the redesign of ALD Day Services and its impact on key stakeholders.

Members: Ellen Cargill, Kath Loftus, Sue Blackmore (for approval at PPB)

**Preferred mode of operation**

Working group to be set up.

**Media/communication implications**

To be agreed.



**Agreed and signed by:**

**PPB Chair .....**      **Officer .....**

**Date:.....**      **Date:.....**

This page is intentionally left blank

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

**DATE:** 12 September 2006

**REPORTING OFFICER:** Strategic Director, Corporate and Policy

**SUBJECT:** Local Area Agreements

**WARDS:** Boroughwide

### **1.0 PURPOSE OF REPORT**

1.1 A Local Area Agreement (LAA) is a 3-year protocol that sets out the priorities for a local area, agreed between central government and the area itself, as represented by the lead local authority and other key partners through Local Strategic Partnership. Government has stipulated that Halton will be in Round 3 of the programme. This means that an Agreement must be negotiated by next April. The purpose of this report is to update the Board on the process and progress to date.

### **2.0 RECOMMENDATION: That**

**(1) the report and the outline of the process be noted; and**

**(2) comments to Executive Board on the draft Agreement be provided prior to its approval and submission to Government by end of September.**

### **3. SUPPORTING INFORMATION**

3.1 LAAs are meant to join up, focus and simplify the administration of neighbourhood renewal activity which utilises external funding. They provide a framework for partnerships to grow and develop and are a tool for driving efficiency. Whilst currently limited in scope, there is every indication that Government would like to extend LAAs in the future to cover elements of mainstream and statutory activity. Normally, LAAs are based upon four blocks established around the shared priorities for Government:

- Enterprise & Economic Development
- Healthier communities, and older people
- Safer and stronger communities
- Children and young people

3.2 The concept of an LAA is that it will spell out the priorities and targets for local well being, based on outcomes which reflect local and national

priorities. These then form the basis of an agreement between an LSP and government departments that sets out the aims and funding requirements for activities that lie outside mainstream services – the special initiatives. This approach acts as the basis for a negotiated settlement between an LSP and government on the overall level and pattern of ‘additional’ spending in an area over a given timeframe, say three years. Once established, the local area agreement helps to bring vertical alignment between national and local priorities. Overall they reduce the complexity of funding arrangements by allowing more flexibility in the use of government monies and streamlining bureaucracy. As a starting point the Government has set out in its guidance a range of key mandatory outcomes and targets that every LAA must include. It is then for local discretion what other outcomes should be pursued in pursuit of local goals, which should derive from the Community Strategy. Members will be aware that the priorities agreed in the Community Strategy largely mirror the four blocks, with the addition of Urban Renewal. Government allow local flexibility in how LAAs are structured. Therefore, the starting point for the Halton LAA is that it is being framed around our agreed five priorities rather than the four blocks.

- 3.3 There is the opportunity within LAAs to request enabling measures (previously called freedoms & flexibilities). This is where we would wish to remove government-imposed barriers which would get in the way of delivering LAA outcomes and targets. These are not intended to alter legislation, or request central intervention on matters which should be settled locally.
- 3.4 LAAs do not carry with them extra funding, apart from a reward element. However, this is merely a rebranding of the financial rewards of local public service agreements (LPSA 2). Halton has already negotiated its LPSA2 and agreed its targets and arrangements for dividing pump-priming monies. Therefore, the LPSA2 will be incorporated into the LAA.
- 3.5 Government has set out a fairly specific timetable for the process leading to the adoption of an LAA. This is as follows:
  - By end September - areas submit first draft LAAs to GONW. These must include outcomes, indicators and indicative targets, funding streams, the business case for Enabling Measures, a draft Statement of Community Involvement, and partnership arrangements.
  - By December, final drafts must be received by GONW. Ministerial sign-off will be during February 2007, with LAAs being implemented from April 2007.
- 3.6 It is clear that we have in place many of the building blocks in Halton that will enable a strong and robust LAA to be put in place. These include established governance framework for the Halton Strategic Partnership. The Priorities Process, our strategic planning process is

complete, and we have a new Community Strategy framed around the LAA structure. The Community Strategy has 54-shared outcomes, which already address the LAA Mandatory Outcomes, as dictated by central government. As already mentioned, we have already successfully negotiated our LPSA 2 and put in place arrangements for sharing out the pump priming monies. The 12 LPSA2 targets have been put in place behind the Community Strategy and will be passported into the LAA. In addition we have a Safer and Stronger Communities Fund Mini-LAA already in place, which will be an important component of our final LAA.

- 3.7 The LSP has the task of managing the process forward and shaping the agreement. The following key steps and milestones to help trace the path for the rest of the year:
- Draft LAA end of August
  - Consideration and comments from PPBs and SSPs
  - Halton Strategic Partnership Board Endorse LAA September
  - Executive Board Endorse Draft LAA September
  - Submit draft LAA to GONW end of September
  - Negotiation Process Oct/Nov
  - Exec Board/LSP Formal Endorsement to Final LAA (Dec)
  - Final Submission – Xmas
- 3.8 This is obviously only a skeleton of the process and overlays a great deal of activity. There was a major partnership event in July to consider the framework for the agreement. Partners have put in a great deal of work over the summer to draw up the first draft of the LAA. Attached as an Annex to this report is the initial draft of the Agreement. Executive Board will consider this on 21 September prior to its submission to Government Office by the end of the month.
- 3.9 Members will observe that the Agreement is largely a re-presentation of the agreed Community Strategy and is based on the outcomes and funding embedded in existing plans and strategies. In considering their comment, in particular members may wish to focus on the outcome framework within the document that relates to their portfolio, and how it could help the Council to achieve its key objectives.
- 3.10 Underpinning the outcomes framework is an attempt to “prioritise the priorities” by articulating a small number of transformational issues that demonstrate the crosscutting and joined up approach to achieving the Halton vision. These four issues – liveability, anti-social behaviour, alcohol harm, and employment and skills – are largely self selecting based on expressed community needs, the State of halton Report and the recent LSP review. By focussing on these many of the overall outcomes and targets would be achieved. The LAA would look to provide a greater focus on these areas, particularly given the impact they have across all priorities. For each area we need to look at:

- What we are doing?
- What are the barriers to progress?
- What could we do as a Partnership to address those issues that we aren't already doing? e.g. shared targets, pooled budgets, co-location,
- What could the Government do to help us?

3.11 On the latter point, the agreement identifies a number of enabling measures that we would like Government to consider to remove barriers to our progress. The overall objective would be to push harder in those issues that we know will have a positive impact across the priorities in the Community Strategy.

#### **4.0 POLICY IMPLICATIONS**

4.1 A Local Area Agreement (LAA) is a 3-year agreement that sets out the priorities for a local area, agreed between central government and the area, represented by the lead local authority and other key partners through Local Strategic Partnership. The LAA provides a service improvement tool for helping to implement Halton's adopted Community Strategy.

#### **5.0 OTHER IMPLICATIONS**

5.1 None.

#### **6.0 RISK ANALYSIS**

6.1 The LAA includes proposals for a robust risk management process. This will focus attention and resources on critical areas, provide more robust action plans and better-informed decision-making. It is intended to carry this forward through a partner seminar examining risk management of the Agreement in October.

#### **7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 The LAA will be based on the same values that underpin the Community Strategy and the Council's Corporate Plan, of which a commitment to equality and diversity is paramount. The LAA reinforces this value-driven system of partnership working.

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

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

**REPORT TO:** Healthy Halton PPB

**DATE:** 12 September 2006

**REPORTING OFFICER:** Operational Director-Policy & Performance

**SUBJECT:** Performance Monitoring Reports for the 1<sup>st</sup> quarter (2006/07)

**WARDS:** Boroughwide

## **1. PURPOSE OF REPORT**

- 1.1 The 1<sup>st</sup> quarter monitoring reports for the Council services that come within the remit of this Policy & Performance Board were published last month and are available in both electronic and hard copy formats. These reports enable the Board to scrutinise progress towards achieving the service plan objectives, milestones and performance targets. Therefore, the purpose of this report is to draw attention to particular aspects contained in the full versions of the monitoring reports and to act as a 'signpost' to assist Board Members carry out their performance management function.

## **2. RECOMMENDED: That the Policy & Performance Board**

- 1) Scrutinise service performance and progress towards achieving objectives and targets and raise any questions or points for clarification in respect of the information contained in the quarterly monitoring reports; and**
- 2) Highlight areas of interest and/or concern that require further information or action to be reported at a future meeting of the Policy and Performance Board where appropriate.**

## **3. SUPPORTING INFORMATION**

- 3.1 The performance considerations attached as Appendix 1, highlights the key findings in the quarterly monitoring reports for the services listed below:

### ***Health & Community Directorate***

1. Older Peoples Services
2. Adults of Working Age
3. Health & Partnerships

## **4. POLICY IMPLICATIONS**

- 4.1 Any policy implications arising from emerging issues or key developments that will impact upon the service or any action required to address performance issues, will be identified in the respective quarterly monitoring report.

**5. OTHER IMPLICATIONS**

5.1 Any other implications associated with issues connected with the service will be identified in the respective quarterly monitoring report.

**6. RISK ANALYSIS**

6.1 The risk control measures associated with the service objectives that were initially assessed as having 'HIGH' risks are summarised in the quarterly monitoring reports to monitor their implementation.

**7. EQUALITY AND DIVERSITY ISSUES**

7.1 The actions identified arising from the Equality impact/needs assessments that are regarded as 'HIGH' priority for each service are in the Equality Action Plans and progress on their implementation is included in the respective quarterly monitoring reports.

**8. REASON(S) FOR DECISION**

Not applicable

**9. ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

Not applicable

**10. IMPLEMENTATION DATE**

Not applicable

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

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
<b>Quarterly monitoring reports for:</b>		
1. Older Peoples Services	Municipal Building 2 <sup>nd</sup> floor	Mike Foy-Senior Performance Management Officer
2. Adults of Working Age		
3. Health & Partnerships		



## PERFORMANCE CONSIDERATIONS

(1<sup>st</sup> Quarter 2006/07)

### **SERVICE: Older Peoples and Physical & Sensory Impairment Services**

#### **Overview**

Although it is still early in the year, the prospects for achieving the key objectives and performance indicator targets appear to be very good. The number of key developments and emerging issues listed in the quarterly monitoring reports are extensive and underpins the importance for the service to be in a position to adapt, be flexible and able to respond to both internal and external events. These events will have implications for the service in some way and therefore, clarification on whether these will be the subjects of any future separate reporting or, as part of any subsequent quarterly monitoring reports would be appropriate.

#### **Areas of Further Consideration**

- A report and action plan on the results of the workshops to benchmark Physical & Sensory Disability Services against CSCI standards and criteria is being prepared. Therefore, it would be beneficial for the Board to have an indication of when the report is likely to be available.
- The financial information required to complete the Partnership Agreement to plan and commission services to meet the needs of the local population (*Key Objective OPS1*) is still outstanding. The target date is May 2007 however, the Board may wish to explore whether or not the delay with the financial information is time critical and presents any risk to completing the Partnership Agreement on time.
- The monitoring report refers to exploring the economic impact of health and care services as a cross-cutting issue for the Local Area Agreement and the need for this to be progressed through Regeneration and Supported Employment. The Board is advised to explore whether this has been confirmed and if so, when it is planned and whether it has any implications for the December 2006 target date.

### **SERVICE: Adults of Working Age**

#### **Overview**

The prospects for this service achieving the vast majority of its objectives and performance indicator targets by the end of March 2007 are encouraging. There are some significant key developments planned and emerging issues that will have operational, procedural and/or resource implications for the service. These developments and issues include:

- The 5Boroughs Partnership proposals for service redesign
- The ending of the Emergency Duty Team contract with Cheshire at the end of March
- The implementation of the Mental Capacity Act 2005 on 1<sup>st</sup> April 2007

The implications may not yet be known and therefore, the Board may wish to determine the reporting arrangements on how these should be considered at future meetings once more is known about the potential impact upon the service.

**Areas of Further Consideration**

- The development of a 3-year financial strategy to match funding to changing service requirements (*Key objective AWA2*) is not completed and therefore, the Board may wish explore if a date (provisional or otherwise) can be highlighted when a draft strategy will be available.
- The unit cost of home care for adults & older people is one of those unusual PAF indicators where neither a high or low unit cost figure represents good performance. The 1<sup>st</sup> quarter unit cost figure of just over £18 is an estimate and is on the high side compared to the annual target of just over £14. It is forecast that the target will not be met and therefore, the Board may wish to explore why the unit cost is relatively high and consider if there are any specific actions or steps that could be taken to bring the unit cost of home care nearer the target set for the year.

**SERVICE: Health & Partnerships** (*excludes the Registration Service, Consumer Protection and Bereavement Services*)

**Overview**

The virtually all the objectives and performance indicator targets are on course to be achieved and therefore, the prospects for the year are encouraging. There are a range of key developments and emerging issues that will affect the service in some way, which will require further consideration and monitoring as more details becomes available.

**Areas of Further Consideration**

- The full analysis of a quality assurance questionnaires sent to Appointee service users and their carers is being undertaken. The final results will be sent to service users and carers and published in the September 2007 issue of the newsletter '*Choosing Independence*'. The Board may wish to confirm if a further report on the analysis results would be appropriate for a future meeting of the PPB prior to the formal publication date.
- It is uncertain if the development and implementation of Halton's 5-year Supporting People Strategy (*HP6*) will be completed by the target date. Two factors have been highlighted firstly, delays with implementing the Adults with Learning difficulties reconfiguration and secondly, the delay with approving the SR reports because of changes to the membership of the Commissioning Body. Whether these delays pose a material risk to achieving the key objective on time is an aspect, which the Board may wish to consider further.