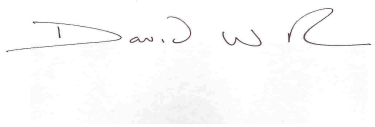
Public Document Pack

Healthy Halton Policy and Performance Board

Tuesday, 11 November 2008 6.30 p.m.
Civic Suite, Town Hall, Runcorn



Chief Executive

BOARD MEMBERSHIP

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

Please contact Caroline Halpin on 0151 471 7394 or e-mail caroline.halpin@halton.gov.uk for further information.
The next meeting of the Board is on Tuesday, 13 January 2009

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

Part I

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

Agenda Item 3

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 11th November 2008

REPORTING OFFICER: Strategic Director, Corporate and Policy

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).

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

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

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

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton** - none.

6.2 **Employment, Learning and Skills in Halton** - none.

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

6.5 **Halton's Urban Renewal** – none.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 11 November 2008

REPORTING OFFICER: Strategic Director, Corporate and Policy

SUBJECT: Executive Board Minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Health Portfolio which have been considered by the Executive Board and Executive Board Sub 19th April 2007 are attached at Appendix 1 for information.

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

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

None.

4.0 OTHER IMPLICATIONS

None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None

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

None

5.3 **A Healthy Halton**

None

5.4 **A Safer Halton**

None

5.5 **Halton's Urban Renewal**

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

APPENDIX 1

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

EXECUTIVE BOARD MEETING HELD ON 11 SEPTEMBER 2008

39. Carers Strategy 2008-09

The Board considered a report of the Strategic Director – Health and Community regarding the review of the current Carers Strategy and the resultant revised Strategy and Action Plan. It was advised that the revised Strategy built upon the aims, objectives and activities outlined in the 2006-2008 Carers Strategy and included an action plan for the continued development of services for carers in Halton over the forthcoming 12 months.

The consultation undertaken was outlined for Members' consideration together with details regarding the format of the Strategy and the areas for proposed actions. It was noted that the main objectives of the Strategy included the need to identify hidden carers, recognise and respond to carers' needs, and improve information and access to support services. The Local Implementation Team (LIT) Carer Sub Groups and the Multi Agency Area Carers' Strategy Group would undertake monitoring of the implementation of the Strategy and associated action plan.

RESOLVED: That the Carers' Strategy 2008/09 be endorsed.

EXECUTIVE BOARD MEETING HELD ON 25 SEPTEMBER 2008

49. Health Summit

The Board considered a report of the Strategic Director – Health and Community advising of the background to, and outcome of, the Health Summit held by Halton and St. Helens Primary Care Trust (PCT) on 3rd September 2008.

It was noted that, following the publication of "Ambition for Health", the PCT had engaged with its partners and the public in prioritising health outcomes to improve the health and wellbeing of the local population. The PCT's Clinical Executive Committee and Practice Based Consortia had led this process at the Health Summit organised with Halton Borough Council, St. Helens Council, the voluntary sector and a range of other partners on 3rd September 2008. This meeting had also been attended by the Portfolio Holder for Health and Social Care, and the Chair of the Healthy Halton Policy and Performance Board.

The strategic priorities proposed by the PCT were:

- Alcohol;

- Obesity;
- Early Detection: Diabetes, respiratory, heart disease, cancer;
- Early Detection: Depression;
- Prevention: Tobacco Control; and
- Safety, Quality and Efficiency: Planned and Urgent Care.

These priorities had received widespread support at the Summit.

Appendix 2 to the report contained examples of services within the Authority which undertook work/projects that supported these priorities, and specific details of how the Council could contribute to the health priorities agreed at the Health Summit were also outlined in detail within the report.

A summary of the day's discussions were to be issued by the PCT, which would lead to the development of specific workstreams that would be aligned, for example, to the work of the Health Partnership and Local Area Agreement. In order to ensure that the Council could track progress, meetings had taken place between Health and Community staff and the PCT to develop a shared process of data collection and reporting.

In receiving the report the Board noted the importance of the Council having an input into this process across all directorates. In addition, it was agreed that there was a need for further resource into the area of mental health, including depression. The Board was advised that a meeting had been held the previous week where it had been agreed that the early detection of depression and the early onset of dementia would be developed further.

RESOLVED: That

(1) the contents of the report be noted and further reports be submitted to the Board when appropriate; and

(2) the priorities as set out in paragraph 3.2 of the report be endorsed.

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 11 November 2008

REPORTING OFFICER: Chief Executive

SUBJECT: Specialist Strategic Partnership minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None

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

None

5.3 **A Healthy Halton**

None

5.4 **A Safer Halton**

None

5.5 **Halton's Urban Renewal**

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

Halton Strategic PARTNERSHIP

HALTON HEALTH PARTNERSHIP BOARD

MINUTES OF THE MEETING FROM

THURSDAY 17 July 2008

Present :

Fiona Johnstone (Chair)
Peter Barron
Lorraine Butcher
Cllr Ellen Cargill
Glenda Cave
Melissa Critchley
Sue Forster
Cllr Ann Gerrard
Dwayne Johnson
Eugene Lavan
Sue Milner
Judith Nicholson (for Carmel McBride)
Karen Tonge
Jane Trevor
Jim Wilson

Shelah Semoff
Helen Murphy
Phil Elliott

		ACTION
1.	**Apologies** Ian Stewardson, Cllr Tom McInerney	
2.	**Minutes of the previous meeting:** The minutes of the meeting held on 15 May 2008 were accepted as a true record subject to the following amendments: Item 6: to include the name Mark Wilson (Chair LSSP). Item 8: the sentence beginning 'The document contains very' the word 'little' to be inserted.	
3.	**Matters Arising:** Item 11: LAA signed off by ministers and a celebration held on 7 July in the Government Office. DJ - consulting on social care performance - star rating system social services 3 star moving away from this system, new performance system will be directly linked to LAA, will know after consultation. Possible this sort of group will become responsible for this performance. Report back November/December. LB - Successful meeting with secondary heads in Halton, real sense that heads do want to explore how to delivery successful health advice within schools. Formation of dedicated strategy group: Felt would make sense to	

		ACTION
	have wider group for teenage pregnancy across Halton and St Helens - particularly for local focus. JAR report published 22 July, LB to send to GC for circulation. LB to contact Rob Forster. A4H - DJ provided section on housing to be incorporated in final draft of A4H document. Information from HVA on Monday - a lot of feedback and comments of what people want locally. Ensure this feeding into decision making for final document. Child health discussed, need to determine right time to health child summit. Looking to held overall health summit in September, possible 3 September. EL confirmed that invitations will be sent out once decision finalised. Audit response sent back, just needs to be monitored in performance management.	**LB/GC**
4.	**Halton Health Study** - FJ pleased that PE could return. Research and Development Manager, Western Cheshire PCT. Quite a lot of controversy re the inclusion of the word 'pollution' in the title of the study. Trying to find how residents feel about living in the borough. Methodology used included interviewing 60 residents and 20 people working in public and voluntary sectors. Areas sampled included Birchfield, Kingsway, Riverside, Mersey, Heath and Norton South. Birchfield: People moved into the area from other parts of Merseyside therefore idea of pollution distant. Health status very good, socio-economically affluent. Kingsway: Sense of community identified more so than for Birchfield. Fears expressed about pollution, experience of poor health in families. Riverside: Much more localised community. Fears of pollution and ill health very localised. Industry in mind. Close community helps with well-being and ill health but does not prevent this. Mersey: Similar to Riverside but fractured community, new comers seen as different. Risk posed to wellbeing from hostile general environment which seems to be ever changing. Area destroyed by outside forces because of new town. Leads to mistrust which is stronger than anywhere else. Feeling of negativity which stands out more than in other wards. Heath: Fewer environmental issues as this area is seen as a desirable place to live and pollution is played down. Health of the community demonstrates this. Residents feel this is a good area which appears to recreate itself. Norton South: Environment seen as threat which leads to people's dissatisfaction with the area that new town has not developed as was initially thought. Image that areas seems to be in decline. Ill health put down to pollution travelling over, not only physical but psychological symptoms. These factors can tie into areas' ill health. Ill health appears to be more prevalent in declining and poorer areas. Unclear from lay knowledge what risks might be. Official knowledge keen to downplay the risks residents feel. Well meaning community	

		ACTION
	schemes introduced in some areas but the feeling is that these are destroying the communities. Passive recipients rather than active recipients. People in poorer areas feel stigmatised by impressions of the area. Residents in certain areas wary of official knowledge of health generally. Lay knowledge built on observation and experience - official knowledge more factual based, backed by statistical evidence. Different forms of knowledge - some statistical - can be used to present different image of area. Overall positivity from residents about living in Halton. Community messages more important to and trusted by residents than official information. Socio economic help very much welcome to enable greater independence. Comments: Cllr Ellen Cargill resounding messages around community sector - residents to be made to feel empowered to have a voice to change the environment. Some good examples of residents knowing how they want to change the area and how this will work. Queried where voice of residents appears in the commissioning plan. Pleased with outcomes of research which link with environment and wellbeing (mental). PE - circumstances that people find stressful. PB - Difference in health and wellbeing - agenda proposal around developing community capacity. This also says where to deal with this differently. Lynne Williams (VS) had suggested pot of funding to enable this. Need to find ways of putting money into the communities using lay knowledge. PE - communities felt that the fact that they might need help did not help. KT - area forums, do not relate to communities. Cllr Ellen Cargill - big problem with communication, possibly people do not know when community forums being held. Cllr Gerrard - Dependent upon who meets and whether information is communicated via councillors. Some examples given on small groups improving situation for the children in a particular area and have attracted amounts of funding to continue with the improvements. Now environment and wellbeing have improved. DJ - CPA just held and similar issues from this. Report to be published next week and can be discussed more formally. Information from PE set against statistical information dissonance. Strategic point where are we going to use this. Need to ensure that such reports are utilised so that it is meaningful. FJ report cost to reflect on how to speak to different communities. What do the messages from this research mean for this group, how do we communicate with residents in different areas. LB - Trying to move more to locality working, trying to bring professionals on locality teams. Trying to bring something different to bring about specific changes. None of the information taken to the communities gives the whole picture. Want to move to having different conversations - try to get locality workforce, sharing community engagement so that community get to know the people around them.	

		ACTION
	PE - Official knowledge can be felt as privileged. MC - agreed with DJ that need to make use of this report to address the challenge. FJ - Key messages from this report to be linked to JSNA, onus on those people working with different communities. FJ asked group to think of other reports and attach those to JSNA as first step. To then be embedded. DJ comfortable with this outcome. FJ congratulated PE on excellent piece of work which group found of great interest.	
5.	**Health and Community Care Forum Feedback** KT - Involved with Heart of North Cheshire Grants - 21 groups have received grants of between £20 and £750. Thanks to the group for this. Presentation from PCT on 'Bright Ideas', feedback given to Simon Bell, forms distributed. Looking at membership of executive cost of funding, proposal one from Widnes and Runcorn - elections next year. A4H some community engagement at Windmill Hill in particular with arrangements for GPs. About 20 people turned up for consultation. Working with Nick Mannion, transport lead, re the consultation event at Stobart Stadium on Monday 14 July. Very interesting session, key message what ideas have used and how things have changed. Concern again registered about the Priory - residents meeting held. Role of Widnes and Runcorn Weekly News - no link between the two for important issues. MC - 'Bright Ideas' programme - how to do this differently following report from PE. SSP Monitoring Group forum has amber for more robust outcomes - report done in 03/04 needs to be revisited. FJ - found event on Monday impressive - 68 questionnaires completed and submitted. FJ - decision of PCT re Priory unchanged.	
6.	**Joint Strategic Needs Assessment (JSNA)** Presentation given by Sue Forster on the overview of the key messages emerging from the JSNA. SF - this presentation will be taken round to various groups, therefore it is a long presentation. Only PCT in the North West who has to provide two JSNAs. Overview given on the information required to be collated.	
7.	**Ambition for Health (A4H)/Healthier Horizons/Strategic Plan** Eugene Lavan presented on the strategic policies and initiatives that are the main drivers for the PCT, including the national context of the Darzi review, the SHA context in the form of Healthier Horizons, Clinical Pathway Groups and the fit with A4H and the formation of the Commissioning Strategic Plan which will form the basis for World Class Commissioning assurance in terms	

		ACTION
	of strengthening leadership and strategic capability.	
8.	**Halton Health Campus (HHC) Strategic Vision Mission Project** Eugene Lavan outlined the stages involved in improving Health and Health Care in Halton, namely: Stage 1: Project Mobilisation – December 2007 Stage 2: Fact Basing – Jan-Mar 2008 Stage 3: Developing a Strategic Vision – Mar-May 2008 Stage 4: A Strategy for Halton Hospital involving a Clinical Strategy From the vision, seven strategic principles were agreed: 1. HHC Strategy should be developed from a user perspective (not an organisational one) and clinical service reform should be at the heart of it. 2. HHC is a vital part of NCH NHS Trust. 3. HHC, as part of a clinical network, should be providing additional services along pathways that reflect local health needs. 4. HHC should be fully utilised and consideration provided to environmental partners – ISTC & 5BP. 5. HHC Strategy should promote the integration of health & social care provision. 6. HHC Strategy should reflect that NCHT & 5BPT are the preferred providers for secondary care services. 7. The Strategy should reflect that outside of secondary care "preferred provider" status, that system management and market development strategies are utilised where appropriate.	
9.	**Local Involvement Networks** Dwayne Johnson advised that the paper circulated with the agenda was circulated for information to update members on the tendering process.	
10.	**LSP Communications Update** Helen Murphy introduced herself to the Board as the new LSP Communications Officer and advised that her first two priorities will be to update the LSP website and to re-introduce the LSP newsletter. Following this, she will look to re-start the LSP Communications Group and will be working on the LSP Annual Report.	
11.	**Performance Management (Sub Group & Finance)** Peter Barron advised that the Performance Sub-Group had commenced a review of the existing SLAs funded via WNF and	

		ACTION
	that a picture had started to emerge around the linkages and the outcomes from each. There still remains work to be done, especially around the HCCF, Accessible Transport (further meetings with project leads required) and Information Outreach projects (information provision across Halton in its entirety to be reviewed later in 2008). Glenda Cave provided an update on Q1 spend. Given the return date for Q1 claims was 14 July, the figures presented were projected and the actual position will be reported at the next meeting.	
12.	**New LAA Health Action Plans/Targets** Sue Milner explained that health action/delivery plans had been drawn up for each of the health indicators on the new LAA to enable the Board to understand how the actions would deliver the new LAA in Halton.	
	Date and time of next meeting - Thursday 18 September, 2008 at 10 am - Conference Room 2, Municipal Building, Widnes	

REPORT TO:	Healthy Halton Policy and Performance Board
DATE:	11 November 2008
REPORTING OFFICER:	Strategic Director, Health & Community Directorate
SUBJECT:	Formal Consultation on The Development of a Comprehensive Child and Adolescent Mental Health service At Fairhaven, Winwick Warrington
WARDS:	Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 This is a formal consultation aimed at all stakeholders of the 5 Boroughs Partnership NHS Trust including statutory and non-statutory partners.

1.2 This document also aims to provide key information for the local people in the community to know what is being proposed in their area.

1.3 To outline proposals by the 5 Boroughs Partnership NHS Trust to develop an extended range of services for children and young people aged up to 18 years living in the boroughs of Halton, St Helens, Knowsley, Warrington and Wigan

2.0 RECOMMENDATION:

(1) That Healthy Halton Policy and Performance Board note and comment on the proposals.

3.0 SUPPORTING INFORMATION

3.1 The proposals address key requirements for Child and Adolescent Mental Health services (CAMHS) set out in Standard 9 of the National Service Framework for Children, Families and Maternity Services 2004 and will enable the 5 Boroughs Partnership NHS Trust to satisfy concerns expressed by commissioners, partner agencies and parents about the lack of local and readily accessible services.

4.0 POLICY IMPLICATIONS

4.1 The proposal will support the 2007 changes to the Mental Health Act whereby admissions of fewer than 18year olds will be further restricted.

The revised Act requires age appropriate accommodation to be provided as near to home as possible.

5.0 OTHER IMPLICATIONS

5.1 Not applicable

6.0 CHILDREN AND YOUNG PEOPLE IMPLICATIONS

6.1 This proposal acknowledges feedback from service users of Warrington CAMHS. Young service users told the 5 Boroughs Partnership NHS Trust that there should be 24 specialist supports for young people with mental health issues

7.0 RISK ANALYSIS

7.1 Safeguarding Impact Assessment carried out, no issues raised.

7.2 Planning permission for change of access may not be obtained, limiting the way in which the service can be holistically delivered.
Control: Alternative premises to be sought for those workers who need access outside of previously sanctioned agreed hours.

7.3 Recruitment/ Retention of appropriate skilled workforce.

Control: Creative recruitment, introduction of Essentials for CAMHS Clinicians training course due to commence 2009. To offer rotational secondments from within existing workforce.

7.4 Risk of not securing financial investment

Control: To continue to seek funding and continue to deliver Tier 3 service whilst commissioning Tier 4 in-patient facilities. *If funding is not provided by PCT commissioners, then Children and Young People who require emergency acute psychiatric in-patient services will have to travel out of borough. It should be noted that experience shows that in crisis, these places are not always available and children either are admitted to a paediatric or adult ward.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Equality and Diversity Impact Assessment completed no issues of concern.

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

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

5 Boroughs Partnership NHS
NHS Trust

FORMAL CONSULTATION

on

The Development of a Comprehensive Child & Adolescent Mental Health Service at Fairhaven, Winwick, Warrington

Consultation period:

2nd September 2008 – 25th November 2008

Issued by: The 5 Boroughs Partnership NHS Trust
Published 21st August 2008

Initial Distribution of this Document

Copies are being sent by email or post to the following contacts to be distributed to staff, service users and public representatives that have an interest in Child & Adolescent Mental Health Services (CAMHS) in the boroughs of Halton, Knowsley, St. Helens, Warrington and Wigan.

Chief Executives of Borough Councils
Chief Executives of NHS Trusts within affected boroughs
Directors of Social Services in Halton, St Helens, Knowsley, Warrington and Wigan Councils
Libraries
Health Overview and Scrutiny Committees of Halton, St Helens, Knowsley, Warrington and Wigan boroughs
Parish Council Clerks
Investing in Children Project Groups in Halton, St Helens, Knowsley, Warrington and Wigan
Relevant GP Practices and other health professional groups
Relevant MPs
Trade Unions

For further copies of this document:

Download from: www.5boroughspartnership.nhs.uk
By email from: communications@5bp.nhs.uk
Hard copies from: The Communications Team (details on page 18)
Tel: 01925 664002

If you require this consultation in an alternative format such as Braille or another language, please contact the Communications Team at the 5 Boroughs Partnership NHS Trust. Details on page 18.

See page 17for more details on how to have your say on these proposals

Contents

Introduction

This paper outlines proposals by the 5 Boroughs Partnership NHS Trust (thereafter referred to as 'the Trust') to develop an extended range of specialist mental health services for children and young people aged up to 18 years living in the boroughs of Halton, St. Helens, Knowsley, Warrington and Wigan.

The proposals have been developed to continue the ongoing process of service improvement and in response to concerns that have been raised by commissioners about significant gaps in current services, concerns from Acute Trusts about the inappropriate use of paediatric beds and in response to a recognised shortfall in Child and Adolescent Mental Health Services (CAMHS) beds in the North West.

The Need for Change

The proposals address key requirements for CAMH services set out in Standard 9 of the National Service Framework for Children, Families and Maternity Services (2004) and will enable the Trust to satisfy recent recommendations concerning CAMH services from the Children's Commissioner and the Royal College of Psychiatry and to comply with the recent changes to the Mental Health Act (2007).

The proposed options relate to a significant change for the delivery of services in all boroughs, however, the plans for this new development are proposed to operate from the former Learning Disability facility at Fairhaven, Birch Avenue, Winwick, Warrington.

Agreement to relocate in-patient and community Learning Disability services which are jointly provided by the Trust and Warrington Social Services was taken at the multi-agency Learning Disability Services Partnership Board on the 5th December 2007. In July 2008, in-patient facilities were relocated to the main hospital complex at Hollins Park Hospital, Winwick and the integrated community services are due to relocate to offices based in Wilson Patten Street, Warrington by November 2008 as part of an overall scheme.

For some time there has been an expectation that a comprehensive range of CAMH services would be available in all localities. (Ref: *Improvement, Expansion and Reform* 2007[i]).

At the same time it has become apparent that there are a number of areas in which the current range of CAMH services provided by the Trust needs augmenting and where dependence on external provision of key services is problematic.

- Concerns have been expressed by commissioners, partner agencies, and parents about the lack of local and readily accessible services available as alternatives to admission to in-patient care.
- Acute Trusts across the footprint have been concerned about the increasing numbers of children and young people admitted to paediatric wards whilst awaiting assessment or admission to regional accommodation (Tier 4) or secure accommodation. Admissions of young people to Adult Mental Health wards have also continued at a high level contrary to good practice guidance (see table 1 below).
- There is a significant shortfall in CAMHS beds in the North West. They currently equate to 1.2 beds per 100,000 total population which is substantially below the Royal College of Psychiatrists recommendation that there should be between 2 and 4 beds per 100,000 total population. The currently commissioned specialist beds are located at a considerable distance from the homes of the young people who are placed in them, contrary to guidance which advises that such services should be 'local'.

Table 1 - Under 18 Admissions to Adult Acute Mental Health In-patient Units

Under 18 admissions 01.08.06 – 31.07.07		
Borough	**Total number of admissions**	**Total number of bed days**
Halton	**8**	**142**
St Helens	**5**	**22**
Knowsley	**6**	**110**
Warrington	**7**	**209**
Wigan	**13**	**543**
Total	**39**	**1026**
Under 18 admissions 01.08.07 – 31.07.08		
Halton	**8**	**182**
St Helens	**5**	**123**
Knowsley	**6**	**78**
Warrington	**4**	**17**
Wigan	**13**	**243**
Total	**36**	**643**

Acute Hospital Trusts

Table 1 only relates to young people admitted to adult mental health wards. As a result of close partnership working over the last two years, the preferred option for young people under 16 years who require admission, has been the local paediatric wards in Acute Hospitals.

Whilst it is difficult to identify young people admitted to paediatric wards purely for mental health reasons due to differences in clinical coding, a recent local survey identified 50 in-patient admissions for 14 – 18 year olds to Warrington Hospital paediatric ward. All 50 young people had received a specialist CAMHS assessment and intervention whilst on the ward over a 12 month period. All of the assessments identified self harm as a predominant factor in admission. This reflects the move towards managing young people on paediatric wards rather than admission to adult mental health wards wherever possible. However it does not identify all young people as only the most complex will have received a specialist CAMHS assessment under the present protocol.

In addition to the above, 189 emergency specialist CAMHS assessments were undertaken on children who presented in crisis at Accident and Emergency Departments over a similar period with acute mental health episodes.

A Challenge and an Opportunity

The shortcomings that have been identified in the current service arrangements present the Trust with a considerable challenge, but they also provide a significant opportunity to redesign and develop services with a view to putting in place a comprehensive range of high quality, locally provided, mental health care services for children and adolescents.

Developing a Vision for Comprehensive CAMH Services

In responding to the expressed and acknowledged concerns the Trust has taken account of national strategy and good practice guidance and has looked at relevant examples of innovative service developments in other localities.

National Strategy

Standard 9 of the National Service Framework (NSF) 2004[ii] outlines the key characteristics that should be present in good quality CAMH services. Of particular relevance to the identified areas of concern are:

- They should provide[iii] - *a range of services (i.e. assertive outreach, domiciliary, community and day services) so that children and young people are not inappropriately admitted to in-patient units.*

- The services should be 'a*ble to meet the needs of all young people including those aged sixteen and seventeen*

- *Children and young people are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or during the next working day.*

- *Children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development.*

- *For the majority of sixteen and seventeen year olds for whom admission becomes necessary, admission to a young people's unit is the appropriate and preferred option.*

- *Where a child or young person needs to be placed in an in-patient unit, every effort is made to find a place that is close to home, so that contact with the family can be maintained.*

- *Primary Care Trusts and Local Authorities ensure that local networks of care are developed between specialist CAMHS and Tier 4 services to include assertive outreach and day care as well as in-patient and community services.*

The NSF also highlights the need to respond to children in 'special circumstances' *Looked after children are five times more likely than their peers to have a mental health disorder. Children and young people with significant learning disabilities are three to four times more likely to have a mental disorder and at least forty per cent of young offenders have been found to have a diagnosable mental health disorder*.

The position on the use of adult beds has also been dealt with in The Mental Health Act (2007), which places 'a duty on all hospital managers to ensure that all patients under 18 are placed in suitable settings, unless needs dictate otherwise.'

Good Practice Guidance

Recent recommendations contained in reports by the Royal College of Psychiatrists and the Children's Commissioner confirm the need to avoid inappropriate use of adult in-patient facilities, to have sufficient emergency facilities, and to ensure that there is adequate provision of CAMHS in-patient

beds – i.e. around 24 – 40 beds per one million total population – closely linked to Tier 3 provision.

Current Specialist Mental Health Provision for Young People

In the five boroughs of the Trust, specialist child and adolescent mental health services are provided on an outpatient basis (clinic based and community) to the populations of Halton, St. Helens, Knowsley, Warrington and Wigan during Monday to Friday (excluding Bank Holidays), 9.00am to 5.00pm. The service is staffed by a range of highly skilled multi-professional practitioners with extensive knowledge of clinical conditions specific to the needs of young people from 0 – 18 years. There are strong partnership arrangements and examples of excellent multi-agency working as evidenced by the Joint Area Reviews undertaken across the boroughs during 2006 to 2008.

Presently, there are no 24 hours per day (24/7) or specialist emergency out of hours arrangements. The new Inreach-Outreach service due to become operational in Autumn 2008 will provide a specific service for 14 – 18 year olds with intensive and complex needs for whom admission to an in-patient facility is imminent. The service aims to reduce the number of admissions where intensive support can be provided in the local environment, or where admission is unavoidable (i.e. under the Mental Health Act), provide intensive support in an in-patient environment. The service will operate seven days a week from 8.00 a.m. until 10.00 p.m. for patients known to specialist CAMHS.

At the present time, there is no targeted service for young people of all ages presenting with high level mental health needs at Accident and Emergency Departments, Police Stations or residential homes.

As a result of the national, but more importantly regional, shortage of beds, many young people are admitted to adult mental health in-patient environments where staff do not have the relevant skills to meet their needs and no age appropriate facilities, or to Paediatric wards in Acute Hospitals that are not structured to meet the needs of young people with severe mental health problems and which are often accompanied by high risk behaviours.

The Future Need

On the 1st September 2007, in agreement with local commissioners, the Trust ceased admission of any young person under the age of 16 years to adult mental health in-patient facilities. This decision was taken to comply with Department of Health requirements in line with safeguarding measures. Further Department of Health requirements recommend that from the 1st April 2009, no young person under the age of 18 years should be admitted to an adult mental health in-patient environment unless it is deemed in exceptional cases to meet their development needs. Under 2007 changes to the Mental

Health Act[iv], admissions of under 18 years olds will be further restricted as a result of new legislation. The revised Act requires age appropriate accommodation to be provided as near to home as possible. These changes will be enacted in 2010.

At present, 'environment' is not defined in the Act, but good practice suggests a suitable environment is one which has more than just appropriate physical facilities, but also staff who are trained to understand and address the young person's specific needs to allow them to continue to develop their personal, social and education development as normally as possible. Factors which will determine whether or not the environment is suitable at a particular point will include the clinical presentation, the urgency for admission and the proposed length of stay. Trusts will also need to consider issues such as access to the wards by parents and younger siblings.

Planning for this change in the law will require adult and children's in-patient services and community based teams to work together. Primary Care Trusts and Children's Trust commissioners will need to be aware that they will have a new legal duty under sections 39 and 140 of the Mental Health Act 2007 to inform the courts and local authorities where beds and facilities for under 18 year olds have been (or could be) commissioned.

Commissioners and providers of services for Adults of Working Age and CAMHS, Local Implementation Teams and CAMHS partnerships will need to work together to consider whether or not new beds need to be commissioned and what opportunities there are to develop community adolescent outreach teams to prevent unnecessary admission or help speed safe discharge back to the community. Much of this will be addressed through the Business Case currently in development.

A primary aim of effective mental health services however, is to prevent hospital admission. The development of an intensive day therapy service will support this element of the new service and will be available for all young people under 18 years to reduce the risk of entering into a crisis phase of their illness and/or to facilitate earlier discharge where admission is necessary.

A Better Service for Young People

A number of options for service development have been drawn up for initial consultation which take their direction from national policy, are intended to reflect generally agreed principles of good practice and incorporate evidence based approaches that have been shown to achieve good outcomes for young people.

This paper sets out three options for development and improvement of the Trust's CAMHS services. A brief outline of each option is given together with an indication of the skills required, and the benefits and limitations of each model.

Option 1 (Preferred Option)

Components:

A. Inreach-Outreach Service
B. Intensive Day Therapy Unit
C. In-patient facility

A. Inreach Outreach Service

Access	Via local CAMHS
Target Group	Higher risk/complex disorders, those young people of transition age (14 – 18 years) for whom in-patient care/residential placement is being actively considered or who are in Tier 4 or out of area facilities needing short term support to facilitate return home Intervention: To provide short term (up to 2 weeks), intensive support in the community, to help with assessment and formulation of the care plan, resolve crisis and prevent admission to in-patient or residential care. The service would also reach into residential care units, adult mental health and paediatric in-patient units to assist young people to return to the community or to move on to other placements in accordance with assessed need. The team would hand back case responsibility to mainstream CAMHS after intervention.
Specialist Skills	Medical Observational Neuropsychological Broad understanding of therapies Psychosocial

B. Intensive Day Therapy Unit

Access	Via local CAMHS
Target Group	To provide time limited, intensive, integrated assessment and intensive therapeutic intervention for young people (all ages) who require additional support to reduce the risk of entering into an episode of crisis. The Unit would provide additional support and advice to, and complement the existing service. The service would have a role in dealing with higher levels of need both in preventing situations reaching crisis and in post crisis stage.
Specialist Skills	Medical Observational Neuropsychological Broad understanding of therapies Psychosocial

C. In-patient Facility

Access	Via local CAMHS for the five commissioning boroughs/through agreed Service Level Agreements for north west commissioning groups
Target Group	Young people primarily of transition age who require brief in-patient admission as part of an overall package of care but who do not require the specialist provision of a regional facility (Tier 4).
Specialist Skills	Medical Nursing Observational Neuropsychological Broad understanding of therapies Psychosocial

Option 1 Benefits

This would provide a comprehensive and fully integrated CAMHS service with the resources to maintain young people safely in the community and provide them and their carers with intensive assessment and therapeutic interventions in times of crisis.

The service would have access (without having to negotiate with another provider) to local specialist CAMHS in-patient beds which would lead to a significant reduction in the use of inappropriate adult mental health and paediatric beds, and out of area placements. More children and young people would be supported at home while the small number who would continue to need in-patient care would have it met in local, age appropriate, specialist CAMHS facilities. The service would have the potential to generate income and become self funding by 2010/2011.

The service would complement Tier 4 services and enhance the interface arrangements. It would enable a more thorough assessment to be undertaken of young people with complex needs at times of crisis, assisting the appropriate identification of those who would benefit from the planned intervention of Tier 4 services whether as an in-patient or for home treatment.

Option 1 Limitations

None identified to date.

Option 2

Components:

A. Inreach-Outreach Service
B. Intensive Day Therapy Unit

The current arrangements for accessing in-patient care would need to remain in place.

A. Inreach Outreach Service

Access	Via local CAMHS
Target Group	Higher risk/complex disorders, those young people of transition age (14 – 18 years) for whom in-patient care/residential placement is being actively considered or who are in Tier 4 or out of area facilities needing short term support to facilitate return home Intervention: To provide short term (up to 2 weeks), intensive support in the community, to help with assessment and formulation of the care plan, resolve crisis and prevent admission to in-patient or residential care. The service would also reach into residential care units, adult mental health and paediatric in-patient units to assist young people to return to the community or to move on to other placements in accordance with assessed need. The team would hand back case responsibility to mainstream CAMHS after intervention.
Specialist Skills	Medical Observational Neuropsychological Broad understanding of therapies Psychosocial

B. Intensive Day Therapy Unit

Access	Via local CAMHS
Target Group	To provide time-limited, intensive, integrated assessment and intensive therapeutic intervention for young people (all ages) who require additional support to reduce the risk of entering into an episode of crisis. The Unit would provide additional support and advice to, and complement the existing service. The service would have a role in dealing with higher levels of need both in preventing situations reaching crisis and in post crisis stage.
Specialist Skills	Medical Observational Neuropsychological Broad understanding of therapies Psychosocial

Option 2 Benefits
Option 2 would provide an enhanced CAMHS service providing both inreach and outreach support to young people (14 – 18) and their families and access to an intensive integrated assessment and therapy day unit. It would enable more young people and their families to have their needs met in the community.

Option 2 Limitations

There would continue to be a need for in-patient care for young people with the greatest needs and there would be a continuing need to negotiate with other providers for access to in-patient beds often in inappropriate settings or in those which are geographically disadvantageous for families and carers.

Option 3

Component:

A. Inreach-Outreach service

In essence, this would be a no change option. The Inreach Outreach Service for 14 – 18 year olds is scheduled for launch in Autumn 2008 as part of local redesign.

A. Inreach Outreach Service

Access	Via local CAMHS
Target Group	Higher risk/complex disorders, those young people of transition age (14 – 18 years) for whom in-patient care/residential placement is being actively considered or who are in Tier 4 or out of area facilities needing short term support to facilitate return home Intervention: To provide short term (up to 2 weeks), intensive support in the community, to help with assessment and formulation of the care plan, resolve crisis and prevent admission to in-patient or residential care. The service would also reach into residential care units, adult mental health and paediatric in-patient units to assist young people to return to the community or to move on to other placements in accordance with assessed need. The team would hand back case responsibility to mainstream CAMHS after intervention.
Specialist Skills	Medical Observational Neuropsychological Broad understanding of therapies Psychosocial

Option 3 Benefits

Option 3 would provide an enhanced CAMH service providing both inreach and outreach support to 14 – 18 year olds and their families. It would enable more young people and their families to have their needs met in the community.

Option 3 Limitations

The service would not have the benefit of ready access to a short period of intensive integrated assessment and therapy and would rely on adequately resourced local CAMHS for 16 – 18 year olds, standardised across the boroughs. Current arrangements for booking into separate specialist assessment and therapy sessions would continue which are not structured to meet the needs of young people and their families at times of crisis
It would have the same limitations as Option 2 with regard to in-patient care.

Initial Consultation Workshop

A workshop was held in July 2007, attended by CAMHS senior clinical staff and managers, to consider the three options for developing CAMH services and to identify whether any additional options should be considered.

There was a high degree of consensus that Option 1 should be put forward as the model for service development with the service operating between specialist CAMHS (Tier 3) and specialist in-patient care (Tier 4) and be provided to children and young people up to 18 years of age. (No additional options were proposed).

A number of factors that would contribute to the successful implementation of Option 1 were suggested:

- Developing the services with partners including social care, education, youth offending, etc and with adult mental health services.
- Ensuring that there are clear pathways and protocols
- Ensuring that specialist CAMHS is resourced and can manage young people up to 18 year olds
- Ensuring that transition arrangements are clear and agreed

What Young People Tell Us

This proposal acknowledges feedback from service users of Warrington CAMHS following an 'Agenda Day' co-hosted with the Investing In Children Agency in Durham on the 13th February 2008. Young service users told the Trust through their report that there should be 24 hour specialised support for

young people with mental health issues. They reported unsatisfactory experiences of presenting with serious mental health needs at Accident and Emergency Departments during weekends and evenings.

The Vision

The 5 Boroughs Partnership NHS Trust is committed to supporting the mental health of children and young people and the development of appropriate services to meet their specific needs from 0 – 18 years.

One in ten young people have a diagnosable mental health disorder. It is vital that not only do we plan for their needs and develop services to support them through childhood, but also that we reduce the risk of persistent long term consequences as they move in to adulthood.

Developing a serious mental illness that requires admission to hospital is a frightening experience for anyone; this is particularly the case for a child or young person. Young people's needs are very different to those of adults and their care demands specialist skills and knowledge by trained staff in a setting which takes account of their age and vulnerability.

The new service proposed by the Trust aims to use the national guidance, evidenced based research and the first hand accounts of young people to shape the future model of care. Too often and for too long, this population within our communities has not had their needs fully acknowledged or fully resourced.

The Trust wishes to improve the outcomes for the thousands of young people who use our services every year. Your support to move this development forward is greatly valued.

How to Have Your Say

This formal consultation is aimed at all stakeholders of the Trust including statutory and non-statutory partners, Trust staff, service users and their families and carers, and members of the public. This document also aims to provide key information for local people in the community to understand what is being proposed in their area.

The Trust needs to know over the duration of this consultation period:

- What your general views are on the proposed new service and possible options.
- What matters to patients and their families and how this new service should meet their needs.
- What advice you have for organising and running the service, include staff issues.

Please take this opportunity to let us know your views by returning the enclosed feedback questionnaire at the back of this document no later than the 25th November 2008.

Next Steps

This consultation will be open from 2nd September until the 25th November 2008 (inclusive). All views and comments received during this period will be considered as part of the decision making process. The Trust Board of the 5 Boroughs Partnership NHS Trust will reach a final decision at its meeting on the 27th November 2008. This meeting will be held in public in the Council Chamber of Wigan Town Hall, Library Street, Wigan, WN1 1YN.

Distribution and Feedback

This document is available from www.5boroughspartnership.nhs.uk or by request from the Communications Team (details below). Please forward copies to anyone with an interest in Child & Adolescent Mental Health Services. NB. Also available in different formats

The Communications Team
5 Boroughs Partnership NHS Trust
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Cheshire
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5 Boroughs Partnership NHS
NHS Trust

Child & Adolescent Mental Health Services
Consultation on Proposals for Service Development
FEEDBACK FORM

Please tick the appropriate box for your response.

Q: 1. Do you agree with the proposal to develop Inreach-Outreach services as described in options 1, 2 and 3 to be provided via local CAMHS services?

Yes ❑ No ❑ Don't know ❑

Comments:
……
……
……

Q: 2. Do you agree with the proposal to develop intensive therapy services as described in options 1 and 2 to be provided via local CAMHS services?

Yes ❑ No ❑ Don't know ❑

Comments:
……
……
……

Q: 3. Do you agree that there is a need for the establishment of a specialist in-patient facility for children and young people that is more locally accessible to the boroughs of Halton, Knowsley, St Helens, Warrington and Wigan?

Yes ❑ No ❑ Don't know ❑

Comments:
……
……
……

Q: 4. Which of the options for service development as described in the consultation document would you prefer to see implemented?

Option 1. Yes ❑ No ❑ Don't know ❑

Option 2. Yes ❑ No ❑ Don't know ❑

Option 3. Yes ❑ No ❑ Don't know ❑

None of the above: ❑

Comments:

……
……
……

Please provide additional comments if you wish to do so.

Any concerns?

……
……
……
……
……

How may your concerns be overcome to provide improved services for children and young people with mental health problems?

……
……
……
……
……

If you would like to be involved in helping with the development of the proposal to improve services for children and young people with mental health problems, please give details of how you can be contacted and state whether there is a particular aspect of the proposal to which you would want to contribute:

……
……
……
……

Thank you for taking the time to give consideration to the proposals under consultation.

Please return the completed form **by the 25th November 2008** to:

The Communications Department at Hollins Park House, Hollins Lane. Winwick, Warrington, WA2 8WA or by e-mail at: communications@5bp.nhs.uk

A report of the outcome of consultation will be compiled and considered by the Trust Board at its meeting in November 2008. This report will be made available to stakeholders and the public.

References

[i] Department of Health (2003), *Improvement Expansion and Reform; The Next Three Years*

[ii] Department of Health & Department for Education and Skills (2004) *National Service Framework for Children Young People and Maternity Services: The Mental Health and Psychological Well-being of Children and Young People: Standard 9*

[iii] Annex 2: Re Comprehensive CAMHS – of Department of Health & Department for Education and Skills (2004) *National Service Framework for Children Young People and Maternity Services: The Mental Health and Psychological Well-being of Children and Young People: Standard 9*

[iv] Mental Health Act Amendments 2007

REPORT TO: Healthy Halton Police and Performance Board

DATE: 11 November 2008

REPORTING OFFICER: Strategic Director, Health and Community

SUBJECT: World Class Campus

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 The Board will receive a presentation from Mr. Rob Foster, Director of Performance at Halton and St Helens PCT on World Class Commissioning.

2.0 RECOMMENDATION: That

(1) the presentation be received; and

(2) Members comment on the information provided.

3.0 SUPPORTING INFORMATION

3.1 A copy of the presentation is attached as Appendix 1.

4.0 POLICY IMPLICATIONS

4.1 Not applicable

5.0 OTHER IMPLICATIONS

5.1 Not applicable

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Not applicable

7.0 RISK ANALYSIS

7.1 Not applicable

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Not applicable

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

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

Halton and St Helens

NHS

World Class Commissioning

Healthy Halton PPB

Tuesday 11 November 2008

Runcorn Town Hall

Rob Foster Director of Performance

Agenda

- Overview of 2008/09 WCC assurance framework
- Commissioning Strategic Plan (CSP)
- Next stages
- Questions

Overview of WCC process

- Roll out of the WCC assurance programme commenced nationally this year
- Halton & St Helens PCT took part in the pilot in January
- 3 main elements – outcomes, competencies and governance
- Focus in 2008/09 on all elements but particular emphasis on governance
  - Vision, Strategy, Alignment

Outcome Measures

- Life expectancy
- Health inequalities
- Infant mortality
- Childhood obesity
- Alcohol related harm
- Deaths from chronic liver disease
- COPD prevalence
- CVD mortality
- Cancer mortality
- Mortality rate amenable to health care

Competencies

- Local leader of the NHS
- Collaborates with partners
- Patient and public engagement
- Clinical leadership
- Assesses needs
- Prioritisation
- Stimulates provision
- Innovation
- Procurement and contracting
- Performance management
- Financial management

Overview of WCC Process – Documentation

- Commissioning Strategic Plan
- 5 year financial plan
- Organisational Development plan
- Annual operating plan
- LAA
- JSNA
- Communication strategy
- PBC governance arrangements
- Provider contracts * 3
- Pathway redesign * 3
- Provider performance report
- Board self certification

Overview of WCC Process

- 27th November – assessment visit
- Self assessments, documentation, surveys
- Cross sector panel
- PCT invites to Local Authorities for support and input on the day
- 'Pitch on the patch'
- Group interviews
- 1:1 interviews with Chair and CEO
- Feedback

Commissioning Strategic Plan
Priority areas

Commissioning Strategic Plan

- 5 year strategic plan
- Builds upon and underpins the vision from *Ambition for Health*
- Significant public input
- Clinician involvement and leadership
- Health summit

Commissioning Strategic Plan

- 3 main programmes:
  - Helping people to stay healthy
  - Detecting illnesses earlier
  - Improve quality, safety and efficiency

- Focus on ‘wellness’ and prevention

Commissioning Strategic Plan

- 7 initiatives:
  - Reducing harm from alcohol
  - Reducing obesity
  - Reducing harm from tobacco
  - Early detection of major illnesses
  - Early detection of depression
  - Urgency care
  - Planned care

Commissioning Strategic Plan

- Prioritisation process
- Certain critical issues not identified as one of the seven but remain at the core of the PCTs commissioning intentions and areas of focus
- Developing the schemes and programmes required to deliver this must be cross-cutting
- Organisational development plan and financial plan challenging in themselves and fully aligned to these principles

Next Steps

- Focus has now turned to delivery and engagement
- Regular and continuous public and patient input, involvement and engagement
- Partnership approach
- Build on existing arrangements where appropriate
- Clinical leadership

Questions

- World Class Commissioning
- Commissioning Strategic Plans
- Next steps

REPORT TO: Healthy Halton Police and Performance Board

DATE: 11 November 2008

REPORTING OFFICER: Strategic Director, Health and Community

SUBJECT: Commissioning Strategic Plan and the Halton Health Campus

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 The Board will receive a presentation from Mr. Eugene Lavan, Director of Strategic Development at Halton and St Helens PCT on Commissioning Strategic Plan and the Halton Health Campus

2.0 RECOMMENDATION: That

(1) the presentation be received; and

(2) Members comment on the information provided.

3.0 SUPPORTING INFORMATION

3.1 A copy of the presentation is attached as Appendix 1.

4.0 POLICY IMPLICATIONS

4.1 Not applicable

5.0 OTHER IMPLICATIONS

5.1 Not applicable

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Not applicable

7.0 RISK ANALYSIS

7.1 Not applicable

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Not applicable

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

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

Commissioning Strategic Plan and the Halton Health Campus

Healthy Halton PPB

11 November 2008

Runcorn Town Hall

Eugene Lavan - Director of Strategic Development

Commissioning Strategic Plan (CSP) overview…

Why Change…

• High levels of economic deprivation, worklessness and smoking, obesity and alcohol misuse.

• Comparatively poor health and significantly lower life expectancy.

• **This health inequality is unacceptable and must be tackled.**

Our strategy to significantly improve the health of our local population…

• We will focus on **helping people to stay healthy**. We will engage and enable people to take greater responsibility and control of their own health and care.

• We will increase the range & scale of our programmes **to detect illnesses earlier**.

• We will also **improve the quality, safety & efficiency** of our health care services.

How…

• Delivering 7 strategic initiatives (in addition to the 'business as usual' improvements).

• Increasing our investment in tackling the causes of ill health & in early detection of illness by ~£40m p.a. by 2013 (~ 850 more people providing services).

• Improving quality, safety & efficiency - thereby enabling us to reinvest ~ £25m p.a. by 2013.

• Developing our commissioning competencies (WCC).

Need for Change - Overview…

Lower life expectancy:

- **2 years lower than national average (6 years in some areas).**
- **Improving but at a slower rate than nationally, increasing the health inequality gap.**

Higher mortality rates:

- **19% higher than national average = 560 more deaths.**
- **Cancer (20%⬆) & cardiovascular disease (17%⬆) account for ~60% deaths.**

Causes of ill health significantly higher than national average:

- **Smoking – prevalence 12%⬆; deaths 28%⬆.**
- **Obesity – 10%⬆ in adults; 25%⬆ in children.**
- **Alcohol – prevalence for binge drinking 27%⬆; deaths 25%⬆.**

Populations changes:

- **Stay static over the next 5 years.**
- **Increases in over 65's of 13% - increasing demand on health services.**

High number of people on incapacity benefit (20,900) – largely preventable or manageable conditions.

Emergency admission rate:

- **37% higher than the national average.**
- **Vast majority of our resources focused reactively on treating illness.**

Moving the Health Outcome Dials…

We have prioritised our strategic health outcome priorities based on:

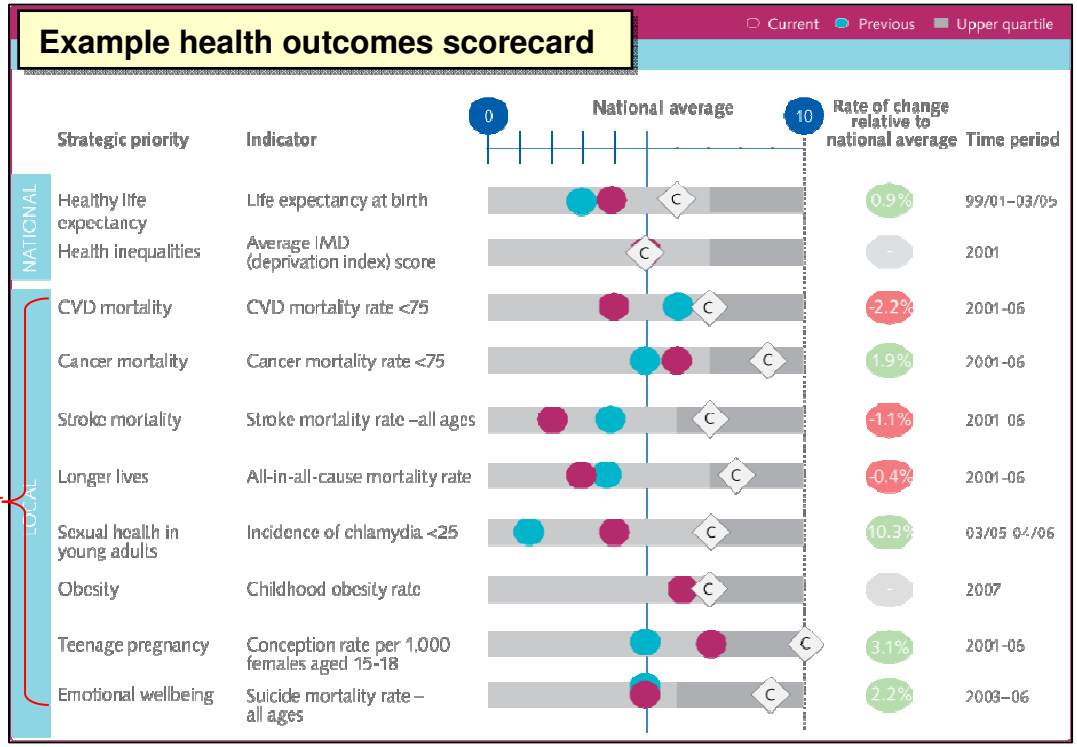
(i) scale of impact on overall population;

(ii) inequality (gap to National average);

iii) performance trend (getting better or worse).

8 strategic priorities:

- **Cancer mortality rate**
- **CVD mortality rate**
- **Chronic liver disease**
- **Infant mortality**
- **Mortality rate amenable to health care**
- **Alcohol related harm**
- **COPD prevalence**
- **Childhood obesity**



Indicator (dials):

- ***In the process of being agreed with CEC.***
- ***It is important to identify leading indicators which can be affected in a timely manner.***

Goals ('Ambitions') linked to the 7 CSP initiatives.

Halton and St Helens
NHS

Ambition for Health - goals:

- Supporting a healthy start in life.
- Reducing poor health resulting from preventable causes.
- Supporting people with long term conditions.
- Providing services to meet the needs of vulnerable people.
- Making sure our local population has excellent access to services and facilities.
- Playing our part in strengthening disadvantaged communities.

7 CSP initiatives

Helping people to stay healthy:

1. Reducing harm from alcohol.
2. Reducing obesity.
3. Reducing harm from tobacco.

Detecting illnesses earlier:

4. Early detection of major illness (cardio vascular, diabetes, respiratory & cancer).
5. Early detection of depression.

Improve the quality, safety & efficiency:

6. Urgent Care.
7. Planned Care.

7 CSP initiatives: Helping people to stay healthy…

Halton and St Helens NHS

1. Reducing harm from alcohol.
2. Reducing obesity.
3. Reducing harm from tobacco.

Case for change:

- Prevalence significantly higher than national average.
- Under investment in targeted services (est. <£3m).
- Where services are provided - inconsistent across the 2 Boroughs; typically long waiting times.
- Cross agency determination to tackle the problems.

Overview of schemes (programmes) – co-ordinated across sectors & agencies:

- Increase targeted primary prevention including social marketing & lifestyle support.
- Increase scale & accessibility of secondary prevention.
- Focus treatment on recovery – including ongoing lifestyle support.

Impact (by 2013):

- Halt rise in deaths from liver disease & reduce alcohol related admission by 4%.
- Reduce childhood obesity by 30% to national average; [Diabetes impact]
- Reduce smoking prevalence by 12% to national average; COPD admission by 5%; lung cancer 1% yr on yr.

Investment:

- By 2013 - ~£15m; increase people providing services across sectors & agencies by ~400.

7 CSP initiatives: Detecting illnesses earlier…

Halton and St Helens NHS

4. Early detection of major illness (cardio vascular, diabetes, respiratory & cancer).
5. Early detection of depression.

Case for change:

- Prevalence of major illnesses significantly higher than national average.
- Under investment in early detection services (est. <£1.5m); and in primary care for people with mild/moderate mental illness (~£1.2m).
- Success of current screening programmes demonstrates value of early detection – reducing mortality & costs of treatment.

Overview of schemes (programmes) – co-ordinated across sectors & agencies:

- Proactive, systematic & wide scale (ages 25-75) awareness & screening – est. 240,000 people p.a.
- Personalised self-managed risk management programmes (including supporting changes in lifestyle).
- Improved access to diagnostics; also to services in line with mental health stepped care model.

Impact (by 2013):

- Reduce mortality rate – cancer 10%; CVD 20%.
- 20% reduction in NEL admissions for vascular, respiratory & cancer.
- 20% reduction in hospital admission for depression; 5% reduction in incapacity due to depression.

Investment:

- By 2013 - ~£18m; increase people providing services across sectors & agencies by ~300.

7 CSP initiatives: Improve the quality, safety & efficiency…

Halton and St Helens NHS

6. Urgent Care.
7. Planned Care.

Case for change:

- Non elective hospital admissions are 37% higher than national average; benchmarks show that there is also significant opportunity for the acute sector to improve its operational performance (e.g. length of stay – including reducing XS bed days (~£4m)).
- Outpatient: first to follow-up ratio is 27% higher than nat. avg; referral rates are also high.
- Elective in-patient care comparators also demonstrate significant opportunities e.g. day case rates, EL XS bed days (~£1m), pre-operative LoS.

Overview of schemes (programmes) – co-ordinated across sectors & agencies:

- Primary care Decision Support Unit to avoid unnecessary admissions; step-up & step-down intermediate care provision.
- Improved access to diagnostics ('diagnose to admit' vs 'admit to diagnose').
- Deploy Advancing Quality programme and Map of Medicine to focus on effective, high quality & consequently efficient care pathways.

Impact (by 2013):

- Patient access - ongoing improvement in RTT 18 →12weeks.
- 20% reduction in NEL admissions.

Investment:

- By 2013 – invest ~£7m for gross savings of ~£20m; - net operation savings ~£13m.

7 CSP initiatives: Financial impact…

Halton and St Helens NHS

Gross investment Initiatives:	08/09 £m	09/10 £m	10/11 £m	11/12 £m	12/13 £m
1 Reducing harm from alcohol	1.1	3.3	4.4	5.4	6.3
2 Reducing obesity	1.0	2.9	5.1	6.9	8.3
3 Reducing harm from tobacco	0.0	0.4	0.6	0.6	0.6
4 Early detection of major illness (cardio vascular, diabetes, re	0.0	5.5	10.5	18.4	19.0
5 Early detection of depression	0.9	1.3	1.7	2.0	2.1
6 Improving quality, safety and efficiency of urgent care	0.0	4.1	5.7	5.7	5.7
7 Improving quality, safety and efficiency of planned care	0.0	1.7	1.9	1.9	1.9
Sub-total	**3.0**	**19.1**	**29.9**	**40.9**	**43.9**

Gross benefits Initiatives:	08/09 £m	09/10 £m	10/11 £m	11/12 £m	12/13 £m
1 Reducing harm from alcohol	0.0	-0.6	-1.1	-1.8	-2.4
2 Reducing obesity	0.0	0.0	0.0	0.0	0.0
3 Reducing harm from tobacco	0.0	0.0	0.0	0.0	0.0
4 Early detection of major illness (cardio vascular, diabetes, re	0.0	-0.3	-0.8	-1.0	-1.0
5 Early detection of depression	0.0	-0.1	-0.3	-0.4	-0.5
6 Improving quality, safety and efficiency of urgent care	0.0	-5.9	-12.8	-17.4	-18.4
7 Improving quality, safety and efficiency of planned care	0.0	-2.5	-3.6	-4.8	-5.5
Sub-total	**0.0**	**-9.4**	**-18.6**	**-25.3**	**-27.8**

Net impact Initiatives:	08/09 £m	09/10 £m	10/11 £m	11/12 £m	12/13 £m
1 Reducing harm from alcohol	1.1	2.7	3.3	3.6	3.9
2 Reducing obesity	1.0	2.9	5.1	6.9	8.3
3 Reducing harm from tobacco	0.0	0.4	0.6	0.6	0.6
4 Early detection of major illness (cardio vascular, diabetes, re	0.0	5.2	9.7	17.4	18.0
5 Early detection of depression	0.9	1.2	1.4	1.6	1.6
6 Improving quality, safety and efficiency of urgent care	0.0	-1.8	-7.1	-11.7	-12.7
7 Improving quality, safety and efficiency of planned care	0.0	-0.9	-1.7	-2.9	-3.6
Total	**3.0**	**9.7**	**11.3**	**15.6**	**16.1**

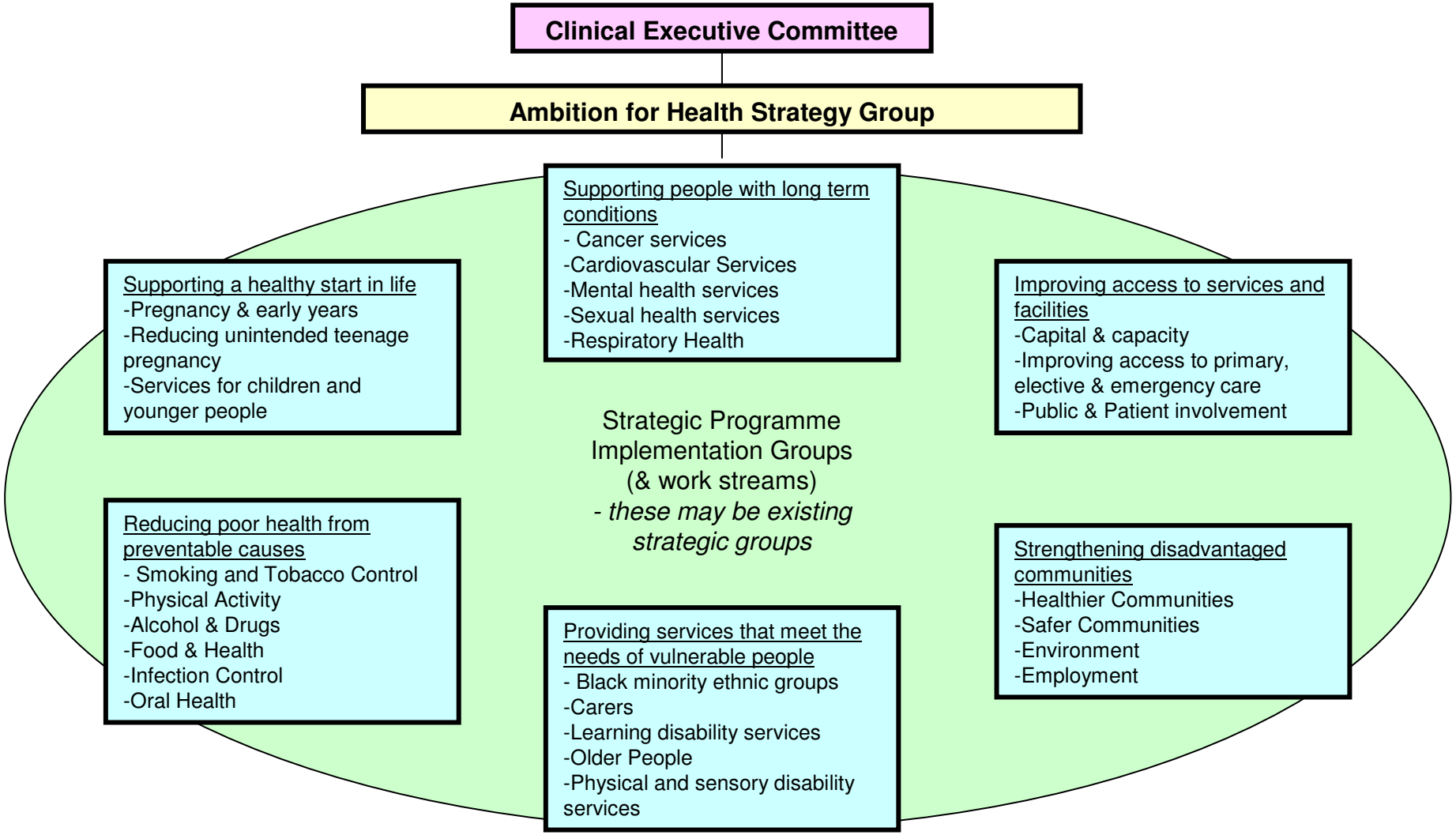
These figures are supported by detailed planning assumptions which will be continued to be refined.

CSP initiatives in the context of the overall financial plan…

Halton and St Helens NHS

	08/09 £m	09/10 £m	10/11 £m	11/12 £m	12/13 £m	Total
Growth	5.5%	5.5%	5.5%	4.0%	4.0%	
Growth On Recurrent Funds	26.9	28.0	29.7	22.8	23.7	**131.2**
Ophthalmic Transfer From Non Cash	0.0	3.7	0.0	0.0	0.0	**3.7**
Primary Care Growth (GP Practices)	0.2	2.1	0.0	0.0	0.0	**2.3**
Recurent Position B/Wd	2.3	4.0	0.4	1.1	0.4	**8.2**
Total Additional Resource For Application	**29.4**	**37.9**	**30.1**	**23.9**	**24.1**	**145.4**
Pay And Prices	14.6	16.8	16.9	11.8	12.9	**73.1**
Ophthalmic Transfer From Non Cash	0.0	3.7	0.3	0.1	0.1	**4.2**
Access To GP Practices	0.2	2.1	1.3	0.0	0.0	**3.7**
Primary Care Infrastructure	3.8	2.1	1.3	0.5	0.4	**8.1**
Commissioning Business Plan	1.0	1.7	3.2	3.0	4.6	**13.5**
Specialist Commissioning Investment Plan	2.8	4.3	4.3	3.7	3.2	**18.3**
Commissioning Strategic Plan Initiative Funding						
Reducing Harm From Alcohol	1.1	1.6	0.6	0.3	0.3	**3.9**
Reducing Obesity	1.0	1.9	2.2	1.8	1.4	**8.3**
Reducing Harm From Tobacco	0.0	0.4	0.2	0.0	0.0	**0.6**
Early Detection Of Major Illness	0.0	5.2	4.5	7.7	0.6	**18.0**
Early Detection Of Depression	0.9	0.3	0.2	0.2	0.0	**1.6**
Improving Quality, Safety And Efficiency In Urgent Care	0.0	-1.8	-5.3	-4.6	-1.0	**-12.7**
Improving Quality, Safety And Efficiency In Planned Care	0.0	-0.9	-0.8	-1.2	-0.7	**-3.6**
Total Additional Developments/Inflation Costs	**25.4**	**37.4**	**29.0**	**23.3**	**21.9**	**137.0**
Recurrent (Deficit)/Surplus	**4.0**	**0.4**	**1.2**	**0.6**	**2.2**	
Non Recurrent Monies						
St Helens And Knowsley NHS PFI Scheme	3.7	1.9	2.6	3.3	2.1	
Profile Of Initiative Schemes	0.0	-1.8	-1.8	-3.0	0.0	
PCT In Year Financial Position	**0.3**	**0.3**	**0.3**	**0.3**	**0.2**	

CSP Governance…



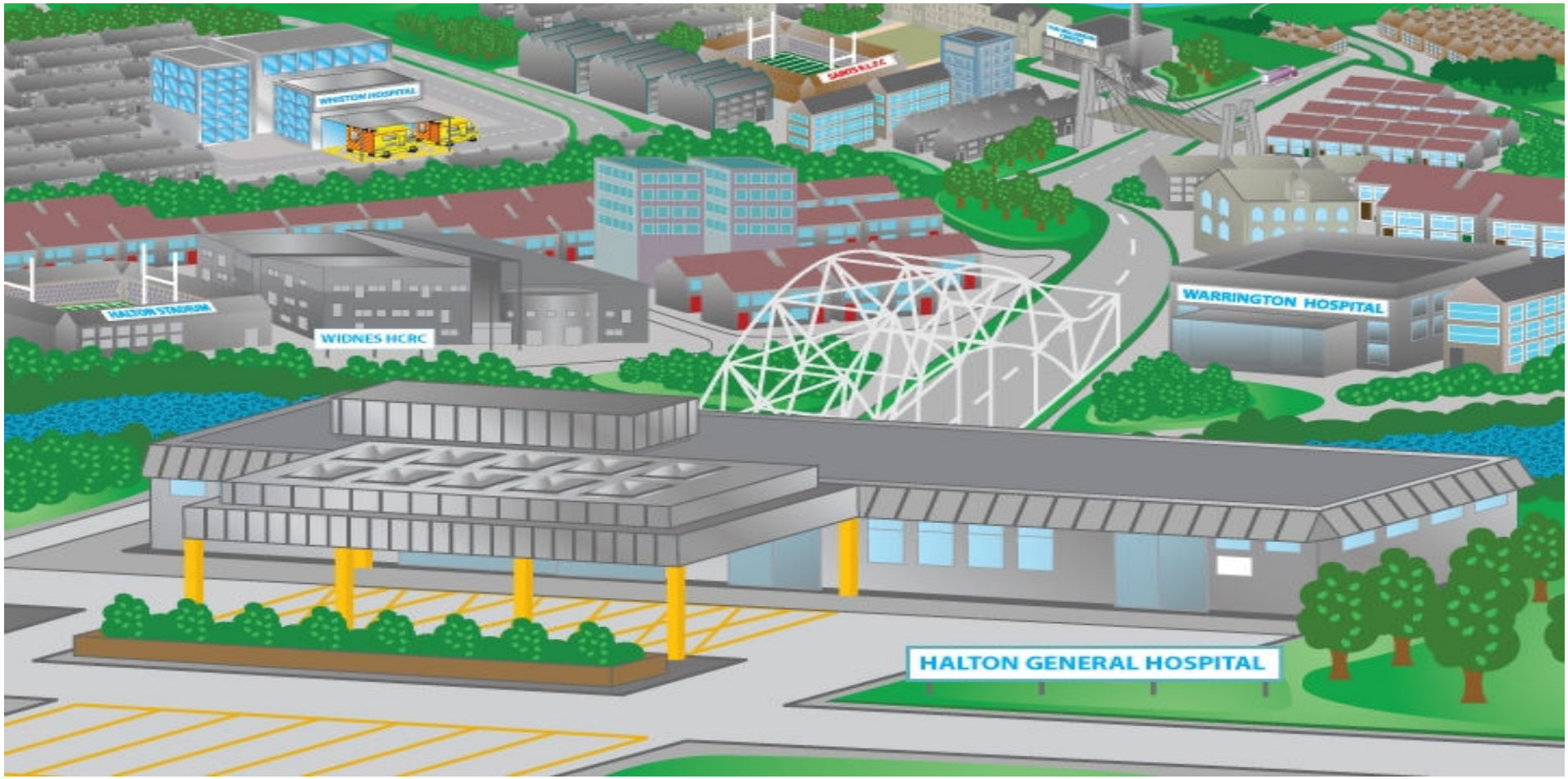
HALTON BOROUGH COUNCIL

North Cheshire Hospitals NHS Trust

Warrington NHS Primary Care Trust

Halton and St Helens NHS

Improving Health and Health Care in Halton



Health Services in Halton

- Halton Hospital has undergone significant and complex changes in the last 10 years:
- *Merger*
- *Financial Reform*
- *European laws on doctors' working hours*
- These forces have changed the pattern of services provided in our footprint.
- In 2006 following a Borough Council review:
- "It is recommended that ..all interested parties begin to develop a co-ordinated and flexible long-term plan for managing health care provision for the population of Halton"-*Report to Halton BC-RG Hammond June 2006*

2007

- North Cheshire Hospitals Trust, Halton Borough Council and Halton & St Helens PCT acknowledged the need for strategic direction in regard to Halton Hospital
- Perceived inequity
- Local communities were distanced from planning processes;
- National thinking was changing.
- November 2007 - meeting with Council Executive Committee;
- Agreement that consensus was required on a vision and mission for Halton Hospital site;
- “Strategic Vision and Mission Project” was launched.

Strategic Vision & Mission Project

Why is a Vision & Mission Important to us?

- The development of a strategic vision and mission provides the health community with a consistent and agreed purpose. It provides a single goal for the Trust, its staff and the population that it serves.
- The process for developing the vision will improve relationships and teamwork. It will also enable positive engagement with the local population.
- The development of a strategic vision and mission has enabled other health communities in the UK to mobilise public opinion and generate a positive future for their local hospital.
- The future design of Halton Hospital is a significant strategic challenge that requires focus and specific resource allocation.
- The stated ambition for health for the PCT is that we will add life to years and years to life

Phase 1
Project Mobilisation - December 2007

Halton and St Helens

NHS

Project Delivery Team

- Eugene Lavan- Acting Director of Strategic Commissioning - Halton & St Helens PCT
- Dwayne Johnson-Strategic Director Adult Services Halton Borough Council
- Christopher Knights-Director of Business Development North Cheshire Hospitals Trust
- Bob Bryant-Patient Representative
- John Williams-Consultant Physician, NCHT
- Linda Bennett-Runcorn PBC Business Manager
- Cliff Richards-Runcorn PBC Chair

Project Steering Group

- Rebecca Burke-Sharples CEO Halton & St Helens PCT
- David Parr-CEO Halton Borough Council
- Catherine Beardshaw-CEO North Cheshire Hospitals NHS Trust
- Ellen Cargill-Local Councillor
- Ann Gerrard-Local Councillor
- Eugene Lavan- Director of Strategic Development NHS Halton & St Helens
- Dwayne Johnson-Strategic Director Adult Services Halton Borough Council
- Christopher Knights-Director of Business Development North Cheshire Hospitals Trust
- Andrew Burgess - CEO Warrington PCT

Phase 2
Fact Basing - January - March 2008

Halton and St Helens
NHS

Establishing a position of joint understanding and knowledge:

- Public Health Assessment summary that encompasses the geographic locale of Halton General Hospital;
- Context and analysis of national health policies and strategic trends;
- An assessment of Halton General Hospital and its Current Operating Model.

Phase 2 Conclusions

- Halton Hospital is of extreme importance to local residents;
- Catalysts for change in recent years have been financial pressures and clinical workforce management;
- In the past, change within the local delivery portfolio has been managed in isolation from the local community;
- The PCT and PBC Consortia need to execute their function as leaders of the healthcare community and deliver a strategic programme that is open and transparent;
- The programme needs to be purposefully led, objectively influenced and use key design principles;
- Clinical staff from the Trust need to be involved and communicated with throughout the change management process.

Phase 3 - Developing a Strategic Vision March - May 2008

Halton and St Helens

NHS

Using interactive methods to establish Strategic Principles upon which vision for Halton Hospital can be delivered:

- Estate & Facility Configuration;
- Clinical Interdependencies;
- Delivery Planning;
- Key Risks;
- Design Principles.

Strategic Principle 1

- Halton Health Campus Strategy should be developed from a users perspective and not an organisational one. That means that new clinical models should be the driving force for the strategy and not physical infrastructure.
  - Clinical service reform should be at the heart of the strategy

Strategic Principle 2

- Halton Health Campus is a vital part of North Cheshire Hospitals NHS Trust.

Strategic Principle 3

- Halton Health Campus as part of a clinical network should be providing additional services along pathways that reflect local health needs.

Strategic Principle 4

- Halton Health Campus should be fully utilised and consideration provided to environmental partners- Independent Sector Treatment Centre and 5 Boroughs Partnership Trust.

  - Utilisation and credibility;
  - Communication with key environmental partners.

Strategic Principle 5

- Halton Health Campus strategy should promote the integration of health and social care provision.
  - Not a strategy driven by political and historical consideration;

Strategic Principle 6

- Halton Health Campus Strategy should reflect that North Cheshire Hospitals and 5 Boroughs Partnership Trust are the preferred providers for secondary care services.

Strategic Principle 7

- Halton Health Campus Strategy should reflect that outside of secondary care “preferred provider” status, that system management and market development strategies are utilised where appropriate.

Phase 4
Developing the Case for Change

Halton and St Helens
NHS

- Phase 4 launched on 21st October
- Halton could make a significant contribution to delivering the CSP, in particular the development of an early detection, screening, leisure and lifestyle centre
- Other clinical services will be looked at to assess whether Halton can meet their needs e.g. maternity services
- Purpose of Phase 4 - To determine the scope and scale of service developments required to:
  - deliver early detection screening and healthier lifestyles and wellbeing initiatives as identified in the PCT Commissioning Strategic Plan and
  - develop clinical services in the Halton area.
- Timescale - October 2008 to February 2009
- Phase 5 - To develop the Business Case for Investment

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 11 November 2008

REPORTING OFFICER: Strategic Director Health & Community

SUBJECT: Adult Social Care Comments, Compliments and Complaints

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 To report and provide an analysis on complaints processed under the statutory Social Services Complaints Procedure for Adults during 2007/08.

2.0 RECOMMENDATION: That

(1) the report be accepted; and
(2) the proposals for the development of the complaints procedures (nationally and locally) be noted.

3.0 SUPPORTING INFORMATION

Context

3.1 The aims of the Social Care complaints regulations are for people to have their complaints resolved swiftly, and wherever possible, by the people who provide the service.

3.2 "Making Experiences Count" is the new complaints procedure proposals due to come into operation in April 2009. Its aim is to create a common joint complaints procedure across health and social care.

3.2.1 Early adopter sites, within health organisations and local authority adult social care departments across the country; have been piloting the new procedures. This will result in guidance about how the scheme will operate. Whilst this guidance has not yet been published, it is expected to include:

- Less emphasis on prescribed timescales, with an agreed complaint action plan agreed individually with complainants through a "triage" type system
- Complaints to follow a less formal structured system, and Complaints Manager's to use a "menu" of options tailored as appropriate for individual complaints, including a greater emphasis on mediation, conciliation and arbitration.
- The current social care Stage 3 Review Panel being deleted, and the final part of the complaint process being dealt with by the Ombudsman.

3.3 Current Complaint Stages and Timescales

The current complaints procedure has a process of up to 3 stages:

Stage 1: Aims to resolve the problem as quickly as possible (within 10 working days, or 20 if complex) at the point of service delivery.

Stage 2: If people are unhappy with the response at stage 1 they can ask for the complaint to be investigated by someone independent of the service area involved.

Stage 3: If still dissatisfied, people can ask for a Review Board to consider whether the local authority dealt with the complaint adequately. The Review Board is made up of 3 people. The chair must be independent of the local authority with at least one other independent person.

The table below shows the distribution of complaints received across the 3 stages:

ITEM	2006/07	2007/08
Activity in the year (no of complaints received)	63	68
Complaints completed at Stage 1 within 20 days (Local Resolution)[1]	65%	76%
Complaints proceeding to Stage 2 (Independent Investigation)	2	0
Complaints proceeding to Stage 3 (Review Board)	1	1
Ombudsman Enquiries	0	0

3.4 Comments, compliments and complaints – Improving the Process

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

3.4.2 Analysis of the complaints we receive and record enables us to reflect upon the lessons that can be learned, and inform and develop the services we provide and commission. During the last year, improvements have been made to the complaints databases to help monitor, analyse and report comments, compliments and complaints:

- A traffic light system, alerts managers if targets are in danger of not being met and this continues to work well, demonstrated by the 14.5% improvement in Stage 1 targets being met, illustrated in the table above
- A recording and action-planning system is used to identify lessons learned, to plan and monitor remedial action and enables issues to be reported to senior managers to inform the service development process
- The Customer Care reporting process includes information from complaints, comments and compliments.
- Standards and guidance are used by people undertaking formal stage 2 investigations into complaints, to ensure a consistent approach and quality framework is used.
- In quarter 4 of 2007/08 a survey procedure to measure how satisfied people are with how their complaints were handled was introduced. This helps us to review the effectiveness of the complaints procedure and its future development.

3.5 What we have learned from complaints and done as a result

3.5.1 Whilst complaints have resulted in changes for individuals, collectively they are a key source of information, to help inform us how we develop the services we provide or commission. Examples of actions that have resulted in response to complaints in the last year include:

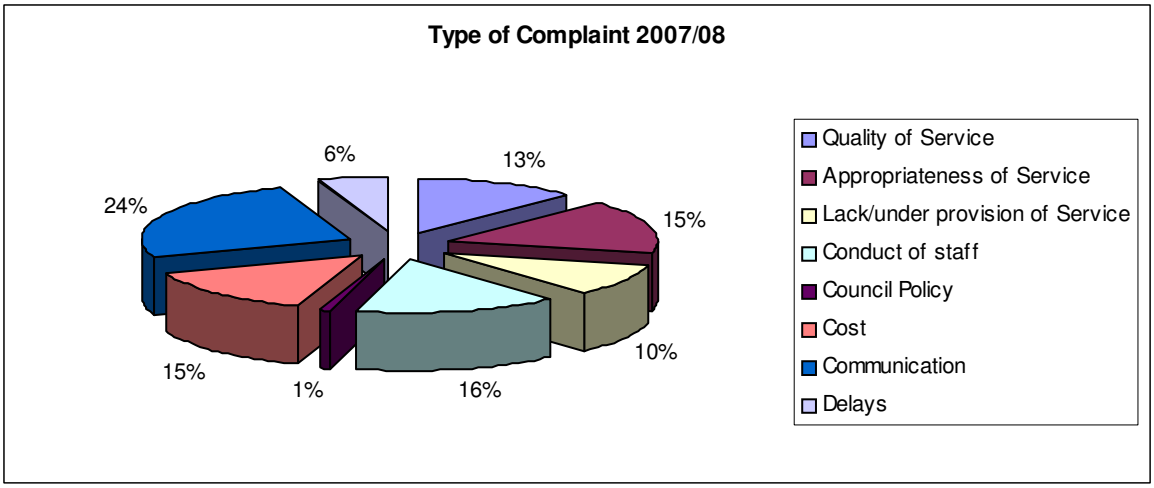
- The establishment of a Stakeholder Quality Improvement Team (QIT),resulting from the modernisation of Halton Day Services for people with learning disabilities, made up of Service Users, Carers and Staff looking at any problems, and potential solutions. There is a rolling programme of inspections of community venues used following the closure of traditional day centres.

- Changes in various policies and procedures to prompt for appropriate action and information sharing with people. Plus guidance on what information should be shared with families.

- The signing up to the Care Services Efficiency Delivery (CSED) pilot to develop a process that provides people with information at the earliest possible point.

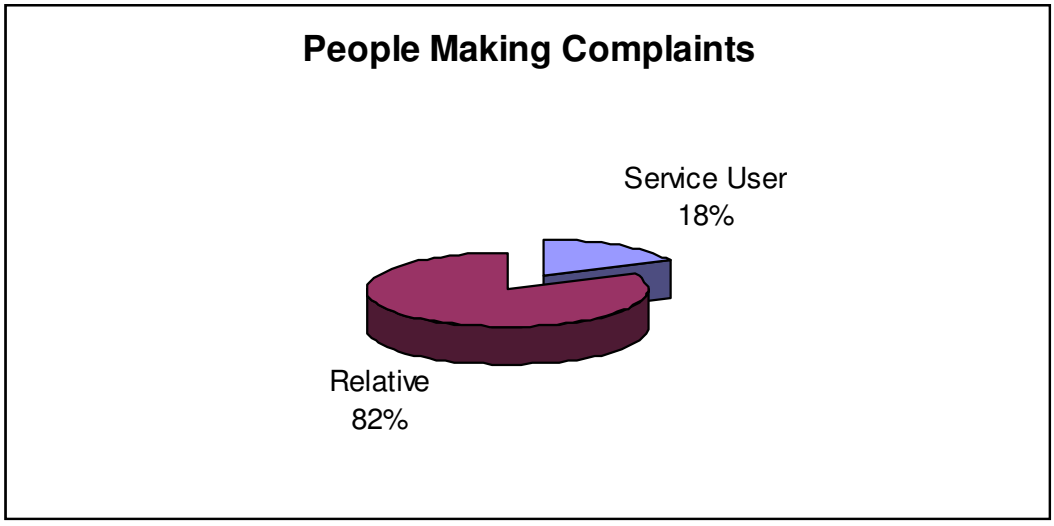
3.6 Types of Complaint

3.61 The information illustrated in the following graphs continues to be developed to enable us to identify trends and emerging issues. The resulting analysis is be reported to the Directorate's Senior Management Team on a quarterly basis. The graph below analyses the types of complaint received for the period 1 April 07 – 31 March 08:



Early indications appear to suggest a shift in complaints away from those surrounding quality or under provision of services to those about communication issues. A series of Customer Care staff training sessions, commencing in November 2008, will help to emphasise how better communication can reduce dissatisfaction caused through misunderstanding.

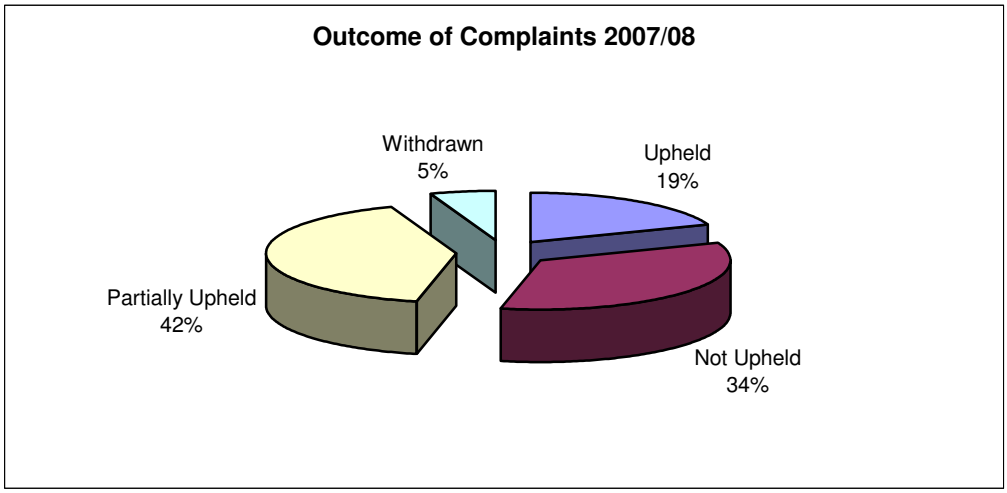
3.7 Category of people making complaints



The high proportion of complaints being initiated by a relative, rather than the individual may be due to the vulnerability of individuals who access adult social care services.

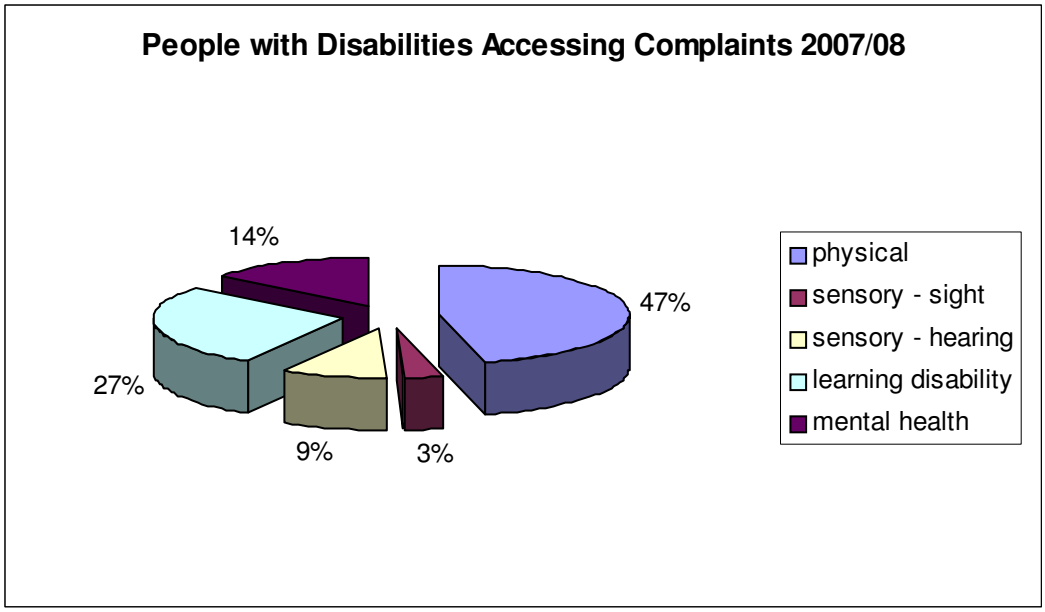
3.8 Outcome of Complaints

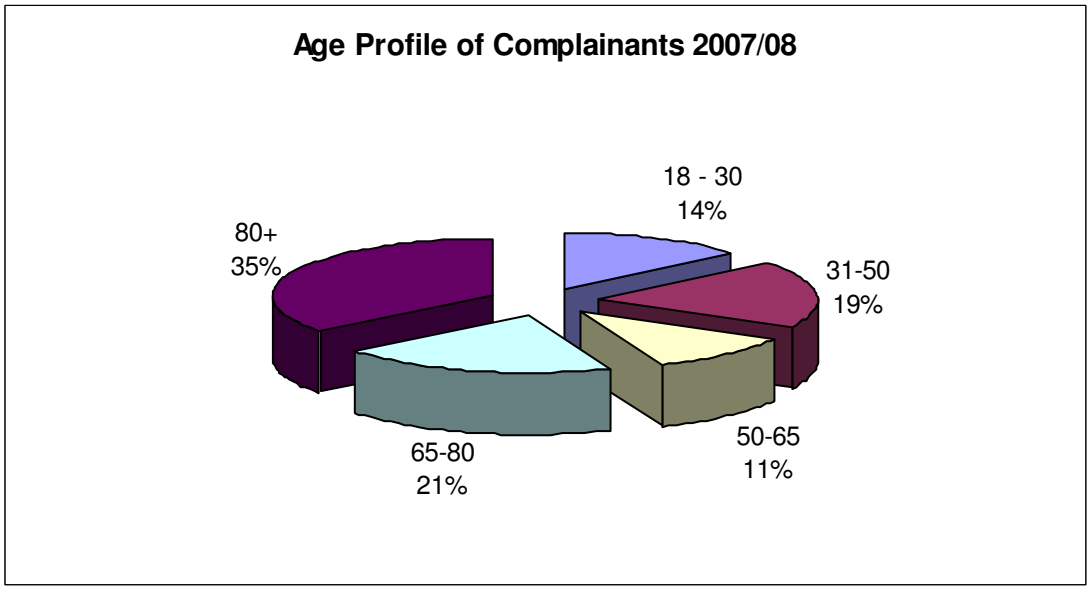
The following graph gives an indication of the outcome of the investigation of complaints for the period 1 April 07 – 31 March 08:

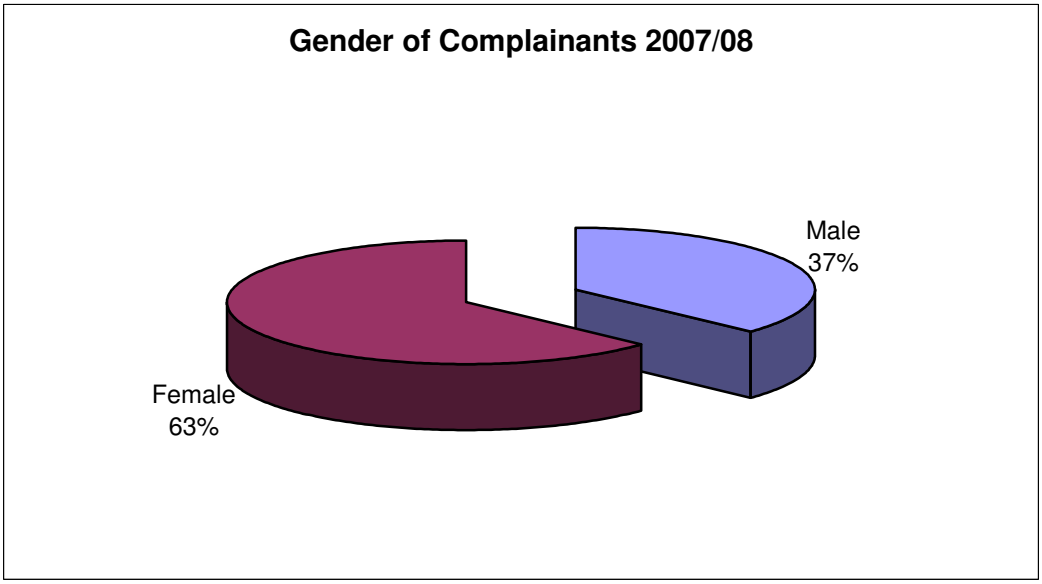


3.9 Monitoring Diversity

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







4.0 POLICY IMPLICATIONS

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

5.0 OTHER IMPLICATIONS

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

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

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

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

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

7.0 RISK ANALYSIS

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

8.0 EQUALITY AND DIVERSITY ISSUES

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

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

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

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 11th November 2008

REPORT FROM: Strategic Director, Health and Community

SUBJECT: Commissioning Strategy for Extra Care

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

1.1 To seek the Healthy Halton Policy and Performance Board's approval of the draft Extra Care Strategy (attached as Appendix A).

2.0 RECOMMENDATION: That the Healthy Halton Policy and Performance Board approves the Extra Care Strategy.

3.0 SUPPORTING INFORMATION

3.1 The purpose of the strategy is to provide Halton Borough Council with a plan for the commissioning of extra care services. The aim is to meet the changing and growing needs of Halton's older population through a strategy that will achieve good quality, cost effective extra care services, making maximum use of available capital and revenue sources to achieve its implementation. The primary focus of the strategy is on older people. However, account is taken of the predicted number of people with a learning disability whose needs could be met through this type of service.

3.2 CURRENT PROVISION

Halton currently has one extra care scheme, Dorset Gardens, in Palacefileds, Runcorn. This scheme provides forty units of extra care.

3.3 COMPARISON OF CURRENT LEVELS OF PROVISION ACROSS NEIGHBOURING AUTHORITIES

Authority	Extra Care Units	Population (65+)*	Population (all)	% of people 65+	% of all people
Warrington	475	29,700	193,600	1.60%	0.25%
Blackpool	59	27,400	145,000	0.22%	0.04%
Blackburn	220	18,000	142,200	1.22%	0.15%
St Helens	318	29,300	177,800	1.09%	0.18%
Halton	**40**	**16,500**	**118,900**	**0.24%**	**0.03%**

The table highlights the significant under provision of this type of service in Halton and of particular note is the inequity of provision across the Halton and St Helens PCT footprint.

3.4 **PROJECTED NEED**

The current core need for extra care is 166 units. This is projected to increase to 214 units by 2017. In addition, there is a current need for eleven units of extra care provision for older people with learning disabilities. It has also been established that there is an equal need for extra care housing schemes in Widnes and Runcorn.

3.5 **PROPOSALS TO MEET THE NEED**

The strategy proposes that this need should be met through the development of four additional extra care housing schemes by 2013, each providing between 40-50 units. A number of existing sheltered housing sites have been identified as potential sites for new or remodelled extra care housing sites. However, the strategy also encourages Halton Borough Council, Halton and St Helens PCT and Registered Social Landlords to identify potential land for new developments.

4.0 POLICY IMPLICATIONS

4.1 The Commissioning Strategy for Extra Care sets out how Halton proposes to meet the growing and changing needs of our aging population.

4.2 All new HBC policies relating to capital programmes, disposal of land and planning should take into account potential to support our corporate responsibility to meet the needs of an aging population through the development of extra care housing.

5.0 FINANCIAL IMPLICATIONS

5.1 The evaluations of bids to the Homes and Communities Agency and to the DOH are heavily weighted on the capital cost per unit. In order to reduce the unit cost the majority of bids submitted in partnership with Housing Associations are supplemented by the acquirement of free land from the LA or PCT or capital funding from the LA or PCT.

5.2 In the absence of opportunities to offer free land sites to supplement the cost of future bids it is proposed that HBC explore opportunities to secure capital finance in partnership with the PCT.

6.0 RISK ANALYSIS

6.1 The unmet needs highlighted in this strategy are likely to remain

unmet, unless future bids to the Homes and Communities Agency and the DOH are successful. The likely impact of this being increased demand and increased costs for Social Care and Health Care.

6.2 If future HBC extra care housing bids are to be successful, the unit cost will have to be reduced. This can only be achieved through the offer of free land or additional capital resources.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 Children and Young People in Halton

None.

7.2 Employment, Learning and Skills in Halton

None.

7.3 A Healthy Halton

Extra Care Services provide a combination of health, care and support which will improve the health and well being of older people through:

- The prevention or minimisation of hospital admissions
- Enabling people to continue to live independently obviating the need to move to residential care
- Providing a medication monitoring services
- Adoption of falls prevention policy and practice
- Provision of support and care with shopping, cooking and catering facilities to enable residents to access health eating options
- Offering healthy living options including exercise, gardening, leisure activities
- Provision of flexible personal care to enable continuation of independent living
- Continued independence and activity as a means of maintaining mobility and daily functions (Extra-care residents improve more than people in traditional forms of care: they show an average mobility improvement of more than 35%; a 20% improvement in daily living functions; a 10% increase in sensory ability; and a 25% reduction in medication use.)
- Availability of a responsive on site team of carers to address care needs immediately preventing escalation.

7.4 A Safer Halton

Extra care services support the Councils objective to achieve a safer Halton by:

- Reducing anxiety through the reassurance provided by having people on site and available should the need arise.
- Adopting Health and Safety policy and procedures and physical design of the buildings to minimise risks to occupants
- Making links with the wider community to provide connections with the wider community and to provide opportunities for people living in the scheme to contribute
- Reducing social isolation through involvement in social events, clubs and activities to maximise opportunities for socialising and companionship

7.5 Halton's Urban Renewal

The Commissioning Strategy aims to improve the quality and choice of housing options available to meet the needs of Haltons aging population.

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

8.1 None

HALTON BOROUGH COUNCIL

Health & Community Directorate
Supporting People Team

Commissioning Strategy For Extra Care

May 2008

Contents

Executive summary

Background

1. The purpose of this strategy is to provide you with a plan for commissioning extra care housing services. The aim is to meet the changing and growing needs of Halton's older population through a strategy which will achieve good quality, cost effective extra care housing services, making best use of available capital and revenue sources.

Approach

2. We were commissioned to assist you with the development of the strategy using the following methodology:

- Desktop review
  - Analysis of key strategies, plans and bids
  - Collection of data on supply of services for older people, including existing extra care housing scheme
  - Collection of data on need
  - Identification of models of extra care housing
  - Collection of information on supply directly from providers
  - Sources of funding for extra care
- Analysis of data
  - Effectiveness of previous bids
  - Needs analysis
  - Assessment of sheltered housing sites
- Consultation on interim findings with:
  - Commissioners
  - Older People
  - Providers

Key findings

- The current core need for extra care is 166 units. This will increase to 214 units by 2017.In addition there is a current need for an eleven units of extra care provision for older people with learning disabilities.
- The initial need could be met through the development of four additional extra care housing schemes providing forty to fifty units by 2013.
- The preferred model is for schemes with a mixture of low, medium and high support tenants. This is based on the model for the existing extra care housing scheme in Halton with 30% of tenant having low support needs.
- There is an equal need for extra care housing schemes in both Widnes and Runcorn but actual location may depend on availability of sites.
- A number of existing sheltered housing sites have been identified as potential sites for new or remodelled extra care housing sites. Three housing associations are actively considering five existing sheltered housing sites.

Recommendations

Resources

- The strategy should be realised by pursuing funding opportunities offered through the National Affordable Housing Programme using SHG and through any future Department of Health funding for extra care provision. These options will need to be supplemented with private finance and land.

The Local authority should:

- Identify HBC land that might be suitable for the development of extra care housing
- Explore potential to identify capital resources to supplement future bids to the Homes and Communities Agency or the DOH, in order to reduce unit costs and make Halton's bids more likely to succeed
- Take Corporate responsibility for ensuring that the needs of older people are met through the provision of extra care housing

- Ensure co-ordination between adult services commissioning, planning, property services and finance do develop proposals for extra care in advance of the bidding rounds
- Work with providers to identify sites and develop joint plans for bids for extra care housing
- Build on the relationship between PCT partnership, estates and finance to ensure inclusion in development of bids.
- Work with older people in developing bids and planning new services

The Primary Care Trust should:

- Identify health authority land that might be suitable for the development of extra care housing
- Explore potential to identify capital resources to supplement future bids to the Homes and Communities Agency or the DOH, in order to reduce unit costs and make Halton's bids more likely to succeed.
- Consider the feasibility of extra care housing on sites that are redeveloped within the health authority
- Consider locating GP/Community nursing sites within extra care schemes
- Consider funding treatment rooms as part of extra care housing bids
- Explore opportunities to identify additional health funding for extra care bids including LIFT
- Identify health targets that will be helped by the provision of extra care housing and monitor impact of new extra care provision on the target (e.g. emergency admissions, demand for nursing home places)
- Build on joint commissioning arrangements for older people and ensure input into extra care housing bids

Providers should:

- Identify possible sites in Halton for extra care remodelling/ redevelopment

- Consider remodelling/redeveloping appropriate sites for extra care
- Ensure that existing models of provision for older people are strategically relevant and work with Halton council to ensure delivery of most strategically relevant provision
- Keep Halton council up to date with their own strategy for older person's housing and in particular any plans to provide more extra care services
- Work with the council and the PCT in developing bids for extra care housing

1 Introduction

1.1 Purpose of the strategy

1.1.1 The purpose of this strategy is to provide Halton Borough Council, Health and Community Directorate with a plan for the commissioning of extra care services. The aim is to meet the changing and growing needs of Halton's older population through a strategy that will achieve good quality, cost effective extra care services, making maximum use of available capital and revenue sources to achieve its implementation. The primary focus of the strategy will be on older people.

1.2 Approach to developing the strategy

1.2.1 Halton BC commissioned Tribal Consulting to assist them with the development of the strategy and the following methodology was agreed:

- Project initiation and reporting arrangements
- Desk top review
  - Analysis of key strategies and plans, collecting all available data on need and supply.
  - Needs analysis based on existing data
  - Identification of models of extra care
  - Evaluation of capital bids
  - Identify information gaps and collect data directly from providers of sheltered housing
- Interim findings
  - Needs analysis
  - Current supply/ Assessment of existing sheltered housing sites
  - Extra care service models
- Consultation with stakeholders to test initial findings and gather their views on the emerging extra care commissioning strategy. Stakeholders included older people, commissioners and providers.
- Draft and final reports including the results of the document and data review, strategic objectives with an outline action plan.

2 Context

2.1 Ageing population and the changing needs of older people

2.1.1 By 2026 older people will account for almost half (48 per cent) of the increase in the total number of households, resulting in 2.4 million older households. By 2041 the composition of the older age group will have changed dramatically. There will be a higher proportion of older age groups, including the over 85s, a greater number of older people from black and minority ethnic communities, and double the number of older disabled people[1].

2.1.2 The aspirations of older people have changed and there has been a move towards enabling greater independence and choice. Older people are more mobile than previous generations, in terms of employment and accommodation. Historically choice in housing as people aged meant staying in their long term home (possibly with this becoming difficult to maintain and increasingly inaccessible), moving to sheltered housing or moving to a care home. Recent changes have included an increase in support to people in their own homes, through assistive technology and domiciliary care and in the development of specialist housing providing for health and care needs. Extra care housing is one of the options becoming available to people in response to changing needs and by 2006 nationally there were 25,000 extra care housing units.

2.1.3 The Care Services Improvement Partnership (CSIP) has outlined a broad picture of the factors that are driving change in accommodation and care services for older people[2]. These are:

- The majority of older people will live until the very end of their lives in general housing and may need adaptations and other forms of help and advice to cope with their homes
- An increasing proportion of older people are homeowners (around 75-80% in most places) and they will be reluctant to transfer into rented accommodation in old age and see the value of the equity in their homes eroded
- Much specialised accommodation is in sheltered housing, some of which is now quite old and lacks the space standards and facilities now accepted as normal

[1] National Strategy for Housing in an Ageing Society, CLG (2008)
[2] More Choice, Greater Voice, CLG, CSIP (2008)

- The average age of those living in such accommodation has moved upwards very rapidly in the last two decades, bringing higher levels of need for support that the design of these buildings does not always allow
- Some sheltered schemes have seen the retreat of amenities, such as shops, access to doctors and pharmacy and proximity to public transport – making independent life for their residents more difficult
- New models of enhanced and extra care housing have emerged, offering not only the possibility of supporting higher levels of dependency but also an environment for a lively and active old age
- Local authority residential care provision is generally housed in buildings that are now showing the limitations of their design concepts, even when the fabric is in good condition
- In the private sector the provision of traditional residential care in relatively small units is financially precarious and many providers continue to leave the market
- While the nursing home sector continues to provide a context for the care of the more physically dependent and mentally confused older people, the steadily rising cost makes it imperative that other solutions are explored
- Expectations among older people will continue to increase, in relation to their physical surroundings and access to facilities but also in their right to be consulted and to participate in decisions that affect their lives
- Increasing proportions of older people have the financial resources to fund their access to accommodation and care but do require information, advice and assistance in making sound decisions.

2.1.4 There are a number of key recent government strategies that impact on the development of extra care services. These include:

- Putting People First, DH (2007)
- Commissioning Framework for Health and Well-Being, DH (2007)
- Homes for the future: more affordable, more sustainable, CLG (2007)
- Our Health, Our Care, Our Say: a new direction for community

services, White Paper DH (2007)

- Independence, Well-being and Choice, Green Paper DH (2006)
- Dignity in Care, DH (2006)
- The Local Government White Paper: Strong and Prosperous Communities, DCLG (2006)
- Sure Start to later life: Ending inequalities for older people, ODPM (2006)
- Older People, Independence and Well-being: The Challenge for Public Services, Audit Commission (2004)
- National Service Framework for Older People, DH (2001)

2.1.5 The recent Communities and Local Government National Strategy for Housing in an Ageing Society is a key strategy that specifically references the future of specialist housing for older people.

National Strategy for Housing in an Ageing Society

2.1.6 Communities and Local Government recently launched a National Strategy for Housing for an Ageing Population[3]. The vision in the strategy is for all older people to have housing that supports them to live happy, healthy, active and independent lives in welcoming communities.

2.1.7 The aims and proposed outcomes of the strategy are to improve quality of life for all older people now and in the future, through:

- Housing that meets basic standards – Reduce the percentage not satisfied with housing or increase the percentage who say housing meets their needs. Increase the number of inclusive, mainstream and specialist housing appropriate for older people in areas of undersupply. Reduce the percentage of older people living in non-decent homes to the national average
- Better health – Reduce morbidity and mortality. Reduce the number of preventable deaths of older people, including 'excess winter deaths' and fire deaths. Increase healthy life expectancy
- Greater independence – Increase percentage and numbers of people over 80 living safely in own homes. Increase number of older people supported to live in own homes

[3] National Strategy for Housing in an Ageing Society, CLG (2008)

- Sustainability – Increase percentage of houses meeting Lifetime Homes Standards. Reduce percentage of older people in housing failing decent homes thermal standards
- Preventing crisis – Increase the number of people receiving preventative Home Improvement Agency services. Increase the percentage of people in adapted homes where they require adaptation
- Reducing inequalities and promoting culture of age equality - Close the percentage gap between older and younger people in non-decent homes
- Stronger communities – Increase the percentage level of trust. Reduce percentage not satisfied with their community. Increase community participation and involvement
- Better use of housing resources – Increase the numbers of inclusive houses built. Increase the numbers taking up equity release products.

2.1.8 Priority areas in the strategy are:

- Setting a new direction of travel by giving leadership on planning, designing and building new housing and new communities and by encouraging innovation and new models of inclusive mainstream and specialist housing.
- Making the most of existing housing in both the public and private sector and across the full spectrum of mainstream and specialist provision, including sheltered housing and residential and nursing care homes. Ensuring that existing housing meets decent standards and is suitable for the person who lives there. This will require private investment and development of new options such as equity release.
- Meeting individual needs through enabling independence, choice and control at home, supported by coherent preventative services, including information, advice and advocacy, Home Improvement Agencies, Supporting People and housing options services. Ensuring housing services meet the needs of diverse communities including those in rural areas, and in black and minority ethnic communities, and those from the most excluded groups such as homeless people.

2.1.9 More specifically the strategy focuses on specialist housing. The largest sector is sheltered housing; there are about 100,000 private properties and 400,000 rented properties classified as private retirement, sheltered or extra care properties. About 330,000 older people live in care homes. Extra care housing makes up only a small minority of these properties.
This strategy identifies three problem areas to address:

- In some areas people do not have a good range of specialised housing options available. The challenge will be getting the right supply of a range of good quality specialised housing to expand choice and meet projected future demand

- To improve the quality of all forms of specialised housing. For some people moving to specialised housing means making compromises in terms of the location, design, tenure and specification of their new housing. This also means making the most of existing stock

- Getting good information and advice on what specialised housing options are.

2.1.10 The strategy identifies the need for more specialised housing of a range of types. The evidence shows a projected sharp growth in demand for housing with care service such as care homes and extra care housing. There is strong continuing demand for good quality sheltered and retirement housing. In many areas retirement housing is sold before it is built and there are long waiting lists for good public sector housing. There is also a growing need for specialised housing for the growing numbers of older people with special needs, such as learning disabilities and mental health problems.

2.1.11 The need for a wider choice of tenure options in specialised housing is also recognised and support for private sector developers and providing wider tenure options is seen as an important part of improving choice for older people.

2.1.12 The strategy also supports the continued use of existing specialist stock while recognising that some specialist housing may be hard to let, possibly because of poor quality, degradation or poor location. The strategy notes that in some cases there may be an economic and social case for remodelling, but this can be expensive and selling the land for reinvestment is sometimes more economic. Existing research in this area, which examines re-modelling sheltered housing and care homes into extra care housing, shows that, with notable exceptions, it can be complex and expensive. Communities and Local Government and the Department of Health will be undertaking strategic work with the Housing Corporation,

and in the future, with the Homes and Communities Agency and the Office for Tenants and Social Landlords, to consider what options there are for supporting re-modelling, where appropriate.

Housing Corporation strategy

2.1.13 The Housing Corporation's strategy 'Investing for Lifetimes, Strategy for Housing in an Ageing Society'[4] emphasises the demographic context in which the strategy has been developed, stating that over the next 30 years, the number of people in the UK aged 65 years or more is projected to increase by 75% from 9.7 million to 17 million. The number of people aged 85 or older will increase by 184%. Additionally, an increased number of older people will have greater health care needs, with projections of increases in the proportion of older people with dementia and disabilities.

2.1.14 Most if not all housing associations have older residents. Currently, 34% of housing association households are headed by someone aged over 65. Additionally, designated or specially designed housing for older people constitutes 15% of housing association stock and 40% of all housing associations own some of this specialist provision, some owning this type of provision only.

2.1.15 With regard to extra care housing the strategy notes that this has emerged as a new and popular model of housing for older people that meets housing needs, provides support and care and is at its best when it is outward facing and links into the community. The Housing Corporation does not see extra care as a single model of housing and expects it to be planned for in the context of a spectrum of housing provision including general needs housing, care homes and a range of tenure including home ownership.

2.1.16 The strategy aims to:

- Invest a proportion of the capital funding programme on housing which meets the needs of an ageing society
- Co-ordinate the funding and regulatory systems with those of other parts of government
- Identify and promote best practice models and new ideas for the provision of housing, care and support for older people
- Encourage providers to offer choice to older people and a maximum degree of independence in the way in which they live their lives

[4] Investing for Lifetimes, Strategy for Housing in an Ageing Society, Housing Corporation, 2008

- Ensure consistency with the Corporation's equality and diversity policy and strategy

2.2 Halton strategic context

2.2.1 There are a number of key local strategies and plans that are relevant to the development of a commissioning strategy for extra care services and provide evidence of need for additional extra care provision in the Borough.

A community strategy for a sustainable Halton 2006 to 2011[5]

2.2.2 All strategies within Halton should relate to key themes that are developed in the community strategy:

- A healthy Halton
- Urban renewal
- Halton's children and young people
- Employment, learning and skills in Halton
- A safer Halton

2.2.3 The strategy is concerned with addressing social exclusion. Overall poverty, unemployment and material deprivation are diminishing, but Halton continues to have high rates of benefit dependency. Another key feature of the population is the rate at which the population will age. The next ten years (from 2006) will see a dramatic rise in the over 60s (27%) and over 75s (19%). Single person households will rise and may result in an increase in social isolation which will have a profound effect on people's health and involvement in their communities. There is growing pressure on housing and a key area of action will be choice and quality in housing across all tenures in all parts of Halton. The community strategy is also committed to supporting all carers and cared for people with disabilities in Halton.

2.2.4 The partnership's approach to addressing issues raised in the strategy will be guided by the following principles:

- Anti-discrimination - ensuring disabled people are not subject to discriminatory practices
- Equality of opportunity for disabled people
- Independence not dependence – enhancing the independence of disabled people
- Individual needs - recognising that disabled people are individuals with needs, rights and responsibilities

[5] Making it happen, A community strategy for a sustainable Halton 2006-2011, Halton Strategic Partnership, 2006

- Accountability - responsibility for securing equal treatment lie with all partners
- Integration – services for disabled people are provided as part of an integrated whole
- Involvement in decision-making

Halton Local Area Agreement[6]

2.2.5 The Community Strategy provides an overarching framework through which the corporate, strategic and operational plans of all the partners can contribute. The Local Area Agreement (LAA) provides a mechanism by which key elements of the strategy can be delivered over the next three years.

2.2.6 The health outcomes in the LAA Delivery Plan will include a range of targets shared across the system. Targets will be specifically focused on those people most at risk of using higher-level services or at risk of exclusion from mainstream services.

2.2.7 The LAA is concerned with addressing social exclusion and notes that social exclusion can happen when people face a multitude of problems such as poor housing, high crime, poor health, worklessness, discrimination and poor relationships. The delivery of services to reduce social exclusion will focus on:

- Poverty and material deprivation
- Choice and quality in neighbourhoods and housing.
- Equality of opportunity for everyone and ending discrimination.
- Responding to the needs of older people as the population ages.
- Policies and programmes that look forward and help to achieve sustainable development.

2.2.8 The LAA identifies a number of outcomes that it hopes to achieve, many of which impact on older people with support needs. In particular the following outcomes relate to the provision of extra care housing:

- Improved Health and reduced health inequalities
- Enhance the health & well being of Halton people including vulnerable seldom heard groups such as older people
- Improved care for long term conditions and support for carers

[6] A Local Area Agreement for Halton 2007 -2010, Halton Strategic Partnership

Economic, social and environmental audit of Halton

2.2.9 The state of the Borough in Halton report[7] compares and benchmarks the performance of Halton against a selection of comparator districts, the Greater Merseyside sub-region, the North West, and the rest of Britain. Findings include:

- Halton is still one of the most deprived districts in England, but its ranking has improved from 21st in 2004 to 30th in 2007 (out of 354 districts in England).
- Halton remains relatively unhealthy, ranked 383rd out of 408 districts in the country, compared to 384th three years ago.
- Halton still contains some of the most affordable housing in the country, but its ranking has fallen from 30th in 2004 to 61st in 2007, out of 376 local authorities in England and Wales.

Local Public Health Summary Report – Health Profile Urgent Care[8]

2.2.10 The aim of the health profile for urgent care is to provide information to the urgent care steering group on local utilisation of services to try and identify any areas where service provision could be improved for patients.

2.2.11 The report notes that deprivation is a major determinant of health. More deprived populations generally suffer higher levels of ill-health and create greater demand for healthcare services. The most up to date measure of deprivation is the English Indices of Deprivation 2004 (ID 2004)[9]. Halton's deprivation index ranked 19th out of 354 boroughs in England.

2.2.12 Latest Life Expectancy data for Halton shows that there has been an increase of 0.4 years amongst males over the last data period – taking male life expectancy in the borough to 74.5 years. This means the gap between Halton and England as a whole has narrowed very slightly to 2.4 years.

2.2.13 Female life expectancy within Halton has increased by 0.2 years since last year's figures, taking life expectancy at birth amongst females within the borough to 78.3 years, the gap between Halton and England as a whole, however, has remained the same at 2.8 years. Halton females have the 4th lowest life expectancy of all boroughs in England and Wales.

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[7] The State of the Borough In Halton, An economic, social and environmental audit of Halton (2008) Research and Intelligence Unit, Halton Borough Council

[8] Local Pubic Health summary report (undated) Halton and St Helen's PCT derived from Annual Public Health Statement (2006), complied for Urgent Care Steering Group

[9] Office for the Deputy Prime Minister, 2004

2.2.14 The report identifies the following key indicators of health in Halton:

- Current rates for cardiovascular disease mortality for Halton for the three-year period 2003-2005 show a 38.8% reduction on the baseline. This percentage decrease exceeds the percentage reduction experience across both the North West and England as a whole. The gap between mortality rates within Halton and England as a whole has narrowed from 29.5% in 1995-1997 to 23.7% in 2003-2005.

- Current rates for Halton show a 9.7% reduction for cancer mortality on baseline. Rates until 2004 had been showing a fairly steady decrease, however rates increased quite sharply in 2004 and remained high in 2005, meaning that the rate for the current three-year period is higher than in previous years, and the gap between Halton and England as a whole has increased since baseline.

- Age bands over the age of 70 had the highest rate of non-elective admissions to hospital. The age group 85 and over saw the next highest number of admissions, with all age groups over the age of 70 seeing number exceeding 2600.

Commissioning strategy for older people 2004-2008[10]

2.2.15 This strategy outlines the vision for older people's services in Halton. To promote:

- A positive image of ageing to ensure that older people in Halton are able to live as independently as possible within a safe environment of their choice

- The goals of active ageing, quality of life and well-being, and move towards models of services and housing, in their widest sense, which address the 'whole' needs of each individual, and enables all Older People both active and people with ill health or disability - to realise these goals

- To work with and empower older people as equal citizens first, not clients or users, and to work in partnership with them.

2.2.16 This vision will be equally applicable to the commissioning strategy for extra care.

[10] Commissioning Strategy for older people 2004 – 2008, Halton Borough Council Social Care, Housing and Health Directorate

2.2.17 A number of the key priorities identified in the strategy by older people in Halton through the Older People's Enabling Network are very relevant to the provision of extra care housing. These include:

- Quality, up-to-date and accessible information on all aspects of care and services.
- They need to be able to combat loneliness and social isolation.
- Training of health & social care staff in communication, respect, dignity and discrimination awareness.
- Improvements in the provision of equipment.
- More prevention/health promotion for older people – screening, health checks, medication reviews.
- Greater opportunities and services available to people more locally and in their own homes.
- Wider range of housing in all communities.
- Waiting times for services to be reduced, and people to be kept informed.
- All care professionals working more closely together, communicating with patients and each other.

2.2.18 The priorities identified for development in the strategy are:

- Development of intermediate care service at all levels which includes the development of integrated intermediate care services for people with mental illness.
- Services for those older people who have a mental illness
- Development of Housing options including extra service (often known as extra care) housing
- Further development of the preventative services strategy
- Development of carers support
- Developing systems and social work practice to increase the number of Older People who have direct payments

2.2.19 The strategy provides an analysis of the current (2004) and future population of older people. It states that there will be a significant increase in people over 65 from 2008 and a sharp rise from 2011 onwards and these figures will be above the national average. There is more or less and even split of older people between Runcorn and Widnes.

2.2.20 The population of people of Black or Minority Ethnic (BME) origins is extremely small (sometimes less than 5 people in any one grouping) and this is not predicated to change significantly over the next 10 years. Currently the BME sector accounts for 1.2% of the population of which the largest ethnic group is comprised of those people identifying themselves as 'White Irish'.

Older Persons Service Plan 2007- 2010[11]

2.2.21 The Older Person's service plan highlights Halton's ageing population and notes that the largest proportionate growth is in the population of people, aged 85 and over and an increase in the number of older people with more complex needs, for examples, linked to homelessness, alcohol abuse and dementias. The plan has a number of service objectives linked to corporate objectives that may impact on the development of this extra care commissioning strategy. These include to:

- Submit bids to DH, Housing Corporation for at least one extra care development by March 2008 to provide additional extra care tenancies
- Launch a directory of services for older people (June 2008)
- Launch an ageing well strategy to ensure that Halton has a single approach to aging within a consistent framework (June 2008).

Halton Housing Needs and Market Assessment 2006[12]

2.2.22 The findings in the housing needs and market assessment report are based on a postal questionnaire completed in December 2005.

2.2.23 Findings from the survey suggest that there are 24,739 people aged 60 and over living in the borough with 7,241 aged over 75. Over 18,000 households contain at least one person who is aged over 60 and 8,305 older people living alone, with 5,470 older couple households. Nearly half (48%) of older person households contained a household member with a

[11] Service Plan April 2007 to March 2010, Halton BC Older People's Service
[12] Halton Housing Needs and Market Assessment Survey final report (2006), Halton BC

disability or limiting long term illness, equating to 6,538 households. Over half of these households identified care and support needs.

2.2.24 Over half of older person households own their property outright and a third are social housing tenants. Social housing makes up 26% of the overall housing stock in Halton. Overall 10% of older person households indicated that their current accommodation was not suitable for their needs, the main reason being the need for improvement or repairs. Three quarters of owner occupiers who responded identified spare equity of over £75,000 and a quarter had equity of over £150,000. Table 1 below shows the tenure details of older people and the current 45-59 age group who will become the older age group in 10 to 15 years time.

Table 1

Tenure	Age 45 - 59	Age 60-74	Age 75+
Owner occupier (mortgage)	9235	1569	338
Owner occupier (no mortgage)	2822	5990	2562
Private rent	493	247	199
Social rent	3661	3307	2182
Shared ownership	26	0	93
Tied to employment	137	61	13
Rent free	17	40	237
Other	153	110	17
Total	**16,544**	**11,324**	**5,641**

2.2.25 The findings indicate that the total annual level of outstanding affordable housing need is 176 units, after allowing for current re-let supply. The social rented stock in the borough is high at 27.6% compared to the national average of 19.3% and meets most of the need. Within this target an equal balance of rent and intermediate market housing is recommended.

2.2.26 The findings also indicate a combined requirement over the next three years for sheltered accommodation of 748 units, 435 in the affordable sector and 313 in the private market. There was recognition that some of this need will be addressed through existing sheltered stock, although this was not quantified.

Draft Housing strategy 2008/09 to 2010/11[13]

2.2.27 The draft strategy identifies priorities in the North West Regional Housing Strategy and Regional Housing Board that impact on the delivery of Halton's housing ambitions, in particular, the greater emphasis on the delivery of affordable homes. The North West resource allocation remained static for the period 2006/7/8 and Halton's share of the pot reduced as investment was refocused on those areas exhibiting more extreme problems of affordability and low demand. The strategy notes that this is a trend that is likely to continue.

2.2.28 The strategy notes that social rented housing at 26% of the stock still represents an unusually large sector when compared to the North West and the whole country which is 18%. Although house prices are still low by national levels, the housing needs survey completed at the end of 2005 identifies an affordability issue arising from the relationship between local incomes and the supply of cheapest stock available.

2.2.29 The housing need survey identified 13.5 % of homes in the borough have been adapted to some degree, but there was still a significant demand for adaptations, particularly, bathroom and ground floor extension.

2.2.30 The 2001 Census showed that Halton has a very small Black and Minority Ethnic population, with no one group higher than 1% of Halton's population. On the whole, BME households were identified as more affluent than the White British households, were larger and with a generally younger age profile.

2.2.31 The adopted Regional Spatial Strategy (2003) sets a target for the provision of 330 new dwellings per annum for Halton, but the strategy is in advanced stages of review and new net dwellings for Halton is currently set to increase to 500 dwellings per annum for the period 2003-2021

2.2.32 The Housing Strategy Action Plan 2008/09 t0 2010/11 identifies a number of priorities which include improving the provision of supported housing for an ageing population, which would be partly met by the development of an extra care housing scheme with a target timetable of 2009..

Halton Supporting People strategy 2005 –2010[14]

2.2.33 The following Information on supply of services and future need for older people services in the Supporting People strategy are outlined below.

[13] Draft Housing Strategy 2008/09 to 2010/11, Halton Borough Council Health and Community Directorate (2008)

[14] Supporting People five year strategy 2005 – 2010, Halton Borough Council (2005)

- The number of frail elderly people receiving support is currently less than one-third of regional and national averages and support is wholly accommodation-based. Percentage spending allocated to this client group is relatively low, compared to the countrywide percentage. There is a need to develop provision for this client group

- Overall provision for older people with support needs is higher than both regional and national averages, but is highly reliant upon floating support. This is reflected in the fact that the percentage spending is low compared to the countrywide percentage

- Support offered to older people with mental health/dementia problems is higher than both regional and national averages.

2.2.34 The strategy identified the need for the development of extra care accommodation, recognising that Dorset Gardens was already committed and that a further two bids totalling 83 units were in place. These bids were unsuccessful.

Draft Domiciliary Care strategy[15]

2.2.35 The strategy estimates that forecast changes to the population in Halton will result in a steadily accelerating increase in the number of older people who are likely to have care needs arising from high levels of chronic ill health and disability.

2.2.36 The estimated future demand for domiciliary care services in relation to externally provided services suggests that there will be a slight decline in the demand for domiciliary care services for adult services by 3 service users by 2015 and a significant increase of 119 service users in the over 65s. The combined effect represents 116 additional service users, an increase of 17%.

2.3 Current supply of older people's services in Halton

2.3.1 The current supply of relevant services for older people that have an impact on the provision of extra care housing is outlined below.

Residential care

2.3.2 There are eight residential care homes in Halton providing places for older

[15] Halton Draft Domiciliary Care Strategy, stage one research and analysis, CPEA (November 2007)

people including older people with physical disabilities or dementia. Two of the homes have dual registration with 64 places currently designated as care beds. There total residential care capacity for Halton is 327 units and 298 are currently occupied (March 2008). **Table 2** provides a breakdown of this provision.

Table 2

Service/Scheme Name	Ward	Type of Service	Number of units/places
Beechcroft	Halton Lea	Dual Registration	42
Ferndale Court	Riverside	Dual Registration	22
Cartref	Farnworth	Residential Home	24
Croftwood	Halton Lea	Residential Home	41
Hannah & Olivia Court	Appleton	Residential Home	63
Oak Meadow	Appleton	Residential Home	32
Simonsfield	Halton Brook	Residential Home	59
Trewan House	Ditton	Residential Home	44

2.3.3 There are also two nursing homes for older people, and five nursing homes for people with dementia.

2.3.4 The number of placements of older people in residential care are reported to have reduced over the past three years, though this has not been quantified. The CSCI annual performance assessment report 2006-07 identified the Borough's very good performance on the number of older people and other adults admitted to residential care.

Domiciliary care

2.3.5 There are currently 23 domiciliary care organisations providing service to 616 individuals. Information about these services is not broken down by client group, however the Halton draft extra care housing strategy identifies 80% of domiciliary care service users as older people.

Floating support

2.3.6 The Halton BC Older People's Team is funded to provide housing related

floating support services to 136 older people. The service is currently provided through sub-contracted domiciliary care providers.

Community Alarms

2.3.7 Supporting People fund five organisations to provide dispersed alarm services. The largest provider is Halton BC Older People's Team and this service also includes a mobile warden response. **Table 3** provides a breakdown of the services by provider.

Table 3

Provider	Type of service	Capacity
Riverside Housing	Dispersed Alarms	32
Arena Options	Dispersed alarms	11
English Churches	Dispersed alarms	16
CDS Housing	Dispersed alarms	46
HBC - Older Peoples Team/Contact Centre	Mobile Warden/Alarms	1860

Sheltered Housing

2.3.8 There are 18 sheltered housing schemes provided by housing associations in Halton, with a capacity of 550 units. In addition there is an Abbeyfield very sheltered scheme for ten people and a private sector sheltered development in Widnes. The sheltered schemes are located throughout Runcorn and Widnes with a fairly equal distribution between the two areas. **Table 4** provides information about each of the sheltered housing services provided by housing associations.

Table 4

Provider	Service/scheme name	Capacity
Anchor Trust	Broome Court	36
Arena Options	Elaine Price Court	28
Guinness Trust	3 Iveagh Court	20
Halton Housing Trust	Brunswick House	35
Halton Housing Trust	Quarry Court	30
Halton Housing Trust	Queens Close	32
Hanover	Runnymede Court	33
Hanover	Hanover Court	42
Hanover	Runnymede Walk	16
Hanover	Runnymede Gardens	20
Housing 21	Cannell Court	28
English Churches	Victoria Court	30
English Churches	Southlands Court	40

English Churches	St Georges Court	34
English Churches	Woodend Court	42
English Churches	Hargreaves House	23
Pentecostal	Fairhavens Court	44
William Sutton Trust	Thornhills	17

2.3.9 The performance returns made by providers of this accommodation to Supporting People identify very high utilisation rates for sheltered housing with an average of 98%. Consultation with providers identified a significant demand for most services with the exception of two schemes where the accommodation was in need of improvement.

Extra care housing

2.3.10 Halton currently has one extra care housing scheme providing 40 flats (37 one bed flats and three two beds) for a range of needs; the targets set for the service are 30% low dependency, 40% moderate dependency and 30% high dependency residents.. The scheme has a lounge, restaurant, buggy store, therapy space, laundry, assisted bathing facilities and hairdressing room. It is owned by ECHG and managed by Halton Adult Services. Halton Adult Services also provide the care services.

2.3.11 The scheme has been operating for 18 months. In the last 12 months there have been eight voids. There is currently a waiting list of 11 people for the service and no more people are being accepted for referral to the panel for decision about acceptance for inclusion on the waiting list. The model is seen as successful by the service manager and by other stakeholders.

Comparison of extra care units with other boroughs

2.3.12 In comparing the number of extra care units with a sample of local authorities in the North West (using the same comparator authorities used in developing the Halton domiciliary care strategy), Halton has a similar number of units in proportion to the older population as Blackpool, but a significantly lower number than Warrington and Blackburn. See **Table 5** below. Information in this table includes extra care villages. It does not break down the figures into high, medium or low support needs or tenure.

Table 5

Authority	Extra Care Units	Population (65+)*	Population (all)	% of people 65+	% of all people
Warrington	475	29,700	193,600	1.60%	0.25%
Blackpool	59	27,400	145,000	0.22%	0.04%
Blackburn	220	18,000	142,200	1.22%	0.15%
St Helens	318	29,300	177,800	1.09%	0.18%
Halton	**40**	**16,500**	**118,900**	**0.24%**	**0.03%**

2.4 Quantified need for extra care provision

2.4.1 In quantifying the core need for extra care provision we have used the following assumptions which were arrived at through consultation with stakeholders:

- 25% of the number of older people currently in residential care who could otherwise be housed in extra care, plus
- 50% of the number of older people in receipt of intensive domiciliary care support (over 10 hours a week)with data based on PAF indicator of intensive home care = 11.1 per 1,000 population.

2.4.2 The current estimated need has then been applied to future population projections of older people in Halton to determine future need.

2.4.3 On this basis, the core need for extra care housing for older people is 166 units (25% of older people in residential care (298) = 74.5) + (50% of people currently in receipt of intensive domiciliary care (183.15) = 91.5).

2.4.4 **Table 6** shows the projected need for extra care based on the projected future population growth of the population of people aged 65 and over.

Table 6

Future Need	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Projected population 65+	16800	17200	17400	17800	18400	19100	19700	20300	20800	21300
Projected percentage in need	1.01%	1.01%	1.01%	1.01%	1.01%	1.01%	1.01%	1.01%	1.01%	1.01%
Identified need for extra care	169.1	173.1	175.1	179.2	185.2	192.2	198.3	204.3	209.4	214.4

2.4.5 This needs analysis is based on data from older people who currently access services (domiciliary care and residential care). This has produced a baseline need. However, there may be additional need in the older population that has not been quantified and the baseline assessment needs to be viewed in this context. This may include some older people who have not accessed domiciliary or residential services but may also benefit from extra care housing.

2.4.6 In addition stakeholders identified possible future need amongst the current younger population of Halton in the 55 to 65 age range who have significantly higher long term conditions than the national average. This age band was not included in the assumptions used for the needs assessment, but as this group ages they are likely to require higher levels of care and support and may add to the estimated need for extra care housing.

Older people with learning disabilities

2.4.7 The overall need for extra care for older people identified above excludes the needs of older people with learning disabilities who may benefit from extra care housing. Total need can be adjusted to take account of those people age 65+ with learning disabilities who currently receive a service. Older people aged 65+ with learning disabilities are a fixed population as diagnosis is made at birth and not acquired. Whilst numbers aged 65+ currently are low at 23 people, there are a further 58 people in the 55-64 age group who are likely to develop age related conditions which will become their primary need, rather than their learning disability.

2.4.8 An additional factor to consider is that people with learning disabilities develop pre-senile (early onset) dementia on average 15 years earlier than the general population at age 54 but onset for some can occur in their 30's particularly for those with Downs syndrome.

2.4.9 Examination of the 23 people aged 65+, currently receiving a service shows:

- 19 living in their own home with intensive support
- 3 in residential care – two recent admissions as older people and one discharged from long stay hospital in the 1980's
- 1 out of area specialist placement

2.4.10 Based on for this information about older people with leaning disabilities it is estimated that need for extra care housing for this group equates to 11 units. The assumption resulting in this estimate is that the two people in older people's residential care plus 50% of the people living in their own homes with intensive support would benefit from extra care

accommodation. An examination of the age profile of people with learning disabilities aged 65+ over the next ten years shows that the level of need for extra care housing during the years 2010 to 2015 will double to 22 units and then stabilise.

3 Extra care service models

3.1 Introduction

3.1.1 There is no one definition of extra care housing, but it could be described as 'purpose built accommodation in which varying amounts of care and support can be offered and where some services and facilities can be shared'

- It is first and foremost a type of housing. It is a person's individual home. It is **not** a care home or hospital and this is reflected in the nature of the occupancy through ownership, lease or tenancy
- It is accommodation that has been specially designed, built or adapted to facilitate the care and support needs that its owners/tenants may have
- Access to care and support is available 24 hours a day either on site or by call

3.2 Models of accommodation based services

3.2.1 CSIP has outlined the main models of extra care housing and given examples of the different types of provision, see **Table 7**[16].

[16] The Extra Care Housing Toolkit CSIP (2006)

Table 7

Type of scheme	Description	Examples
Purpose built extra care scheme without community resources	Normally around 40-50 units of accommodation in one location. • Flats or bungalows (often dependent on whether scheme is inner city or in suburbs). • Scheme for use by residents only	Linters Court in Redhill is an example of an 'Assisted Living' scheme provided by McCarthy & Stone and Hanover Property Management Ltd. Flats are sold on a long leasehold basis (99-125yrs) with roughly equal numbers of one and two (wheelchair accessible) bed apartments. All schemes incorporate a restaurant in addition to resident lounges, guest suites, laundry facilities and lifts. Southfield Lodge in Durham is provided in partnership between the county council and Bradford and Northern care partnerships. It was built to provide a directive alternative to residential care for older people and replaced two existing care homes. Many residents had lived in residential care for many years, so skills and confidence had to be rebuilt.
Purpose built extra care scheme with community resources	As above but with attached community facilities, e.g., resource or activity centres, health, recreational and leisure facilities, which are open to local older people.	Hillside Court Is a scheme located in Bristol and provided by Housing 21. It specialises in providing accommodation for people with hearing impairments. A number of flats are equipped with technology specifically to support people with hearing impairments to remain at home. The scheme also includes a full catering restaurant which is open to both members of the scheme and the surrounding community.
Core and cluster extra care scheme	Small local schemes with a core central building, e.g. a scheme spread across four or five villages, with eight to ten housing units in each location but with services based at one central building - shared housing, care management and staffing of all schemes - local housing units are often bungalows – schemes may be virtual, i.e. the link is via the services provided rather than geographical closeness	Harp House in Barking has been developed in partnership with the London Borough of Barking and Dagenham and Hanover Housing. It is a core and cluster scheme with the core being extra care and the cluster being a number of nearby sheltered schemes and older people's properties. The sheltered tenants and older people can make use of the facilities within the scheme and care is delivered out of the core scheme to individual's homes if required.

Type of scheme	Description	Examples
Remodelled extra care scheme from existing sheltered housing or residential care home	Probably at least 30 units of accommodation if they are to achieve viability - Due to the need for a minimum number of units to make a scheme viable, remodelling tends to be of newer and larger sheltered schemes or homes - Schemes may not have all the facilities of a new build extra care scheme e.g. buggy store and charge and extensive communal facilities- Cost, in most instances will determine the appropriateness of ordinary sheltered housing for conversion.	Banlier Ct is a remodelled development with 24 flats and bungalows for rent. It is owned and managed by Tintum HA which specialise in providing housing and care services for black and minority ethnic groups. The design and facilities within the buildings were changed to bring them up to extra care standards
Retirement village/ continuing care communities	100 plus units of accommodation. •Large development spread over one large site. • Often incorporate a range of buildings including flats, houses and bungalows. • Extensive communal, health and leisure facilities. • Scheme may incorporate a residential care or nursing home on site.	St Monica's Trust is an extra care retirement village situated in North Bristol and provided by St Monica's Charitable Trust in partnership with Bristol City Council. The community consists of approximately 170 flats available for sale, shared ownership and to rent, and a 60 bed care home. All properties are laid out around a central cricket field complete with a pavilion and public house. Avonpark Village is situated on the outskirts of Bath and is one of the Care Village Groups five developments. The scheme consists of a mix of studio, 1, 2, and 3 bed properties available for leasehold purchase and both a residential and nursing home. Short and longer term rentals are also available. The village has extensive on site social facilities including restaurant, library and visiting doctors' surgery.

Type of scheme	Description	Examples
ECH linked to care home provision	Small number of units – often flats. •Attached to existing care home. • Units often specifically for couples of whom one has a very high care need, or specialist need, and the other who is their carer. • Ability to access care, support and facilities of existing home.	The Ridings in Swindon Borough Council (in partnership with Kennet Housing Society), has been remodelled to provide 25 extra care flats. A large conservatory style building has been added, as well as a shop, hairdresser and shop. The scheme incorporates a day centre and has an important role as a resource centre for residents and the wider community of older people.
Extra care schemes for people with specialist needs	Smaller than many other schemes often around 20-30 units. • Scheme specifically developed for individuals with specialist needs, e.g., cognitive impairment or learning difficulty. •Scheme incorporates specific care and health facilities, and is designed to specifically meet the needs of these groups.• Scheme may incorporate a day resource for individuals both in and outside of the scheme with similar specialist needs.	Yew Tree Court in Leeds is provided by Methodist Homes Association. It provides fifty, 1 and 2 bed flats for frail older people. Situated next to the scheme is Rosewood Court, a bespoke extra care scheme offering 20 flats for older people who have a dementia. Also available at the scheme is a dementia day care centre. The Seven Oaks Dementia Care Unit in Northern Ireland is managed by Fold Housing Association and provides purpose built specialist extra care. It is designed specifically for people with dementia and provides 30 units, all with en suite facilities and includes 5 two bed bungalows which enable couples to stay together.

ECH as a co-housing scheme	• A model of shared ownership provision originally developed in the Netherlands and Denmark. • The concept behind co-housing is that of independent living within private space, but alongside others within a community that promotes active engagement with others, in communal spaces and around common interests. The key features of co-housing are: • Common facilities. •Private dwellings. • Resident-structured routines. • Resident management. • Design for social contact. • Resident participation in the development process. • Pragmatic social objectives.	The Peabody Trust Housing Association has developed a purpose built community in Southwark, London (Darwin Court). It offers 76 new flats for people over the age of 50, community facilities such as a health care suite and swimming pool, and provides a range of health living and educational activities for older people. The Threshold Centre in Dorset currently comprises a group of six individuals, all age 50-plus, with a common interest in all aspects of sustainable/holistic. They commonly purchased Cole Street Farm in November 2004 with the aim of creating a small, informal community, ultimately of 12-14 people, with shared values, linked to the wider community.

3.3 Model of community based services

3.3.1 Not all extra care services are linked to specialist buildings. A combination of telecare, visiting warden services and linked domiciliary and other services has been developed. This model can allow older people to stay in their own homes and staircase up to higher levels of service as their needs grow.

Cumbria County Council virtual model of extra care

3.3.2 Cumbria County Council has developed a virtual care village model of extra care. This was developed in response to the problem of developing appropriate models of extra care in rural Cumbria and in organising the care services to support tenants and older people living in the surrounding community.

3.3.3 The approach that Cumbria has adopted has created clearer links between extra care housing, the commissioning and delivery of domiciliary care, and the introduction of Telecare (Assistive Technology).

3.3.4 The model comprises the following elements

- A geographical area within which mobile care and support services will be more responsive to peoples needs. This may be based on 'response times' or journey times, which vary according to the nature of the locality rather than, by a defined size or particular radius
- The use of Telecare services (managed by the Integrated Community equipment Stores – ICES) including a range of sensors that enables the management of risk and the targeting of services in the event of an emergency
- The use of mobile handsets (and the Telecare database) to enable care workers to be contacted by the alarm provider and enable secure access to information (such as current health needs and care services provided to the client) as required
- The use of telemedicine services, purchased by the local Primary Care Trust (and managed by ICES) to enable the monitoring of a person's vital signs from home as part of the strategy for managing Long Term Conditions
- Continued development of Extra Care housing schemes for people who choose, or need to move into a more enabling type of dwelling

- Continued development of homecare services dedicated to meeting the care needs of all those living in the area, including Extra Care schemes and responding to Telecare calls
- Continued development of a responsive night time care service available across the area defined, (with possible retention of on site waking night service within Extra Care schemes and use of the scheme as a base for the night time care team)
- Developing the potential for integration and modernisation of Housing Visitor, Housing Warden and Floating Support Services
- Reinforce partnership with Health, supported by extended use of Health Act Flexibility agreements. These developments significantly contribute to the implementation of new arrangements for meeting 'Long Term Conditions' targets, the agenda for integrating community and social work teams; developing community provider services such as generic home care services, and ICES
- Potential for the development of shared information systems, including a client information database
- Development of a co-ordinated handyperson service
- Integration of voluntary sector community support services such as, the Alzheimer's Society Family Support Service, Carers Associations, and services offered by Age Concern to provide the support required to maintain the quality of life for people who choose to be cared for at home. A Virtual Care Village Model Cumbria, Housing Lin (July 2005)

Halton Council plans for virtual extra care

3.3.5 Halton council are exploring the concept of virtual extra care and are reviewing the in house community alarm and domiciliary care services with a view to developing a service more responsive to older people's needs. This service will be provided in addition to the provision of accommodation based extra care.

3.3.6 The aim of the service will be to support Halton citizens who are vulnerable to remain independent in their own home during times of change in their circumstances. The service will: focus on the individual and their needs; promote rehabilitation; and promote access to and the use of community resources and activities.

3.3.7 During the initial pilot period the capacity of the service will not exceed 30 (active) service users at any one time.

3.3.8 The Lifeline/Community warden service will provide the initial response element of the service 24 hours a day. Key workers will be developed across home care seniors and the community wardens. Each service user assessments and support and contingency plans. Needs and support will be reviewed every three months.

3.4 Services provided as part of extra care

3.4.1 Services may be on site or off site and available to the wider community. There may be a range of service which commissioners and providers agree would be suitable to co-locate. There are a number of services which are seen as essential to extra care.[17]

- On-site provision or access to 24 hour personal and practical care services. Provision of personal care needs to be flexible and tailored to individual needs, so that as these change people can remain in the same place
- Access to one or more meals every day which can help to ensure that residents receive their minimal nutritional value per day. These may be provided by onsite catering facilities or by existing providers within the authority
- Access to domestic and housing support services particularly services which 'work with' rather than 'doing for residents'
- The use of a range of assistive technology approaches designed to be enabling rather than disabling
- Access to a range of community health services. Some of these may be on site, some from nearby health facilities or agencies. In either instance their availability in sufficient volume to maintain people within the community is likely to be as critical as the care and support services. Examples of these services include; district nursing, CPNs, community dentistry, chiropody services, continence services, mobility assistance through physiotherapy or personal assistants, occupational therapy services. Such services may, of course, not be an additional requirement as they may already have been provided to ECH occupants in their former homes

[17] The extra care housing toolkit, Housing Lin (2006)

3.4.2 The following range of facilities may be incorporated into extra care schemes:

- Care or nursing care
- Day services
- Assessment services
- Community based care teams
- Respite care services
- Intermediate care and rehabilitative services
- Technology response centre
- Health care services
- Leisure facilities, shops etc.

3.5 Support needs of service users in extra care

Dependency of service users

3.5.1 The dependency mix of the service users in extra care schemes needs to be determined in advance of developing the schemes. For example, the existing extra care scheme in Halton has a range of low, medium and higher support tenants. This was identified as the preferred model through consultation with stakeholders prior to the development of the service.

Mix of client groups

3.5.2 Extra care housing has also been developed for other client groups, including people with dementia, older people with learning disabilities and people with physical disabilities.

3.5.3 Where models have been developed for people with dementia, the scheme has been developed with the incorporation of dementia friendly design principles and appropriate staffing and support.

3.5.4 The incorporation of units within a scheme for older people with learning disabilities also requires a consideration of the specific design and services needed. The use of enabling assistive technology together with specially designed or adapted units can be used in designated units. There are a number of best practice examples of innovative design developments available through the Housing LIN, DoH.

3.5.5 Consultation with providers identified examples of schemes where there was a mix of care and support needs of service users and these schemes were generally seen as a successful model.

3.6 Location of extra care housing

3.6.1 Location is very important in the development of extra care housing and can mean the difference between a scheme and its residents integrating and becoming part of the community or remaining socially isolated. The following site specific criteria should be considered in the assessment of any potential new site:

- The relationship of a scheme to the local community in which it is to be located
- Level assess to the scheme and the surrounding facilities
- Proximity to retail/GP/leisure facilities/places of worship
- Links to existing services for older people
- Proximity to other older people's accommodation
- Easy access to GP/primary care and other community health services
- Planning requirement constraints
- Low crime/low risk neighbourhood
- Easy access to local transport services
- Potential market for mixed tenure
- Whether an existing sheltered scheme will be refurbished or land used for new build

3.7 Mixed tenure in extra care housing developments

3.7.1 Many extra care housing schemes offer a range of tenures and this approach operates across all models. The advantages of cross tenure provision include:

- Catering for the increasing number of older owner occupiers identified in demographic analysis and projections
- Creating balanced communities
- Meeting demand

- Meeting the needs of asset rich, cash poor older owners
- Offering choice

3.8 Comparing models of extra care

3.8.1 A recent research report published by the Joseph Rowntree Foundation[18] noted that there appeared to be no single dominant model of housing with care that was most effective. The combination of independence and security offered by all schemes appeared to be very attractive to older people.

3.8.2 The research found that:

- The profile of residents was different in each scheme, reflecting the selection criteria in each scheme
- Schemes developed in partnership between housing associations and local statutory services were more likely to respond to local need.
- The size of scheme did not seem to influence the level of care offered, but did affect the variety and range of facilities and amenities available
- The housing needs of people entering the schemes was as important a consideration as their care needs
- Not all care and support needs could be met within the schemes.

Stakeholder views on scheme models

3.8.3 Consultation with local stakeholders in Halton found general agreement with the JRF research that no one model was more effective. Providers thought that the model of service developed may be dependent on the site, location and resources available. However, most of the providers and other stakeholders thought that the village model was not necessarily suitable for Halton given the size of the identified need. The village model requires a significant number of units to be viable. Stakeholders view was that smaller schemes in different locations throughout Halton would be a more appropriate model. One stakeholder thought that the model of a village could be considered if included in part of a larger development, such as the sites available through English Partnerships.

[18] Comparing models of housing with care for later life, JRF (2007)

4 Assessment of sheltered housing sites

4.1 Purpose and approach

4.1.1 The aim of this part of the methodology is to identify existing sheltered housing sites and or buildings with the potential to be used as extra care housing through remodelling or redevelopment.

4.1.2 Sheltered housing providers in Halton were asked to complete a questionnaire providing information about their sheltered housing provision including information on the location, site, layout and size of scheme and the age and domiciliary care needs of current residents.

4.1.3 Questionnaires were completed by all but one of the providers, although not all information was available for all schemes.

4.2 Criteria for the assessment of sites

4.2.1 Schemes were assessed for their potential suitability as a site for extra care using the following criteria:

- Size of whole site
- Size of units
- Accessibility
- Location and access to amenities
- Service user profiles
- Design.

4.3 Consultation with providers on initial assessment

4.3.1 An initial desktop assessment of sites and schemes was tested out with providers at a consultation meeting with providers. The discussion at this meeting also identified the providers' current strategies for extra care and plans for existing sites.

4.4 Findings

4.4.1 The assessment of sites and schemes is outlined in **Table 8** below. This is based on information provided in the questionnaire and discussion with providers.

- The assessment of sites indicates that there are eleven possible sites with the potential to be used for extra care housing, generally subject to remodelling or redevelopment of the site. However, not all sites/schemes identified as potential sites were viewed by providers as current options for extra care remodelling or redevelopment. Three providers are currently considering developing five sites for extra care.

Table 8- Analysis of existing sheltered housing schemes and sites

Providers	Schemes	Assessment from questionnaires and providers comments	Possible site
Halton Housing Trust	Clarke Gardens	Sheltered scheme demolished. Site suitable for development of extra care scheme	Possible site
	Queens Close Queens Drive Runcorn WA7 4PF	Initial assessment is that this is a bungalow scheme with limited communal space, so not an obvious candidate for use as extra care. However, HHT would consider conversion to two bed accommodation and the inclusion of some extra care services	Possible site
	Brunswick House, Water Street, Runcorn WA7 1DG	The size of units and of the overall scheme are sufficient, accessibility and age profile indicate good potential. HHT would consider this site for remodelling to an extra care scheme.	Possible site
	Quarry Court, Widnes WA8 7XL	Bungalow scheme and location not suitable for use as extra care	Not suitable site
Hanover Housing	Hanover Court, Brookvale, Runcorn WA7 6EJ	Site is a good size for use as extra care. Current buildings do not appear to meet the criteria. Access to amenities is poor. Service user profile indicative of future need in the location. From the information provided the site rather than the scheme seems to be a good candidate for extra care development.	

Providers	Schemes	Assessment from questionnaires and providers comments	Possible site
	Runnymede Court, Walk and Gardens Williams Street, Widnes WA7 6RN	Site is a good size for use as extra care. Current buildings do not appear to meet the criteria. Service user profile indicative of future need in the location. Access to amenities. The site is a good candidate for extra care development. Extra care bid unsuccessful 2008.	Possible site
		Hanover are very keen to promote extra care housing. However, following the unsuccessful bid in 2008 there are no plans to bid for redevelopment of either site in the near future.	Possible site
ECHG/Riverside	Hargreaves House Off Warrington Road Widnes WA8 0QB	Initial assessment was that site and units appeared to be too small to consider for use in providing extra care. However, ECHG are interested in remodelling the scheme as extra care and will look at models for this scheme.	Possible site
	Southlands Court Moughland Lane Runcorn WA7 4SA	Overall size of site potentially big enough to consider for extra care development subject to remodelling/redevelopment. Location close to amenities. Service user age profile indicative of future need in location.	Possible site
	St Georges Court Dundalk Road Widnes WA8 8BS	Overall size of site potentially big enough to consider for extra care development subject to remodelling/redevelopment. Service user profile indicative of future need in location.	Possible site

Providers	Schemes	Assessment from questionnaires and providers comments	Possible site
	Victoria Court Mottershead Close Widnes WA8 7ND	Overall size of site potentially big enough to consider for extra care development subject to remodelling/redevelopment. Service user profile indicative of some future need in location.	Possible site
	Woodend Court Moorfield Road Widnes WA8 3JX	Overall size of the site potentially big enough to consider to extra care development subject to remodelling/redevelopment. Service user profile indicative of future need in the location.	Possible site
		ECHG have no current plans to re-model or redevelop as extra care all the above sites apart from Hargreaves House. They believe that some of the service users would benefit from the provision of virtual extra care services.	
Arena	Elaine Price Court Balfour Street Runcorn WA7 4QT	This site has some potential particularly if it could be linked with the residential care site, but this would be dependent on flexibility about existing plans to use this site for a physical disability service. The units and site are a good size, the location and quality of accommodation seem reasonable.	Possible site

Providers	Schemes	Assessment from questionnaires and providers comments	Possible site
		The current profile of service users does suggest a sufficient core of potential extra care service users. Arena would consider the development of extra care on this site.	
Anchor Trust	Broome Court Brookvale Ave North Runcorn WA7 6EF	No Information available	Unknown
Guinness Trust	3 Iveagh Close Palacefields Runcorn WA7 2RD	Scheme too small and location unsuitable for development of extra care	Not possible site
Housing 21	Cannell Court Palacefields Runcorn WA7 2T	Site too small for consideration as extra care housing.	Not possible site
Pentecostal	Lugsdale Road Widnes WA8 6DA	Good large site with potential for use as an extra care site, but insufficient Information to establish whether existing buildings could be remodelled or site should be fully redeveloped. No information on support needs of residents	Not possible site
William Sutton Trust	Thornhills Cherry Sutton Hough Green Widnes WA8 4PQ	Too small to consider for extra care provision	Not possible site
Abbeyfield	Littlemore House Coroners Lane Widnes WA8 9JB	Units and overall scheme size is too small to consider as a potential site for extra care. However Abbeyfield consider that there is potential for expansion if the adjoining site (approximately ¾ acres) was acquired.	Not possible site

5 Views of older people

5.1 National research

5.1.1 Recent research commissioned by Communities and Local Government[19] explored the influences on participants' housing decisions, and their future housing intentions and aspirations. The groups were located in different parts of England, including rural, urban and suburban areas. Groups were purposefully recruited to include people who owned their own properties, or were renting from the social and private rented sectors, older people with disabilities, older people from black and minority ethnic (BME) communities, and older lesbian, gay, bisexual and transgender (LGBT) people.

5.1.2 The summary findings from the report are outlined.

Influences decisions to move

5.1.3 Most participants expressed their determination to stay where they were currently living for as long as possible. The following factors underpinned decisions to move or to stay put, and were common to all the groups regardless of composition:

- Attachment to current home
- Complexity of family/caring relationships
- Neighbours and neighbourhood
- Access to services and amenities
- Health and well-being.

5.1.4 Most people were happy with their current homes, and felt they would be able to stay put as they grew older. Some had already made changes to their homes (most usually installing walk-in showers and/or downstairs toilets) either because they were already experiencing difficulties or because it seemed a good way to prepare for possible future needs.

5.1.5 Family relationships often determined housing decisions. The housing and care needs of the very old often influence the housing choices and decisions of their 'younger' older relatives, both in terms of being able to offer an older person a place to live, and also in terms of living near to older relatives to offer care and support as necessary. For those living in the public rented sector, choice of accommodation that sustained family relationships could be limited either in terms of size or location.

[19] Housing Choice and Aspirations of Older People, University of York (2008)

5.1.6 Neighbours and neighbourhood were also a key influence on people's housing decisions and their satisfaction with where they lived. Good neighbours were an incentive to stay, however bad neighbours could force a move. The attitudes of neighbours and in the wider neighbourhood were of particular importance to participants in the LBGT group. While local neighbourhood services were valued,

5.1.7 Most people acknowledged that it would be their health that would be the deciding factor if they were to move in the future. Almost all those who had or were in the process of moving or had moved more recently were to a greater or lesser extent experiencing health problems of one type or another, most usually mobility problems.

Future intentions

5.1.8 Participants were generally reluctant to consider their future selves and what steps they might take now to make life easier and more comfortable in the future. Most participants felt their current homes could be successfully adapted if necessary, although wheelchair access would be problematic, but very few had made any significant changes to their homes in preparation for later life. Many felt that it was impossible to plan for future uncertainties, and that they could make any necessary adaptations if and when the need arose. However some older participants stressed the importance of considering housing options, and if necessary moving, when you are young enough to cope with moving.

5.1.9 Those few people who had moved said they had been determined to make a deliberate choice to move to a particular place, rather than be forced to move when they might not have the capacity to look at different alternatives and make a considered decision as to what was best for them. For those who were moving, finding suitable properties either to buy or to rent was not always easy.

5.1.10 Most people, whether or not they themselves intended to draw on the equity in their homes, were supportive of the principle of equity release especially if people did not have pensions, or family who would inherit. Some participants saw their housing equity as an essential source of income in later life. There were, however, some people who were adamant that they would not use the equity under any circumstances, particularly the older people from the African-Caribbean community who did not trust equity release products, or want to get into debt.

5.1.11 Despite the general support for the principle of equity release, a lack of faith in current equity release products was evident in all the groups.

Housing options for older people

5.1.12 Some participants, particularly those from the Asian community, would welcome better independent advice about the range of housing options available to them.

5.1.13 Most people thought that bungalows are the best option for older people because of their perceived accessibility. Two bedrooms were seen as a minimum requirement for most people, as well as having reasonable space standards for the whole dwelling. Good access to local services and transport links was also essential.

5.1.14 Few people spoke about the potential role of assistive technologies or the possibility of home care. The older disabled participants, however, had some experience of home care and were concerned about the quality of care, the sometimes difficult relationships and negotiations between carers and the person receiving care, and about the supervision of home carers. They noted a lack of support services that would generally make their lives easier, for example, help with small household repairs.

5.1.15 The general view was that sheltered housing was a “good thing”, but only really necessary for the very old or for those who were infirm. Sheltered housing was seen to be a more attractive option than a care home. Those participants who lived in sheltered housing appreciated the combination of independence and security.

5.1.16 Very few people had heard of extra care housing, although some had heard of retirement communities and villages, usually through media reports. People generally had very low opinions of care homes. Their views were informed by the experience of visiting people, but also by negative media reports that highlighted cases of abuse or neglect.

5.1.17 Future care and housing was a concern for the older lesbians and gay men. Most felt that they would want to stay in their own homes and receive home care due to concerns about possible homophobic attitudes among staff and other residents in specialist housing or care homes.

5.2 Consultation with Halton OPEN

5.2.1 Halton Older Person Enabling Network (OPEN) is an established forum for older people. The network was consulted on the development of the Halton Commissioning Strategy for Older People in 2004 and identified the following key priorities for older people in Halton:

- Quality, up-to-date and accessible information on all aspects of care and services.

- To be able to combat loneliness and social isolation
- Training of health & social care staff in communication, respect, dignity and discrimination awareness.
- Improvements in the provision of equipment.
- More prevention/health promotion for older people – screening, health checks, medication reviews.
- Greater opportunities and services available to people more locally and in their own homes.
- A wider range of housing in all communities.
- Waiting times for services to be reduced, and people to be kept informed.
- All care professionals working more closely together, communicating with patients and each other.

5.2.2 The group was also consulted on the emerging themes in the development of the extra care commissioning strategy. They were asked to:

- Review the vision for older people services that was established for the older person's commissioning strategy
- Review the priorities identified above
- Consider suitable models and location of extra care in Halton
- Identify any other issues that should be included in the strategy

5.2.3 The group thought that the vision identified in the Commissioning Strategy for Older People 2004-2008 outlined below is still relevant and could equally applied to the extra care commissioning strategy. The vision is to promote:

- A positive image of ageing to ensure that older people in Halton are able to live as independently as possible within a safe environment of their choice
- The goals of active ageing, quality of life and well-being, and move towards models of services and housing, in their widest sense, which address the 'whole' needs of each individual, and enables all

Older People both active and people with ill health or disability - to realise these goals

- To work with and empower older people as equal citizens first, not clients or users, and to work in partnership with them.

5.2.4 They added another priority to those identified in the commissioning strategy which was to ensure that older people had access to social activities, education and training. They also thought that the priority regarding professionalism of staff should be emphasised.

Service models and location

5.2.5 The group thought that it would have been a good idea to have the consultation meeting at the existing extra care scheme in Halton as this would have given them a clearer view about what extra care housing is.

5.2.6 The group thought that new developments on new sites rather than remodelling of existing sheltered housing would be preferable as it would not result in disruption to tenants. However, if remodelling was an option then it would be better to do this where it was possible for tenants to stay on site.

5.2.7 They thought that a village model may be more suitable for more active older people rather than people with higher support needs.

5.2.8 A mixed level of support needs was seen as preferable in services located equally between Runcorn and Widnes.

5.2.9 Ideally there should be a number of two bed flats within the scheme for people with carers or for people who had relatives visiting on a regular basis.

5.2.10 There was support for prioritising housing for rent rather than housing for sale in any new extra care housing developments.

Additional comments and recommendations

5.2.11 The group thought that it was important to provide information and advice about the different housing and care options available to older people in Halton, including information about sheltered housing, extra care and residential care and the different rights and responsibilities in each service. If shared ownership schemes were to be developed then that should also be explained and advice given.

5.2.12 They thought that a commitment was needed from the local authority to continue to provide the levels of care and support needed before developing any new schemes.

5.2.13 There was a recommendation that general needs housing associations should consider the needs of their tenants as they aged and consider identifying land for use as extra care housing.

5.2.14 Members of the group would like to get involved in the planning and development of any new extra care housing services and would volunteer to be on any working group. In particular they would like to be involved in identifying potential sites, assessing suitability of sites and the design of schemes.

5.2.15 One possible site was identified - the school in Green Lane which is going to be demolished. The group were unsure about what plans there were for the site, but thought that it would be a good location for an extra care scheme and wished the local authority to follow this up as a potential site.

5.2.16 Age Concern representatives attended the meeting and wished to emphasise the need to very good transport links on any site that was to be considered. They also thought that an information pack about services was useful and noted that they would be able to act as advocates for tenants.

6 Funding and developing extra care

6.1 Sources of funding for extra care

6.1.1 The basic capital finance for most extra care housing schemes, at least where there is a large social rented element, are in the main Social Housing Grant, Department of Health Grant (to Social Services Authorities), private finance in the form of a mortgage (or similar loan mechanism) and contribution of land and/or buildings from one of the partners involved in the development..

6.1.2 The table below from the technical briefing from the Housing Learning and Improvement Network[20] sets out the common capital and revenue streams that are in use.

Table 9

Source	Comment
Social Housing Grant (SHG)	Only available to Registered Social Landlords (RSL). Often will only in practice meet a proportion of costs of "excellent" model of extra care partly because may well not fund full range of communal services characteristic of extra care. 80% of Housing Corporation allocation now goes to 71associations only. Extra care is competing with all other needs. Need housing authority (District/Borough/City) Councils to prioritise bid by RSL to Housing Corporation to have chance of success. Important therefore where Social Services are the lead agency to involve and inform the relevant housing authority very early on. Allocations to associations from the Housing Corporation are now made on a 2 year cycle around July time it is therefore essential to have a clear strategy in place well in advance.

[20] Funding Extra Care Housing, Housing Learning and Improvement Network, DoH (2005)

Source	Comment
Department of Health Grant	At present there is an opportunity for Social Services Authorities to bid for grant funding for extra care from the DH. The total fund available is limited, part is already pre-allocated and competition is considerable. Bids are scrutinised using criteria similar to those used to appraise RSL bids. It is possible to have both DH Grant and SHG together. The DH expect the HC to be aware of any bids being made by an RSL in partnership with a Social Services Authority.
Mortgages	The developer, particularly if a housing association or private company, will be borrowing part of the capital required against their Extra Care Housing scheme and/or other assets. The rental stream – including rents on any shared ownership properties – will often also be used to make loan repayments. Note of course it is only net rents, after allowing for management, maintenance and a sinking fund for longer term major repairs, which is available to make repayments. Larger associations may not strictly speaking have a mortgage linked to a particular scheme but may have a variety of sources of long term finance such as bonds in place to fund a portfolio of development. It is usual for all developments to include some element of private finance alongside capital grant (DH and/or SHG)
Free or low cost land	Commonly provided by local housing or social services authority. Sometimes via a charity or housing association; for example, as part of redevelopment of sheltered housing or in social services' case reprovision of a residential care home.
Charitable	A few schemes include an element of charitable funding but this is unlikely to contribute more than a small percent of costs. It is usually easier to fund-raise for equipment or a special facility than bricks and mortar. A few of the major village developments have attracted significant charitable funding either from an established charity already involved in provision for older people or from individual wealthy benefactors. Lottery funding has occasionally contributed to meeting elements of development.

Source	Comment
Department of Health LIFT[21]	NHS LIFT provides capital for developing frontline primary and community care facilities. It allows PCT's to invest in new premises in new locations, not just to reproduce existing types of service, but to provide modern integrated health services.
PFI Public Private Partnerships	PFI housing projects are usually initiated by local authorities as a way of improving or replacing existing services. A PFI company will contract to rebuild, manage and repair properties for a fixed term of years by raising private sector loans. PFI companies can be RSL's or builders or a combination of both. The lender also holds equity in the PFI company. The loan is serviced by income from the commissioners which is supported by Government. A service specification is agreed by the commissioners and the providers and this is self-monitored but subject to audit. Tenancies can remain in the name of the commissioning authority. At least one PFI project has been established to improve sheltered housing stock and is the basis of a local strategy for older people's housing, including extra care housing.
Developer's own resources	Sometimes developer housing associations have put in a small amount of capital from their free reserves to make schemes work financially. This is more likely/attractive when the developer: • Will also be providing long term management and maintenance services • Will be the support and/or care provider either directly or via a linked organisation such as a care provider subsidiary.

[21] Local Improvement Finance Trust

Source	Comment
Section 106 agreement	On larger sites planners may require private developers to enter into Section 106 agreements. These require the developer to make available a proportion of the site or dwellings for social housing as a condition of planning consent. There are different ways of formulating agreements and meeting the planning requirements which may result in either a plot of land suitable for extra care becoming available as part of a wider development or in effect a subsidy for a building elsewhere.
Business activities	An experienced provider would be expected to prepare a business plan for significant community services. Some services can produce a very limited additional income to help meet the direct cost of providing the facility through rental payments, sale of a lease or franchise. This is more likely in bigger developments where facilities like hair dressers, gyms, bars/cafés, and restaurants may be sufficiently attractive to produce a net income to contribute to building costs. It should be stressed this source is likely to be relatively very modest. A prudent assumption is break even on the supply of communal services.
Primary Care Trust	Either PCT's could choose to part fund schemes through either capital finance from the PCT's ordinary budget or by contribution in kind (eg land). PCTs could fund health related facilities such as consultation/treatment rooms, and intermediate care facilities directly or indirectly (See Housing LIN fact sheet no.11: An Introduction to Extra Care Housing and Intermediate Care) Similarly, PCT's might also fund specialist equipment or telemed/telecare packages
Social Services	Either Social Services or the relevant housing authority (District or Borough Council) could choose to part fund schemes through either capital finance from the authority's ordinary budget or by contribution in kind. Typically this is additional land or buildings. Service charges and/or Supporting People Grant which are revenue sources may be able to, in effect, meet some of the capital costs of equipment such as alarms/assistive

	technology through the service or support element of payments to eligible individuals.
Source	**Comment**
Mixed use development	Scale economies sometimes help to make schemes viable. It does not double the cost to build a two storey rather than a single storey building – there are in effect scale economies. This principle has sometimes been used to make smaller developments viable. As examples, one authority has imaginatively combined the building of a library with extra care provision. Prime town centre sites, have combined commercial development with retirement housing.

6.2 Assessment of extra care bids

6.2.1 Halton's unsuccessful bid for capital grant from the Department of Health Extra Care Housing Fund for 2007- 2008 was assessed against the criteria used by the department to identify areas which might have been improved upon.

6.2.2 **Table 10** provides commentary on the bid in relation to the qualifying criteria.

Table 10

Qualifying criteria 2007/08	Assessment of Halton's bid (Grange Court)
The Department of Health will only consider bids from Social Services Authorities that have not already received an Extra Care Housing Grant from the Department.	Met
Only one bid per Local Authority Social Services Department can be accepted	Met
Bids must provide research and evidence of how proposed developments will result in improved health outcomes for the target groups.	The bid asserts benefits that will accrue, but does not provide research and evidence to support this. Also the section on health impacts includes other impacts/benefits e.g. social inclusion, choice and involvement
Only capital bids for new build or remodelling will be considered, where other sources of supporting capital and revenue funds have been committed	Met

Qualifying criteria 2007/08	Assessment of Halton's bid (Grange Court)
Partners, which must include active involvement of the relevant Primary or Health Care Trust, must sign a statement to confirm their commitment to and support for the scheme's development	The commitment and involvement of Health partners is not put strongly enough. For example, in the table providing information about partners and their role, local Health partners are well down the list and the narrative section on partnerships is not sufficiently persuasive of the engagement of partners, including Health in driving the bid.
Proposed schemes must meet local strategies, including the Supporting People strategy, local housing for older people strategy and/or regional housing strategy	Links are made with these local strategies, but these could have been expressed more effectively – in places they read too much as if they have been cut and pasted and not adapted.
Rent levels, indicative sales prices, nomination agreements and care arrangements must be agreed between partners	This is not evidenced in the bid
The care partner must be a provider of domiciliary care which is registered with the Commission for Social Care Inspection.	The bid states that this will be the case, but more information about the care provider would have strengthened the bid, for example the selection criteria and minimum requirements to be applied.
Building design must satisfy the Housing Corporation's Scheme Development Standards (2005), Housing Quality Indicators and Eco-Homes rating	Although there is information about design, the bid's supporting document does not explicitly state that SDS (2005) will be met – this is included in the covering letter, but for ease of assessment could have been included in a section on scheme development.
All bids must confirm that they will be able to start on site no later than March 2008	Met
The Department of Health will seek the views of the Housing Corporation and the Commission for Social Care Inspection regarding deliverability of the bid	Information to enable this assessment is not as robust as it could be. For example, including information about the site, Cosmopolitan's development track record, project plan, any assurances you could have given in respect of Planning.

6.2.3 Bids meeting these qualifying criteria would then have been assessed against the assessment criteria:

- Health impact
- Partnership
- Value for money
- Strategic fit

6.2.4 The weaknesses referred to in the table would have impacted on this assessment particularly in relation to the detailed evidence required to demonstrate health impacts and partnership arrangements.

6.2.5 The bid format requirements were largely met, but some areas could have been strengthened:

Requirement	Commentary
A coherent structure with an index	Structuring the report in a way that would enable easy cross referencing with the assessment criteria could have helped to ensure compliance and facilitate the assessor.
Summary sheet with brief details of the bid, bidding partnership and contact details	This does not seem to have been provided
Project delivery plan approved by project partners	The project delivery plan was insufficiently robust
An undertaking to start on site before 31 March 2008	This is included but as a commitment fro the RSL in a reference note in the main document supporting the bid. Although this is restated in the covering letter, it could have been more firmly expressed here.
Confirmation of agreed other capital and revenue funding sources	The confirmation in respect of other funding does not include funding for care.
Confirmation that nomination arrangements, rent levels, indicative sales prices are agreed with partners	This is not included
Local strategies and plans must only be referenced as WEB/URL links within the bid documentation	WEB/URL links were not made which meant that the assessment would have relied on the summaries only.
If possible architect drawings	Met

6.2.6 The documents also included a number of typing and grammatical errors, which although not directly impacting on the assessment criteria, would not enhance the impression gained by the assessor.

6.3 Success factors in bidding for capital funding for extra care

6.3.1 Success factors in bidding for capital funding for extra care through either Department of Health or Housing Corporation grant programmes need to demonstrate value for money, deliverability and support from the local housing authority, this can be expressed through demonstrating:

- Clear local strategic need for the service
- Clarity about who the provider will be (and who will be developing the scheme)
- An identified site and if possible existing ownership of the site
- Agreed revenue funding
- Effective relationships between housing and planning departments

6.3.2 When completing bid documentation it is important to ensure that the bid criteria are fully met and it can be useful to structure the bid so that it is easy to see that each element of the criteria has been met. This will help the bidder and the bid assessor.

6.3.3 Bids need to be competitive; this means that it is not enough to simply meet the criteria. Draw attention to elements of your bid that 'go the extra mile'.

6.3.4 Ensure that your bid is accurate, attractive and easy to read and that you have assessed it against the criteria.

6.3.5 Always comply with the bidding guidance and ensure that all of the criteria are addressed.

6.3.6 Ensure sufficient time is allowed for preparing the bid; a hurried bid will usually look like a hurried bid.

6.4 Sample bid structure

6.4.1 A sample bid structure based on the bid criteria for Department of Health funding (May 2008) is provided in **Appendix 1.**

7 Strategy and planning for commissioning extra care housing

7.1 Strategy

7.1.1 The aim of the strategy for commissioning extra care services is to ensure that older people in Halton have access to a wider choice of care and support options that includes extra care housing and service provision. The objectives for achieving this are:

- To meet the quantified projected need for extra care provision in Halton
- To provide extra care housing models that are most appropriate to the Halton context
- To make best use of existing resources in the Borough , in particular sites
- To access capital funding through a combination of grants and other sources to enable the provision of new and or remodelled housing provision for extra care
- To work with partners and stakeholders to ensure a cohesive contribution to achieving the aims of the strategy and to ensure that it remains aligned to wider older people's strategy for the Borough.

7.2 Quantified need for extra care

7.2.1 Current core need has been identified for 166 units of extra care housing provision. This will increase by an additional 48 units by 2017 to 214 units. In addition there is a current need for 11 units of extra care provision for older people with learning disabilities, this will increase to 22 units by 2015.

7.2.2 Initially, the response to this need will be the development of four additional extra care schemes each providing forty to fifty units by 2013.There will be some take up by couples which will increase mean that the numbers of people benefiting form the service will exceed the number of accommodation units.

7.2.3 Some of the places in the extra care services will be designated for low to medium support (see service type description below).

7.2.4 Needs assessments should be revisited annually to update the analysis.

Location

7.2.5 There is an equal demand for services in the two main centres of Halton, Widnes and Runcorn. It is proposed that as far as possible, depending on two areas.

7.2.6 The location of individual schemes must be appropriate to the needs of older people having reference to the criteria set out in 3.6 above.

7.3 Tenure

7.3.1 High levels of deprivation and poverty in Halton mean that there is a need for schemes for rent. However, as over 60% of older people (60 plus) are currently owner occupiers, and this will increase as the 45-59 cohort become older (currently 73% owner occupiers). This indicates a demand for housing for sale or shared ownership in new extra care developments.

7.4 Extra care housing models

7.4.1 There is no one preferred model of extra care housing. The type of service would be dependent on the location and site. Currently, there is no evidence to support the development of a retirement village model. A mix of high, medium and low care and support levels within the scheme is desirable.

Virtual extra care

7.4.2 There are plans to pilot an enhanced community alarm/domiciliary care service as a virtual extra care model during 2008. The pilot will be managed by Adult Services as an in-house service and this will be aligned with the existing floating support service for older people.

7.4.3 The service should be reviewed in 2010 to assess whether the service should be recommissioned and or expanded to include all floating support domiciliary care services for older people.

7.5 Resources

Existing sites

7.5.1 A number of existing sheltered housing sites have been identified as potential sites for the development of new or remodelled extra care services.

7.5.2 Other local authority sites should continue to be considered for extra care

and consideration should be given on the use of section 106 powers on new developments in locations that are suitable for extra care housing

7.5.3 The Primary Care Trust should be asked to identify potential sites for extra care provision as a contribution to the capital costs of schemes.

Access to capital funding

7.5.4 The strategy should be realised by pursuing funding opportunities offered through the National Affordable Housing Programme using SHG and through any future Department of Health funding for extra care provision. These options will need to be supplemented with private finance and land.

7.5.5 The authority should work with its partners to maximise the potential success of bids by working together to develop and submit funding bids.

7.6 Partnership working

7.6.1 There has been a National Service Framework Board for older people operating in Halton since 2001, with a local implementation team. Joint commissioning arrangements between Health and the Local Authority are continuing to develop. Halton council is the lead commissioner for older people services and there is a joint commissioning manager for older people services funded through a Section 75 agreement.

7.6.2 Partnership working to deliver the extra care strategy should be enhanced through the following actions by partners.

Local authority

- Identify HBC land that might be suitable for the development of extra care housing

- Explore potential to identify capital resources to supplement future bids to the Homes and Communities Agency or the DOH, in order to reduce unit costs and make Halton's bids more likely to succeed

- Take Corporate responsibility for ensuring that the needs of older people are met through the provision of extra care housing

- Ensure co-ordination between adult services commissioning, planning, property services and finance do develop proposals for extra care in advance of the bidding rounds

- Work with providers to identify sites and develop joint plans for bids for extra care housing

- Build on the relationship between PCT partnership, estates and finance to ensure inclusion in development of bids.

- Work with older people in developing bids and planning new services

Primary Care Trust

- Identify health authority land that might be suitable for the development of extra care housing

- Explore potential to identify capital resources to supplement future bids to the Homes and Communities Agency or the DOH, in order to reduce unit costs and make Halton's bids more likely to succeed

- Consider the feasibility of extra care housing on sites that are redeveloped within the health authority

- Consider locating GP/Community nursing sites within extra care schemes

- Consider funding treatment rooms as part of extra care housing bids

- Explore opportunities to identify additional health funding for extra care bids including LIFT

- Identify health targets that will be helped by the provision of extra care housing and monitor impact of new extra care provision on the target (e.g. emergency admissions, demand for nursing home places)

- Build on joint commissioning arrangements for older people and ensure input into extra care housing bids

Providers

- Identify possible sites in Halton for extra care remodelling/ redevelopment

- Consider remodelling/redeveloping appropriate sites for extra care

- Ensure that existing models of provision for older people is strategically relevant and work with Halton council to ensure

delivery of most strategically relevant provision

- Keep Halton council up to date with own strategy for older person's housing and in particular any plans to provide more extra care services

- Work with the council and the PCT in developing bids for extra care housing

7.7 Outline action plan

7.7.1 The table below identifies some initial action points that will help to progress the strategy.

Table 11

Action	Responsibility	By when
Review plans for development of virtual extra care service to ensure that all existing resources are considered	Health and Communities	May 2008
Establish joint discussions with the PCT to explore the potential for using LIFT to invest capital in the health elements of extra care provision	Adult services/ housing/PCT	May 2008
Senior members and officers of council and health agree strategy	PCT Health and Communities	June 2008
Set up housing sub-group of older people's Local Implementation Team. Membership to include PCT, Health and Communities, providers and service users.	Health and Communities and PCT	June 2008
Develop terms of reference for housing sub-group	Housing sub group - LIT	July 2008
Set up extra care housing development working group of housing sub group	Housing sub group	July 2008
Ensure sign up of the strategy by providers	Health and Communities	July 2008

Action	Responsibility	By when
HBC to establish a preferred care provider list to provide extra care services in the Borough	HBC Health and Communities	October 2008
Agree use of section 106 powers for new developments to be considered for extra care	Housing/planning/finance	July 2010
Strategic review existing sheltered housing provision to determine if continues to be strategically relevant	Health and Communities	2010
Identify health authority land that might be suitable for development of extra care housing and report to the multi disciplinary team	PCT	Ongoing
Identify HBC land that might be suitable for development of extra care housing and report to the multi-disciplinary team	HBC	Ongoing
Work with Halton OPEN members on planning of new services	Housing sub group LIT	Ongoing

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 11 November 2008

REPORTING OFFICER: Strategic Director Corporate and Policy

SUBJECT: Service Plans 2009–12

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 To offer an opportunity for Members to contribute to the development of Service Plans at the beginning of the planning process.

2.0 RECOMMENDED

That the Board indicates priority areas for service development or improvement over the next 3 years.

3.0 SUPPORTING INFORMATION

3.1 The 3-year departmental service plans are reviewed and rolled forward annually. The plans are developed in parallel with the budget. The process of developing service plans for 2009-2012 is just beginning. At this stage members are invited to identify a small number (3-5 perhaps) of areas for development or improvement that they would like to see built into those plans. Operational Directors will then develop draft plans which will be available for consideration by PPBs early in the New Year.

3.2 Plans can only be finalised once budget decisions have been confirmed in March.

3.3 To assist Members at this stage it is proposed that each Operational Director will give the Board a short presentation setting out the key issues and challenges for their service over the coming 3 years.

4.0 POLICY IMPLICATIONS

4.1 The service plans form a key part of the Council's policy framework.

5.0 OTHER IMPLICATIONS

5.1 Service plans will identify resource implications.

6.0 RISK ANALYSIS

6.1 Risks are assessed in service plans. This report mitigates the risk of Members not being involved in setting service objectives.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 Equality impact assessments of service plans are conducted and high priority actions will be included in the milestones.

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

Document	Place of Inspection	Contact Officer
2008 Service Planning Guidance	2nd Floor Municipal Building	Rob MacKenzie 0151 471 7416

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 11 November 2008

REPORTING OFFICER: Chief Executive

SUBJECT: Performance Management Reports Quarter 2 to 30th September 2008

WARDS: Boroughwide

1. PURPOSE OF REPORT

1.1 To consider and raise any questions or points of clarification in respect of the 2nd quarter performance management reports on progress against service plan objectives and performance targets, performance trends/comparisons, factors affecting the services etc. for:

- Older People's Services
- Adults of Working Age
- Health & Partnerships

2. RECOMMENDED: That the Policy and Performance Board

1) Receive the 2nd quarter performance management reports;

2) Consider the progress and performance information and raise any questions or points for clarification; and

3) Highlight any areas of interest and/or concern where further information is to be reported at a future meeting of the Policy and Performance Board.

3. SUPPORTING INFORMATION

3.1 The departmental service plans provide a clear statement on what the services are planning to achieve and to show how they contribute to the Council's strategic priorities. The service plans are central to the Council's performance management arrangements and the Policy and Performance Board has a key role in monitoring performance and strengthening accountability.

3.2 The quarterly reports are on the Information Bulletin to reduce the amount of paperwork sent out with the agendas and to allow Members access to the reports as soon as they have become available.
It also provides Members with an opportunity to give advance notice of any questions, points or requests for further information that will be

raised to ensure the appropriate Officers are available at the PPB meeting.

4. POLICY AND OTHER IMPLICATIONS

4.1 There are no policy implications associated with this report.

5. RISK ANALYSIS

5.1 Not applicable.

6. EQUALITY AND DIVERSITY ISSUES

6.1 Not applicable.

7. LIST OF BACKGROUND PAPERS UNDER SECTIONS 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer

QUARTERLY MONITORING REPORT

DIRECTORATE: **Health & Community**

SERVICE: **Older People's Services**

PERIOD: **Quarter 2 to period end 30th September 2008**

1.0 INTRODUCTION

This quarterly monitoring report covers the Older People's Services Department second quarter period up to 30 September 2008 It describes key developments and progress against all objectives and performance indicators for the service.

The way in which traffic light symbols have been used to reflect progress to date is explained in Appendix 7

2.0 KEY DEVELOPMENTS

Bridgewater Day Centre
As part of the modernisation of Bridgewater day services a catering project is being developed and service users committed to progressing this initiative have been identified. Other projects including craftwork and digital photography are being planned and suitable venues are being researched with service users.

Haltons Home Improvement and Independent Living Service
Initial streamlining of work of the Halton Home Improvement and Independent Living Service will be completed shortly and this will be a continuous improvement programme. Adaptations Liaison Officer to be recruited to progress chase major home adaptation work. Authorised work using the Registered Social Landlords partnership funding for home adaptations is £80k to date.

Disabled Facilities Grant
Partnership work with Warrington Disability Partnership has commenced and this will include consideration of development of a retail outlet for equipment at the Independent Living Centre.

Adult Placement Service
The Adult Placement Manager took up post on 21 July.

Halton Integrated Community Equipment Service
The redesign of home care has been agreed and will be presented to Executive Board on the 16th October 2008, aiming to have the new service operational by 1st April 2009, depending on agreements and Unison

negotiations.

Intermediate Care
The business plan for the further development of Intermediate Care Services has now been agreed. Recruitment has commenced for the Assessment Team, and the sub acute unit will be operational from 1st October 2008, with the service fully meeting the new service specification from 1st April 2009.The age criteria will be reduced to 18+ as from 1st April 2009.

Community Extra Care
The community extra care service is on target to be operational by the 1st October 2008. Staff training has commenced, and pathways and processes complete.

Domicilary, Nursing & Residential Care Contracts
Domiciliary and residential care contracts are on target to be developed and in place by April 2009.

Social Care in Practice
Social Care in practice pilot has been extended for a further 6 months to September 2009.

Older Peoples Mental Health Review
The review of Older peoples mental health services across the whole system is well underway and redesign plan will be in place by April 2009.

3.0 EMERGING ISSUES

Halton Disability Alliance Grant Application
A Department of Health bid submitted jointly with Warrington Disability Partnership to provide mentoring support to Halton Disability Alliance was unsuccessful, but alternative funding has now been identified.

Integrated Database
Once process work with Halton Home Improvement and Independent Living Service is complete, a database will be developed.

Halton Home Improvement and Independent Living Service
Feedback form and information pack for Halton Home Improvement and Independent Living Service is currently in draft and being further developed. All major Registered Social Landlords have signed the Partnership Agreement and work is underway on major adaptations. The transfer of the Halton Integrated Community Equipment Service to premises at Dewar Court will proceed on completion of extensive refurbishment work.

Safer Handling Service
PCT and neighbouring local authorities are supportive of a joint initiative to provide safer handling services and meetings are planned to progress this development.

Continuing Health Care
Discussions with the PCT are underway to improve pathways and processes for delivering on Continuing Health Care; the outcome of this is likely to mean that significantly more older people are in receipt of Continuing Health Care. The impact of MDT involvement by the social work teams will be examined as part of improving pathways and processes.

Reduction in Hospital Beds
The hospital beds on St Helens site of St Helens and Knowsley Hospital Trust have now closed, the impact of this is being monitored closely by the hospital team and Intermediate Care Services with a view to managing any increased pressure as a result of the closures.

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The hospital beds on St Helens site of St Helens and Knowsley hospital trust have now closed, the impact of this is being monitored closely by the hospital team and Intermediate Care Services with a view to managing any increased pressure as a result of the closures.

4.0 PROGRESS AGAINST MILESTONES/OBJECTIVES

Total	**25**		**23**		**2**		**0**

All service plan milestones are being reported this quarter. (Those milestones in *italic* text are 'other' milestones that are routinely reported in quarters 2 and 4). Of the 25 milestones for the service, 23 are on track at the half year point. Two have been assigned amber lights. For a full commentary against each milestone, please refer to Appendix 1.

5.0 SERVICE REVIEW

Oakmeadow review
Oakmeadow review of model of care is on target for completion in November 2008.

Home Care Consultation
Home Care consultation has been completed, and a report is to be considered by Executive Board on 16th October. Implementation planned for April 2009 subject to agreement at Executive Board.

Older Peoples Mental Health Services review
The review of Older Peoples Mental Health Services will be completed and agreed by April 2009.

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

Total	14		5		2		0

Of the fourteen key indicators for the service, seven have a report of progress against target. Two are reported, however they are new indicators and a target was not set for the current year. A further five indicators cannot currently be reported. For further information and commentary, please refer to Appendix 2.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

Total	14		3		0		0

Of the fourteen other indicators for the service, six have a report of progress against target. One indicator is being reported on the basis of provisional data (OP LI 16). A further seven indicators, several of which are new National Indicators, cannot currently be reported as data is not yet available. For further information and commentary, please refer to Appendix 3.

7.0 PROGRESS AGAINST LPSA TARGETS

For details against progress towards LPSA targets, please refer to Appendix 4

8.0 RISK CONTROL MEASURES

During the production of the 2008-09 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives.

Where a Key Service Objective has been assessed and found to have associated 'High' risk, progress against the application of risk treatment measures is to be monitored, and reported in the quarterly monitoring report in quarters 2 and 4. There were no high priority risk treatment measures established for this service.

9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

During 2007/08 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority are to be reported in the quarterly monitoring report in quarters 2 and 4. Please refer to Appendix 5.

10.0 APPENDICES

Appendix 1- Progress against Key Objectives/ Milestones
Appendix 2- Progress against Key Performance Indicators
Appendix 3- Progress against Other Performance Indicators
Appendix 4- Progress against LPSA targets
Appendix 5- Progress against High Priority Equality Actions
Appendix 6- Financial Statement
Appendix 7- Explanation of traffic light symbols

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
OPS 1	Evaluate, plan, commission and redesign services to ensure they meet the need of vulnerable people within the local population, including those from hard to reach group (including the black and minority ethnic community)	Analyse need and submit bids to DoH, Housing Corporation or other pots for at least one extra care development to provide additional extra care tenancies in Halton Mar 2009.		Work is complete on the extra care housing strategy and supporting bid template document. HHT is due to report to its management board in November re potential use of a number of sites, particular consideration will be given to meeting the Authorities priority to develop extra care housing.
		Establish strategy to improve performance and service delivery to BME Community, to ensure services are meeting the needs of the community Jun 2008.		The council had a peer review report which has suggested some changes to our overall approach on equalities. We are therefore considering in the round the needs of all minority groups within the borough to ensure we target services at all groups proportionally.
		Complete review of extra care housing model for Halton Jul 2008.		Review completed
		Identify options to re-design Older People Day Services May 2008		A catering project for users who no longer require traditional day services is being developed and other community resources are being identified. Stronger links with Bridge Building and Sure Start to Later Life have been developed to further promote the

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
				use of community resources.
		Develop monitoring information for lower level services and outcomes they deliver to older people Sept 2008		*JCM older people is now Lead Officer for OP voluntary sector contracts. Work is ongoing with providers to agree target outcomes and quality monitoring arrangements. Visits schedule agreed-joint visits to be carried out with contracts team.*
		Contribute to development of operation of individualised budgets, thus enabling people needing social care and associated services to design that support Mar 2009.		*Divisional manager for individualised budgets now appointed. She will be attending Older Peoples Services away day 23/10 to start to work with service on developing that approach.*
OPS 2	Work in partnership to enhance joint working arrangements and delivery of services to vulnerable people	Lead council input into developing Local Area Agreement Health and Older Peoples block June 08		Complete. Agreement signed off.
		Continue to contribute to the implementation of Change for the Better, the 5BP's new model of care for mental health services, thus ensuring that services are based on recovery and social inclusion Mar 2009.		First draft service specification for Halton Assessment, Care and Treatment Service complete. This includes recovery and social inclusion.
		Begin implementation of Older People's mental health services redesign Mar 2009.		*An action plan for the redesign of Older Peoples mental Health services across the whole system will be complete by April 2009 ready for implementation.*

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		In partnership with Halton and St Helen's PCT, refocus care provision at Oakmeadow in line with Intermediate Care approach Nov 2008		Remains on target
		Redesign of Intermediate Care Services, in partnership with Halton and St Helens PCT Mar 2008		Remains on target
		Work with Halton 'Older People's Engagement Network' (OPEN) to agree their future role in terms of community engagement and consultation – paper to Older People's Local Implementation Team (LIT) Nov 08		*Currently looking at the role of community development specifically looking at increasing capacity and effectiveness of Halton Open. Report to LIT in Nov 08.*
		Work with Older People's LIT, Halton OPEN and partners to appoint dignity in care champions (or other system as agreed) Sept 2008.		*Dignity in Care Group was agreed as initial format. Independent chair appointed. Group up and running and has not met twice. Funding agreed to recruit Dignity co-ordinator for whole system.*
		Establish pilot joint service to support primary care through Runcorn Practice Based Commissioning (PBC) Consortium July 2008		Pilot in place and fully operational.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
OPS 3	Provide facilities and support to carers, assisting them to maintain good health and well-being	Increase the number of carers provided with assessments leading to provision of services, including black and minority ethnic carers, to ensure Carers needs are met Mar 2009		Remains on target
		Maintain the numbers of carers receiving a carers break Mar 2009		Currently exceeding the target.
OPS 4	Ensure that service delivery, commissioning and procurement arrangements are efficient and offer value for money	Aim to reduce the cost of transport element of meals on wheels contract to ensure cost effectiveness May 2008.		Completed.
		Redesign in house homecare to improve efficiency and outcomes Aug 2008.		*Redesign completed.*
		Review Older People's Commissioning Strategy and associated partnerships structures to ensure that they are fulfilling service delivery requirements and are being managed in a cost effective way Nov 2008		*Work underway to develop new commissioning strategy. The review of structures has been partially superseded by a wider piece of work which is a review of existing section partnership agreement which will now include governance of all the key partnerships.*

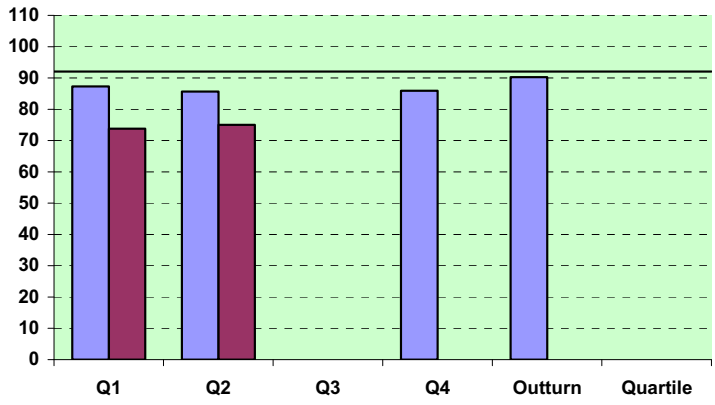
Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Establish or participate in working group with neighbouring authorities to re-provide equipment services linked to developing a retail model Oct 2008		Still awaiting North West Transforming Community Equipment Services pilot site evaluation reports and initial report from Department of Health on pilot outcomes. Revised financial model from Department of Health also still outstanding. Once received these will inform future service plans.
		Build on learning for Halton from CSED improving care management efficiency project, identifying potential areas and priorities for redesign Jun 2008.		Completed
		Integrate Home Improvement Agency and Independent Living Team to improve waiting times and efficiency Jun 2008.		Integration completed. Work on processes continues and will lead to development of IT programme to enable benchmarking of continuous improvement.
OPS 5	Promote physical activity, preventative services and therapy for vulnerable people to maintain optimum levels of health and wellbeing	*Evaluate and report on the first year of 'Sure Start for Older People' services to establish if it is effective in helping manage the effects of ill health, disability and disadvantage; increased access to physical activity and effective in maintaining the existing health and wellbeing of older people Sept 2008*		*The Sure Start to later life evaluation process has been undertaken by the National Development Team for Social Inclusion. The completed report will be presented in November 2008.*

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Support development of joint process with PCT for implementation of new national guidance and toolkit for continuing health care Apr 2008		Completed
		Report to Health PPB on progress with delivering the Advancing Well Strategy Mar 2009		Forthcoming commissioning event Nov 08 and subsequent completion of OP JC Strategy will incorporate a review of the delivery of the advancing well strategy.

OP LI14

Percentage of items of equipment delivered within 7 working days

Higher figures represent better performance



Key

2007/8

2008/9

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Worse than this time last year

Should hit target for the year

Green

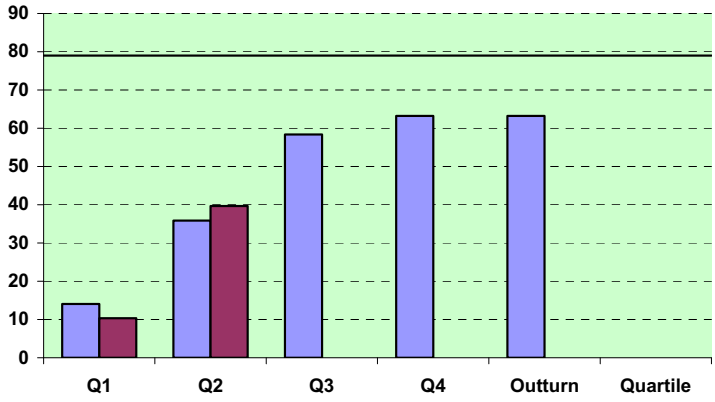
Commentary

Level of performance from Q1 has been maintained. Although the indicator is currently behind target, work is ongoing to ensure that response times are improved, and it is anticipated that the target for the year will be achieved.

OP LI15

Admissions of supported residents aged 65+ to permanent residential/nursing care (per 10,000 population)

Lower figures represent better performance



Key

2007/8

2008/9

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Worse than this time last year

Should hit target for the year

Green

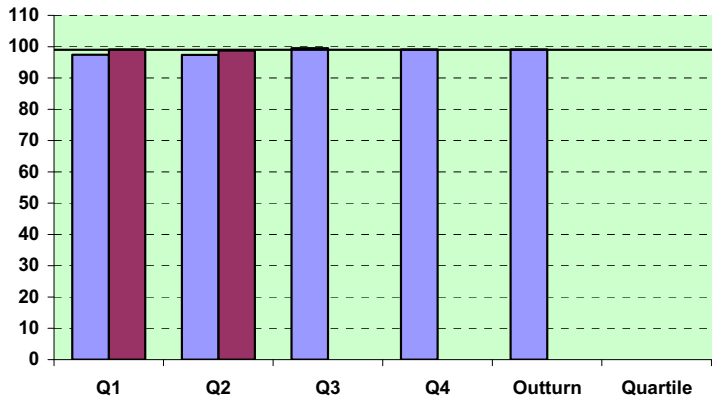
Commentary

A slight variation on performance for the same period last year, with 33 Older People being admitted to permanent care during the six month period, April to September. At the half year stage, performance is well within target and it is anticpated that the year end target will be achieved.

OP LI12

Percentage of people receiving a statement of their needs and how they will be met.

Higher figures represent better performance



Key

2007/8

2008/9

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Amber

Better than this time last year

May hit target for the year

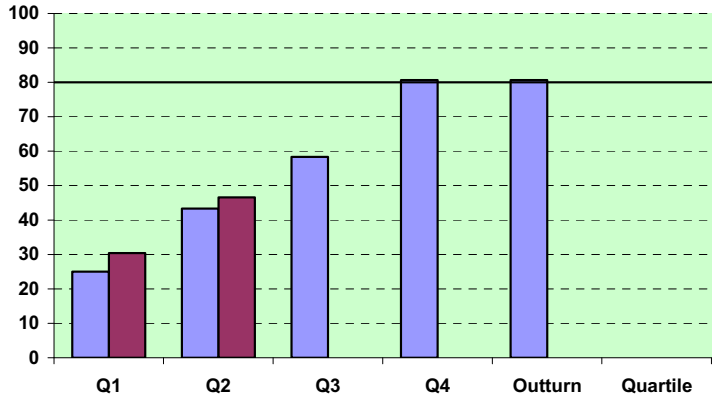
Commentary

There is currently a slight shortfall with 4332 out of 4389 people receiving a care plan. This is still close to the target and stringent monitoring will be employed to try and ensure that the target for the year is met.

OP LI13

Clients receiving a review as a %age of adult clients receiving a service

Higher figures represent better performance



Key

2007/8

2008/9

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Green

Better than this time last year

Should hit target for the year

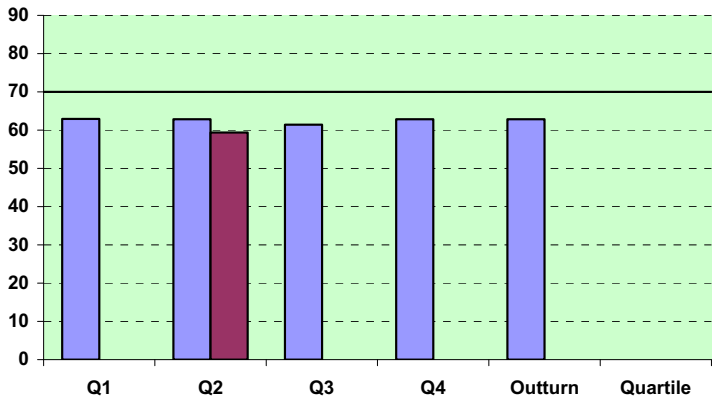
Commentary

Performance on this indicator is good, with the terget being exceeded at the half-year point

OP LI7

Assessments of adults and older people leading to provision of a service

Higher figures represent better performance



Key

2007/8

2008/9

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Worse than this time last year

Amber

May hit target for the year

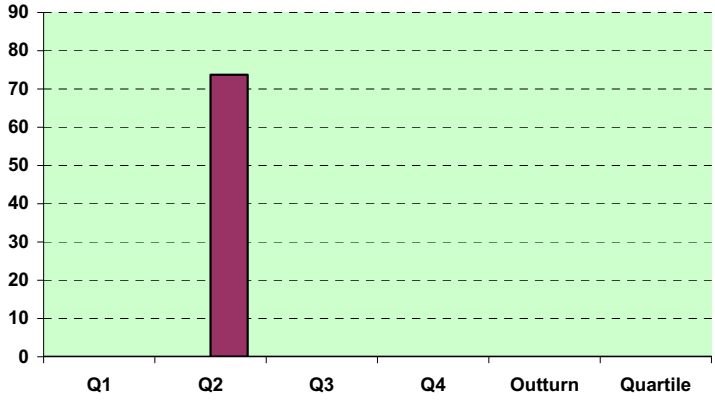
Commentary

Performance for this indicator is currently below target. There is some doubt around whether the target will be achieved by the year-end. Every effort will be made to raise the current level of performance towards the year end target.

OP NI 132

Timeliness of social care assessment DH DSO

Higher figures represent better performance



Key

2007/8

2008/9

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

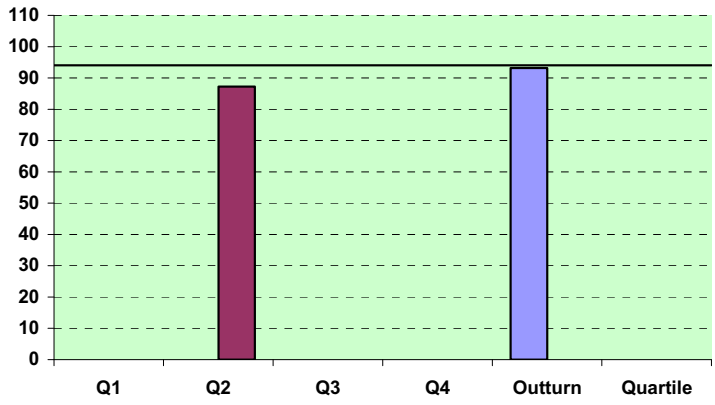
No data for same Qtr last year

Commentary

This is a new National Indicator, and no target was set for the current year. Data is now available and performance for this indicator is based on all teams' performance. Over 26% of all assessments are over the 28 day threshold.

OP NI 133 **Timeliness of social care packages DH DSO**

Higher figures represent better performance



Key

2007/8

2008/9

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Green

No data for same Qtr last year

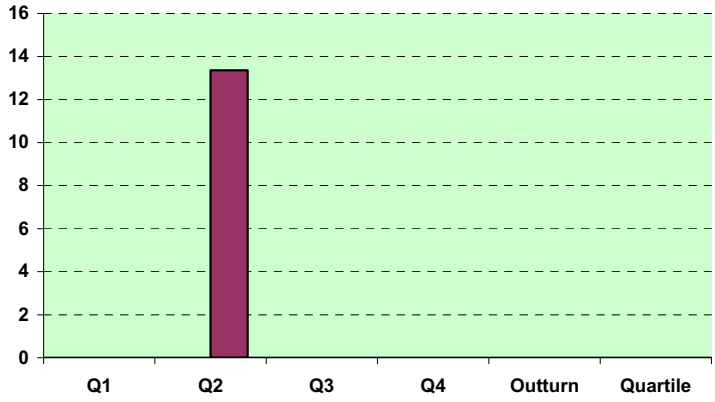
Should hit target for the year

Commentary

Performance on this indicator is good with 87% of all services being provisioned within 28 days following completion of assessment. The target for the year should be achieved.

OP NI 135 **Carers receiving needs assessment or review and a specific carer's service, or advice and information DH DSO**

Higher figures represent better performance



Key

2007/8

2008/9

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

No data for same Qtr last year

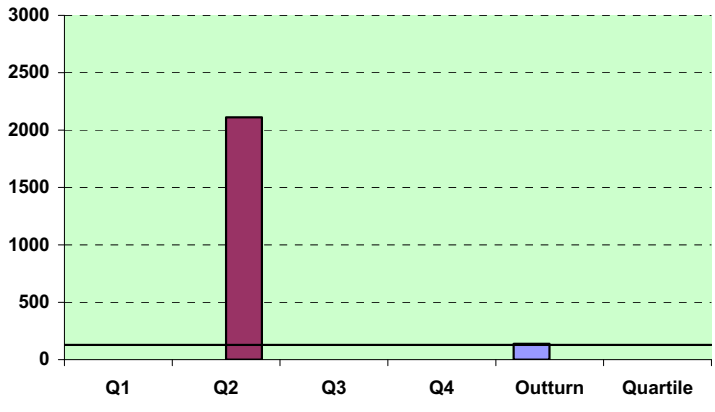
Commentary

This is a new National Indicator and a target was not set for the current year. Although carers services have previously been measured, the introduction of 'advice and information' into this indicator is new. The half-year outturn of 13.36 is difficult to place in context without comparator information. As we move through the year, comparator information should become available, enabling an analytical view to be taken of how we are performing, as well as providing a baseline for next years target on this PI.

OP NI 136

People supported to live independently through social services (all ages) PSA 18

Higher figures represent better performance



Key

2007/8

2008/9

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Green

No data for same Qtr last year

Should hit target for the year

Commentary

This is a new National Indicator and no target was set for the current year. Data is now available, and an assumption is made that the outturn figure is good based on the fact that this PI is based on the ex-PAF indicators for helped to live at home, for which Halton's performance is historically good. It is difficult to place this performance until comparative data for this new National Indicator is known at the end of the current financial year.

Key Performance Indicators not being reported this quarter

OP LI 4, No. of days reimbursement as a result of delayed discharge of older people
Data is not currently available to report this PI. A report will be made at the earliest opportunity.

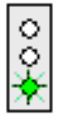
NI 131, Delayed Transfers of Care
Data for Q2 is not yet available for this PI. A report will be made at the earliest opportunity.

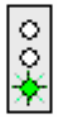
NI 125, Achieving independence for Older People through rehabilitation/Intermediate Care
There is currently no data available to report against this new indicator. Development of relevant data protocols will continue throughout Q3.

NI 141, Number of vulnerable people achieving independent living
Data for this 'Supporting People' based indicator will not be available until the end of October 2008, when it will have been sourced from service providers. Data should be in circulation to enable a report to be made in quarter 3.

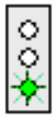
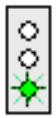
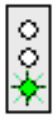
NI 142, Number of vulnerable people who are supported to maintain independent living
Data for this 'Supporting People' based indicator will not be available until the end of October 2008, when it will have been sourced from service providers. Data should be in circulation to enable a report to be made in quarter 3.

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 2	Progress	Commentary
Cost & Efficiency						
OP LI1	Intensive home care as a percentage of intensive home care and residential care	27.15	28	Refer to comment	-	Data for this PI is unavailable until late November when the data from the HH1 sample week is available.
OP LI2	Cost of intensive social care for adults and older people	458.16	476.48	Refer to comment	-	Unit Cost data will not be available to report until submission of the PSSEX1 Return in July 2009.
OP LI3	Unit cost of home care for adults and older people	15.46	16.16	Refer to comment	-	Unit Cost data is not available until submission of the PSSEX1 Return in July 2009.
Fair Access						
OP LI5	Ethnicity of older people receiving assessment	0.19	1.1	0.78		Two older people from an ethnic group other than 'white' have received an assessment during the year. This indicator is subject to fluctuation given the small numbers of non-white clients in the general population.
OP LI6	Ethnicity of older people receiving services following assessment	0	1	1.24		One older person from an ethnic group other than 'white' went on to receive a service in the first half of the year.
OP LI8	% of older people being supported to live at home intensively, as a proportion of all those supported intensively at home or in residential care	38.28	28	Refer to comment	-	The data to calculate this PI is unavailable until late November when the data from the HH1 sample week is available.

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 2	Progress	Commentary
OP LI9	Percentage of adults assessed in year where ethnicity is not stated	0.14	0.5	1.06		There are 7 clients assessed at the end of Q2 where ethnicity is not stated. Every effort is made to obtain this information as part of the assessment process, however this target will be difficult to achieve now.
OP LI10	Percentage of adults with one or more services in year where ethnicity is not stated	0.08	0.2	0.09		Only four adults with one or more services have 'unknown' ethnicity. This is monitored by exception reporting , and performance on this indicator is ahead of target.
Quality						
OP LI11	Availability of single rooms for adults & older people entering permanent residential / nursing care	100	100	100		Adult Social Care has a policy of supporting all residential and nursing clients on a single room basis. Maximum performance continues to be sustained on this indicator.
Service Delivery						
OP LI16	Intensive home care per 1000 population aged 65 or over	11.43	13	11.42	Refer to comment	Data given is provisional. This figure will be updated in Q3 when the HH1 figure for 2008 is available to recalculate this PI from the Home Care provision sample week. No traffic light is being assigned at this time.
OP NI 129	End of life care - access to appropriate care enabling people to choose to die at home DH DSO	-	-	Refer to comment	-	There is currently no data available to report against this new National Indicator. A meeting has been held with the PCT and a follow-up meeting is to be held at the end of October to review progress against providing data for this PI.

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 2	Progress	Commentary
NI 134	The number of emergency bed days per head of weighted population DH DSO	-	-	22236		This new indicator is also an LPSA indicator for Halton. Performance is strong and significant reductions have been achieved. Please refer to Appendix 4, Progress against LPSA targets, for further information.
NI 138	Satisfaction of people over 65 with both home and neighbourhood PSA 17	-	-	Refer to comment	-	The data for this National Indicator is not available. The data is sourced from this Place Survey which will not take place until 2009.
NI 139	The extent to which older people receive the support they need to live independently at home PSA 17	-	-	Refer to comment	-	The data for this National Indicator is not available. The data is sourced from this Place Survey which will not take place until 2009.

LPSA Ref.	Indicator	Baseline	Target	Perform 07/08	Perform. 08/09 Q22	Traffic light	Commentary
8.1	**Improved care for long term conditions and support for carers** Number of unplanned emergency bed days (Halton PCT registered population)	58,649 04/05	- 6% (55,130) for 08/09	47569	22236		Performance against this indicator remains strong, with the number of emergency bed days for the year so far being below the target. (Please note, September's figures include an estimation for August).
8.2	**Improved care for long term conditions and support for carers** Number of carers receiving a specific carer service from Halton Borough Council and it's partners, after receiving a carer's assessment or review	195 first six months of 04/05	600 for 08/09	823	537		Very good performance in this area, with the number of carers receiving services so far this year well above the LPSA target Established services are embedded to drive this forward and the LPSA should be comfortably achieved.

Strategy/Policy/Service	HIGH Priority Actions	Target	Progress	Commentary
Contract Monitoring	Monitoring of contracts with provider services – do residential/domiciliary providers employ staff from other backgrounds who have additional language skills which could be used to translate on behalf of service users whose first language is not English	2008/9		**Liaise with CHAWREC to explore work which could be undertaken with contracted providers to encourage staff who have additional language skills, for translation purposes, that could be used for service users whose first language is not English.**
Cheshire, Halton & Warrington Race Equality Council (CHWREC)	Develop further links with CHAWREC	2008/9		**CHAWREC has attended the Directorate Equalities Group to outline to the Group the organization's role and how Halton's funding is spent. There is scope for further work with CHAWREC, subject to additional funding, and opportunities for this is kept under constant review.**
Corporate Equality Scheme	Contribute to a Corporate Working Group to simplify the Authority's equality-related policies/strategies etc to produce a Corporate Equality manual which is relevant and applicable to all Directorates	2008/9		**The Directorate is currently contributing to the work being taken forward Corporately on the amalgamation of a number of equality related policies. A working group has been established to take forward this work.**
	Health and Community EIA systems to be strengthened and adopted on a Corporate basis	2008/9		**The Directorate is currently contributing to the work being taken forward Corporately on the revision of the EIA system. A working group has been established to take forward this work.**

Diversity Training	Systems developed and implemented to ensure that all new staff attend Corporate Equality & Diversity training (1 day session); and all existing staff attend condensed Equality session.	2008/9		**This is still being developed at a Corporate level. It is hoped to make E & D training mandatory. Within the Directorate, staff have the option of attending the Corporate training, and the Directorate also delivers it's own equality training.**

HEALTH & COMMUNITY – OLDER PEOPLE

Revenue Budget as at 30th September 2008

	Annual Revised Budget £000	Budget To Date £000	Actual To Date £000	Variance To Date (overspend) £000	Actual Including Committed Items £000
Expenditure					
Employees	5,287	2,814	2,850	(36)	3,335
Premises Support	178	0	0	0	0
Other Premises	45	20	14	6	14
Food Provisions	45	22	26	(4)	34
Supplies & Services	392	121	98	23	162
Transport	204	72	59	13	62
Departmental Support Services	1,758	0	0	0	0
Central Support Services	516	0	0	0	0
Community Care:					
Residential Care	7,581	2,996	2,543	453	2,543
Nursing Care	569	125	81	44	81
Home Care	2,040	826	783	43	790
Supported Living	404	192	163	29	163
Day Care	40	16	12	4	12
Meals	121	48	90	(42)	119
Direct Payments	297	137	132	5	132
Other Agency	271	13	4	9	4
Asset Charges	53	0	0	0	0
Total Expenditure	**19,801**	**7,402**	**6,855**	**547**	**7,451**
Income					
Residential & Nursing Fees	-2,926	-1,226	-1,189	(37)	-1,189
Fees & Charges	-670	-361	-358	(3)	-358
Preserved Rights Grant	-64	-32	-32	0	-32
Supporting People Grant	-906	-321	-291	(30)	-291
Nursing Fees - PCT	-569	-125	-124	(1)	-124
PCT Reimbursement	-20	-10	-10	0	-10
Joint Finance – PCT	-32	-16	-17	1	-17
Other Reimbursements	-135	-132	-131	(1)	-131
Total Income	**-5,322**	**-2,223**	**-2,152**	**(71)**	**-2,152**
Net Expenditure	**14,479**	**5,179**	**4,703**	**476**	**5,299**

Comments on the above figures:

In overall terms revenue spending at the end of quarter 2 is under budget profile by £476k. This is mainly due to expenditure on community care being lower than anticipated at this stage of the year however the receipt of fees and charges is also slightly lower than expected due to less service users being placed in residential accommodation. This shortfall is offset somewhat as the proportion of service users paying higher contributions or even full costs has increased for both residential and domiciliary care services.

Employee Costs include £146k for Agency Staff used within Older People's services to fill essential social work posts in both Older People's team Widnes & Runcorn, Intermediate care and the Hospital Discharge team. This budget is anticipated to be over budget profile at year end although it will be contained within the departments' overall budget.

The Community Care budget continues to be under budget profile at the mid point of the year, even though more elderly people are being supported at home and those in hospital are being discharged earlier with a higher level of care required. It is anticipated that this budget will be under budget profile at year-end due to the success in gaining continuing care funding for residents. However this has also led to reduced income from fees and charges.

Other reimbursements include £129k of income received from the PCT towards the cost of improvement works at Oakmeadow.

HEALTH & COMMUNITY – LOCAL STRATEGIC PARTNERSHIP BUDGET

Budget as at 30th September 2008

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (Overspend) £'000	Actual Including Committed Items £'000
Priority 1 Healthy Halton					
Diet & Exercise Programme	22	11	0	11	0
Vol. Sector Counselling Proj.	40	10	5	5	5
Info. Outreach Services	34	10	9	1	9
Reach for the Stars	35	9	0	9	0
Health & Comm Care & Vol Sector Carers' Forum	40	10	10	0	10
Healthy Living Programme	20	5	0	5	0
Advocacy	64	25	21	4	21
Priority 2 Urban Renewal					
Landlord Accreditation Programme	30	15	19	(4)	19
Priority 4 Employment Learning & Skills					
Halton Family Group	31	8	0	8	0
Voluntary Sector Sustainability	7	2	0	2	0
Priority 5 Safer Halton					
Good Neighbour Pilot	10	4	2	2	2
Grassroots Development	9	4	2	2	2
Total Expenditure	**342**	**113**	**68**	**45**	**68**

HEALTH & COMMUNITY

Capital Budget as at 30th September2008

	2008/09 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
Social Care & Health				
Redesign Oakmeadow Communal Spaces & Furnishings	72	0	0	72
Major Adaptations for Equity release/Loan Schemes	100	0	0	100
Pods utilising DFG	40	0	0	40
Women's Centre	19	3	2	17
DDA	24	0	0	24
Total Spending	255	3	2	253

It is anticipated the capital budget will be fully committed by the end of the year.

The traffic light symbols are used in the following manner:

		Objective	Performance Indicator
Green		Indicates that the objective is on course to be achieved within the appropriate timeframe.	Indicates that the target is on course to be achieved.
Amber		Indicates that it is unclear at this stage, due to a lack of information or a key milestone date being missed, whether the objective will be achieved within the appropriate timeframe.	Indicates that it is either unclear at this stage or too early to state whether the target is on course to be achieved.
Red		Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.	Indicates that the target will not be achieved unless there is an intervention or remedial action taken.

QUARTERLY MONITORING REPORT

DIRECTORATE: **Health & Community**

SERVICE: **Adults of Working Age**

PERIOD: **Quarter 2 to period end 30th September 2008**

1.0 INTRODUCTION

This quarterly monitoring report covers the Adults of Working Age Department second quarter period up to 30 September 2008 It describes key developments and progress against all objectives and performance indicators for the service.

The way in which traffic light symbols have been used to reflect progress to date is explained in Appendix 7.

2.0 KEY DEVELOPMENTS

Mental Health Act 2007
Detailed work has continued throughout this Quarter to implement the main provisions of this Act, with the Steering Group meeting throughout this period. All current Approved Social Workers have received four days of training to prepare them for their new role of Approved Mental Health Professional. All policies and procedures have been scoped and will be available by the implementation date of 3rd November 2008. Additional work remains to be done but awaits national guidance – this includes the development of the role of Approved Clinician and the creation of the new Independent Mental Health Advocacy Service. In addition, further work needs to be done with the 5BoroughsPartnership to develop the role of non-Local Authority AMHP's.

Deprivation of Liberty Safeguards
These Safeguards are to be introduced in Spring 2009 but require substantial planning and training ahead of this. This work is being done through the Mental Health Act Steering Group. A scoping tool has been completed to assess how many people may currently be being deprived of their liberty – this came up with a small number in Halton although this will need to be reassessed nearer the time. A number of people will need to be trained as Best Interests Assessors but this will be established in the next quarter.

Mental Capacity Act 2005
This has been the subject of an ongoing implementation process throughout 2007/08 and is now in the phase of monitoring the implementation and ensuring that all necessary training is in place. A new co-ordinator has been appointed across Halton and St Helens Councils and the PCT and began work in September 2008. The initial focus of work will be on people who have not fully engaged with the process so far, including GP's medical staff in hospitals and the private and voluntary sectors. There will also be an emphasis on the development and implementation of an intelligent information system.

Care Programme Approach
This process is the assessment and care management framework for mental health. New national guidance which substantially changes the way this is to operate was issued earlier in 2008 and is to be implemented across health and social care services on October 1st. An initial draft of this guidance has been developed within the 5BoroughsPartnership but needs more work to be done.

Integrated Partnership
A partnership arrangement for the delivery of mental health services across the Borough Council and 5BoroughsPartnership has been in place for some time. A new management structure has now been put in place which strengthens the delivery of the service and ensures that lines of accountability for community mental health services are through the Local Authority. Further work is now to be done to ensure delivery of fully integrated systems and processes.

Partnership Working
We are improving the way we develop joint working arrangements regarding integrating services in the learning disability specialist community team. The Council and PCT have formally agreed a reconfiguration of services. The re-modelling of a hub and spoke approach to the service includes, for the hub, nursing staff have now been 'Tuped' to the local authority and are part of a core team with social workers, under a single tier management arrangement. A service level agreement with the 5 Boroughs Partnership is now in place to operate a spoke service offering intensive support, as a pan-borough service with neighbouring authorities.

Person Centred Reviews
There is a project in learning disability services supported by the North West Training & Development Team (NWTDT) to develop person centred reviews with people with Profound and Multiple Learning Disabilities. This began as a tripartite project with neighbouring authorities and introduced Person Centred Plan (PCP) Review training and development for Care Managers and some Health staff. It was reviewed in April 2008 with agreement for additional work to continue throughout the course of the year specific to Halton. An event was held in July 2008 and developed a process to link outcomes from PCP reviews to inform strategic Commissioning. Agreement reached to widen numbers of PCP reviews and held further planning days, next event scheduled for November.

Voluntary Sector Care work Topic
A key development in Physical and Sensory Disability services is the finalisation of a work topic with members to review the voluntary sector contracts for this service area. A report is now finalised with recommendations to review the contracts with work to be taken forward following due process.

Services for Carers
A sub group has been established to support the achievement of the LPSA target on PSD carers. This group has begun to identify targets and creative developments with the carers grant and involve carers in service development. A carers worker has been identified who holds specific sessions in the carers centre. This overall approach has also demonstrated an increase in carers assessments.

3.0 EMERGING ISSUES

Personalisation
Within mental health services, a workshop is to be established across Halton, Warrington, St Helens and Knowsley to consider the issues relating to personalisation for people with mental health needs. This workshop will be taking place in October 2008.

Enhancement of PMLD Person Centred Planning work
Funding has been identified and formal agreement reached to begin work with people with Profound & Multiple Learning Disabilities (PMLD) within day services to promote communication/assessment training for staff working with individuals with PMLD and to enhance Person Centred Planning work undertaken.

4.0 PROGRESS AGAINST MILESTONES/OBJECTIVES

Total	**25**		**17**		**8**		**0**

All service plan milestones are being reported this quarter. (Those milestones in *italic* text are 'other' milestones that are routinely reported in quarters 2 and 4). Of the 25 milestones for the service, 17 are on track at the half year point. Eight have been assigned amber lights. For a full commentary against each milestone, please refer to Appendix 1.

5.0 SERVICE REVIEW

Short Break Services
In learning disability services there has been a review of respite services and we are looking to develop services in a way that offer a menu of short breaks services. We are in the final stages of reviewing all people accessing services, to identify need and the type of range of services to be developed

Behavioural Solutions Project
In learning disability services we have commissioned a Consultant Behaviour Analyst on a "behavioural solutions project" to continue to help us review the way services are delivered for people with complex needs, whose behaviour is experienced as difficult or challenging. The project started working incrementally by working with an independent provider and now with an in-house service that have been selected as they provide support for two 24 hour supported living schemes for people with complex needs; the schedule of training and work was reviewed positively in October 2008. Work is ongoing and will be reviewed in December 2008.

Service Mapping and Strategic Planning
In order to accelerate work on the National Service Framework for Long Term Conditions, we will be bringing in a consultant to undertake some detailed mapping of services and review of strategic planning. A specification has been developed and this is in process of being commissioned.

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

Total	12		3		0		1

Of the twelve key indicators for the service, four have a report of progress against target. Four are reported, however they are new indicators and a target was not set for the current year. A further four indicators cannot currently be reported. For further information and commentary, please refer to Appendix 2.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

Total	15		7		1		0

Of the fifteen other indicators for the service, eight have a report of progress against target. A further seven indicators, several of which are new National Indicators, cannot currently be reported as data is not yet available. For further information and commentary, please refer to Appendix 3.

7.0 PROGRESS AGAINST LPSA TARGETS

This service is not responsible for any LPSA targets. The service contributes to an LPSA around services for carers that is reported in the Older People's Services monitoring report.

8.0 RISK CONTROL MEASURES

During the production of the 2008-09 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives.

Where a Key Service Objective has been assessed and found to have associated 'High' risk, progress against the application of risk treatment measures is to be monitored, and reported in the quarterly monitoring report in quarters 2 and 4. Please refer to Appendix 4.

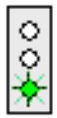
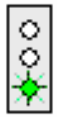
9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

During 2007/08 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority are to be reported in the quarterly monitoring report in quarters 2 and 4. Please refer to Appendix 5.

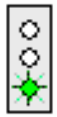
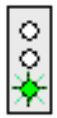
10.0 APPENDICES

Appendix 1- Progress against Key Objectives/ Milestones
Appendix 2- Progress against Key Performance Indicators
Appendix 3- Progress against Other Performance Indicators
Appendix 4- Progress against Risk Treatment Measures
Appendix 5- Progress against High Priority Equality Actions
Appendix 6- Financial Statement
Appendix 7- Explanation of traffic light symbols

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
AWA 1	Evaluate, plan, commission and redesign services to ensure they meet the need of vulnerable people within the local population, including those from hard to reach groups (including the black and minority ethnic community)	Development of Person Centred reviews with particular focus for adults with Profound and Multiple Learning Disabilities to enhance service delivery Mar 2009.		This work has been successfully reviewed and ongoing as described in key developments up to December 2008
		Establish strategy to improve performance and service delivery to the Black & Minority Ethnic community, to ensure services are meeting the needs of the community Jun 2008.		The research undertaken by CHAWREC across Cheshire and Halton is currently being analysed to understand the impact on social care services
		Contribute to the safeguarding of children in need where a parent is receiving Adult services by ensuring staff are familiar with and follow safeguarding processes Mar 2009.		*On going, Staff access safeguarding training.*
		Evaluate "In Control/Individualised Budgets" pilot and extend to other service user groups as appropriate, thus enabling people needing social care and associated services to design that support Mar 2009.		A small team is being developed to now accelerate the personalisation agenda including, a manager has been appointed and shortly a finance officer with additional external consultancy

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Agree and implement the reconfiguration of ALD health and care management services to enhance service delivery Mar 2009.		A work topic has been set up with the Health Policy and Performance Board. Two meetings of this group have now taken place. A snapshot of local need has been completed and national and regional guidance and good practice have been identified.
		Review services and supports for younger adults with dementias and establish a strategy to improve services to this group Mar 2009		A work topic has been set up with the Health Policy and Performance Board. Two meetings of this group have now taken place. A snapshot of local need has been completed and national and regional guidance and good practice have been identified.
		Review Care Management Services for Physical and Sensory Disabilities to enhance service delivery Sep 2008.		An experienced manager will be in post during September,offering the service some stability. The service will also benefit from additional and identified training
AWA 2	Work in partnership to enhance joint working arrangement and delivery of services to vulnerable people	Mainstream review of Bridge Building Day Services Model to ensure that it supports the priorities of the modernisation agenda Sep 2008.		All service areas are aware of the need to redesign resources to deliver fully mainstreamed service. Some financial contributions have already been identified.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Review the Payments and Expenses Policy and Procedure to ensure payment levels are appropriate and procedures are adequate Jun 2008		Draft review scheduled for Oct SMT
		Expand the involvement of service users in the direction and quality of day and supported living services Sep 2008.		*House meetings with tenants and staff have a fixed agenda including complaints , service users rights and quality issues. A Quality Assessment Group comprising service user representative and management have been scheduled with the first due in November 08*
		Continue to contribute to the implementation of Change For The Better, the 5BP's new model of care for mental health services, thus ensuring that services are based on recovery and social inclusion Mar 2009.		*A new management structure for the delivery of the community mental health services has been agreed and is now in place. This will ensure the delivery of key objectives around recovery, and improved performance around social inclusion.*
		Develop and implement, in partnership with key stakeholders, all policies, processes and procedures necessary to fully implement the Mental Health Act 2007 Oct 2008		All ASWs will have received 4 days of training to prepare them for their new role as AMHPs by the time the Act comes into effect. Policies and procedures are in the final stage of development and will be available by November 2008.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		To agree and implement a joint process for implementation of new national guidance on Continuing Health Care Mar 2009		Meetings are underway with the LA and the PCT in are in agreement of a joint process, relationships are positive.
		Continue to implement the modernisation of Day Services to enhance service delivery Jun 2008		There is a start date of 21st Oct 08 to begin the PSD catering project at ILC which links directly with the Norton Priory contract for the commercial delivery of all catering at the site Day services continues to manage the facility and is in negotiation with Adult Learning and the colleges to deliver tailored . Development of a supported employment type model lead by Mersey Valley Ground Work organisation is still in negotiation.Planning phase two of the redesign with the main emphasis on developing further community activities for the Widnes side of the service. Created a detached leisure day in partnership with Kingsway leisure centre.Designated link person attends Community Bridge Builders team meetings.Quality Improvement Team of stakeholders inspects day service

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
				community venues to determine if fit for purpose.Working in partnership with Halton Speak Out to progress Person Centred Plan's for people with PMLD.
		Implement action plan for the National Service Framework for Long Term Condition to ensure services are meeting the needs of the community Mar 2009.		*There are formalised meetings with the PCT A consultant is in process of being commissioned. The LIT is being relaunched.*
		Review services and supports for children and adults with an Autistic Spectrum Disorder Mar 2009		Draft will be going to Management Team and the PCT in October. Additional resource has been identified to support development work
		Implement a behaviour solutions approach to develop quality services for adults with challenging behaviour Mar 2009.		Report agreed at SMT 07.10.08 to develop strategy.
AWA 3	Provide facilities and support to carers, assisting them to maintain good health	*Increase the number of carers provided with assessments leading to provision of services, including black and minority ethnic carers, to ensure Carers needs are met Mar 2009.*		*This was declared as an LPSA target for this year and is already on good track for achievement at an early stage. A new national performance indicator is also likely to be achieved at an early stage.*
		Maintain the number of carers receiving a carers break, to ensure that Carers needs are met Mar 2009.		*Current nos. of carers receiving breaks indicate this target will be achieved.*

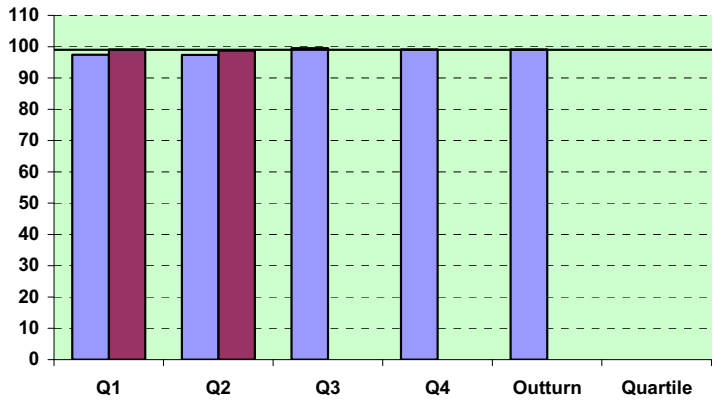
Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Implement new model for Carers Centres to increase access to additional funding, thus ensuring the continued provision of quality services to the local community Mar 2009.		*On target, draft SLA and Lease drawn upin preparation for transfer of centre to the PRT*
		Refresh the Carers Strategy in light of the new national Carers Strategy, thus ensuring Carers needs continue to be met Jun 2008.		This has been completed . Executive Board has agreed the refreshed strategy
		Continue to work with Halton & St Helens PCT to improve the physical health of carers Mar 2009.		*Work Topic and recommendations agreed by Healthy Healton PPB Sept. 2008 and action plan will be drawn up*
AWA 4	Ensure that service delivery, commissioning and procurement arrangements are efficient and offer value for money	Build on learning for Halton from CSED improving care management efficiency project, identifying further areas and priorities for redesign Jun 2008.		This agenda is being incorporated into a wider modernisation Board work stream to be established.
		Continue to implement ALD's financial recovery plan to ensure that the service becomes increasingly efficient and effective Mar 2009.		Work continues with the PCT, transfer of commissioning and funding to be agreed by December 2008

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
AWA 5	Support vulnerable adults and carers into employment opportunities where appropriate	*Develop Supported Employment Strategy for all adult age groups to ensure appropriate employment opportunities are available for service users and carers Mar 2009.*		*Draft strategy to be agreed*

AWA LI13

Percentage of people receiving a statement of their needs and how they will be met.

Higher figures represent better performance



Key

2007/8

2008/9

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Green

Better than this time last year

Should hit target for the year

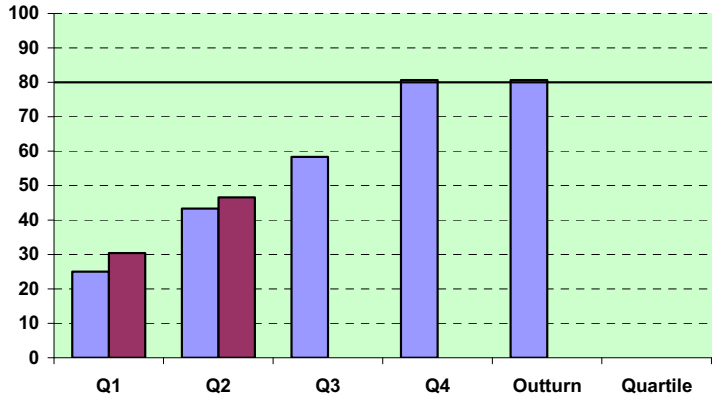
Commentary

Slight fall in performance since Qtr 1 although ahead of the same quarter last year, It is anticipated this target will be met for 08/09

AWA LI14

Clients receiving a review as a % of adult clients receiv)ng a service (cost effectiveness PSA Target)

Higher figures represent better performance



Key

2007/8

2008/9

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Green

Better than this time last year

Should hit target for the year

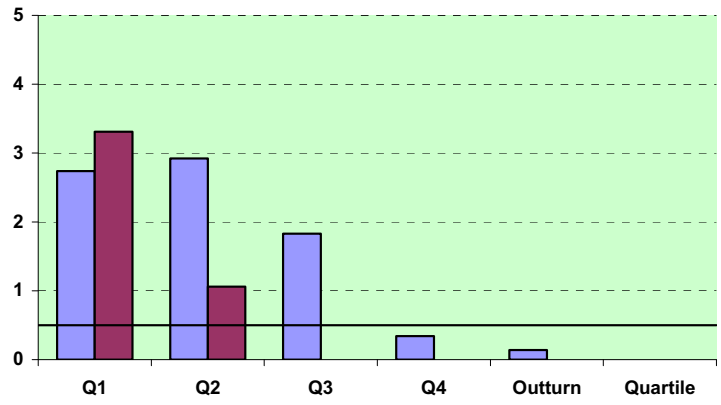
Commentary

Performance is ahead of target. Reviews are monitored on a monthly basis, and the target for the year should be achieved.

AWA LI4

Percentage of adults assessed in year where ethnicity is not stated

Lower figures represent better performance



Key

2007/8
2008/9
Target
Top 25%
Middle 50%
Bottom 25%

No quartile data available

Trend

Red

Better than this time last year

Unlikely to hit target for the year

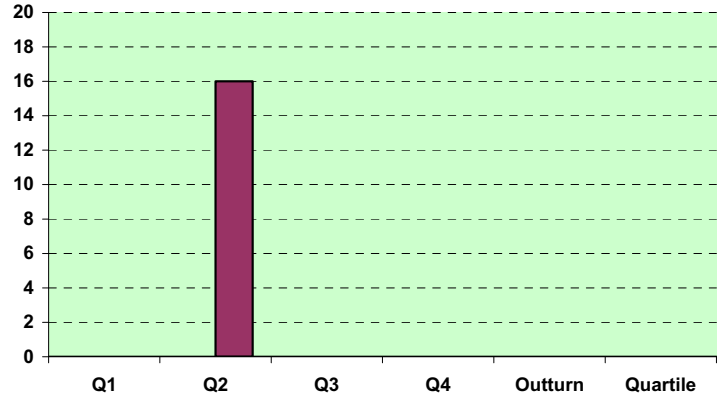
Commentary

At the end of quarter 2, seven clients have been assessed where ethnicity is not stated. Although every effort is made to obtain this information as part of the assessment process, this is not always possible. The target for this year is now looking difficult to achieve.

NI 146

Adults with learning disabilities in employment PSA 16

Higher figures represent better performance



Key

2007/8
2008/9
Target
Top 25%
Middle 50%
Bottom 25%

No quartile data available

Trend

No data for same Qtr last year

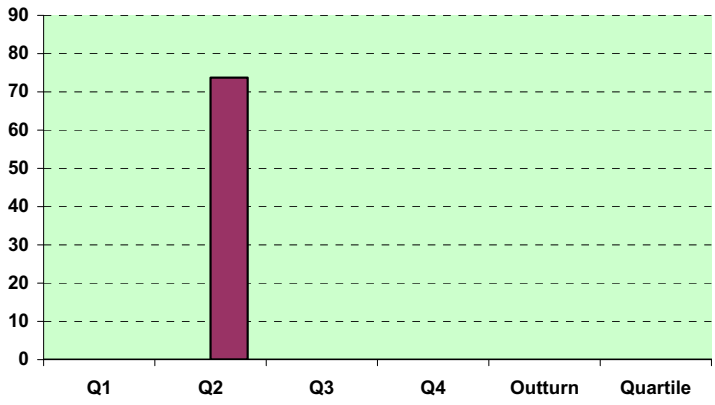
Commentary

This is a new PI and no target was set for this year. Data is now available and under the definition of this new PI 16 Learning Disability clients are in paid permitted work and are also known to Adult Social Care. As we move through the year, comparator information should become available, allowing Halton's performance to be seen in context.

AWA NI 132

Timeliness of social care assessment DH DSO

Higher figures represent better performance



Key

2007/8
2008/9
Target
Top 25%
Middle 50%
Bottom 25%

No quartile data available

Trend

No data for same Qtr last year

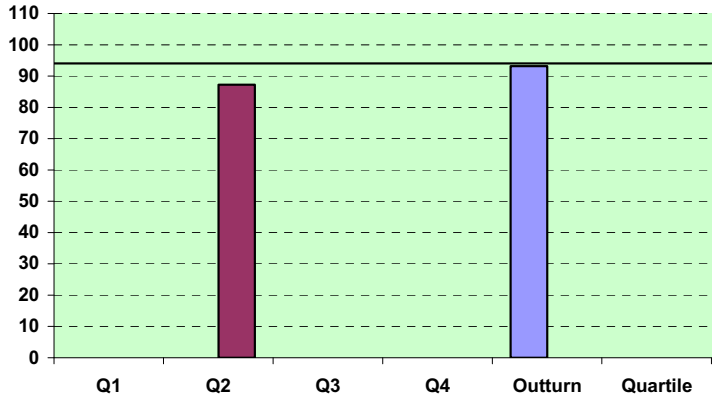
Commentary

This is a new National Indicator, and no target was set for the current year. Data is now available and performance for this indicator is based on all teams' performance. Over 26% of all assessments are over the 28 day threshold.

AWA NI 133

Timeliness of social care packages DH DSO

Higher figures represent better performance



Key

2007/8
2008/9
Target
Top 25%
Middle 50%
Bottom 25%

No quartile data available

Trend

Green

No data for same Qtr last year

Should hit target for the year

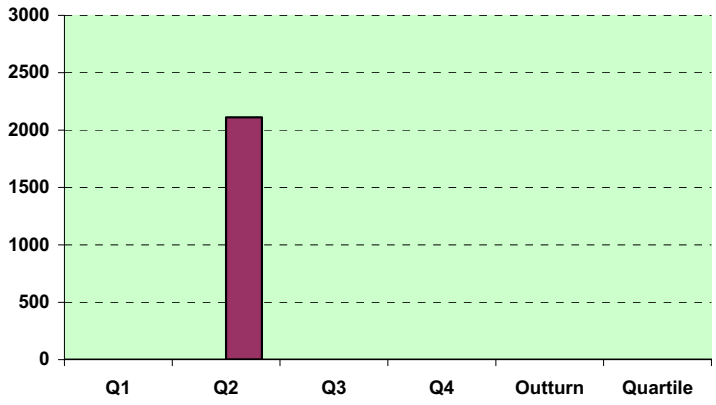
Commentary

Performance on this indicator is good with 87% of all services being provisioned within 28 days following completion of assessment. The target for the year should be achieved.

AWA NI 136

People supported to live independently through social services (all ages) PSA 18

Higher figures represent better performance



Key

2007/8
2008/9
Target
Top 25%
Middle 50%
Bottom 25%

No quartile data available

Trend

No data for same Qtr last year

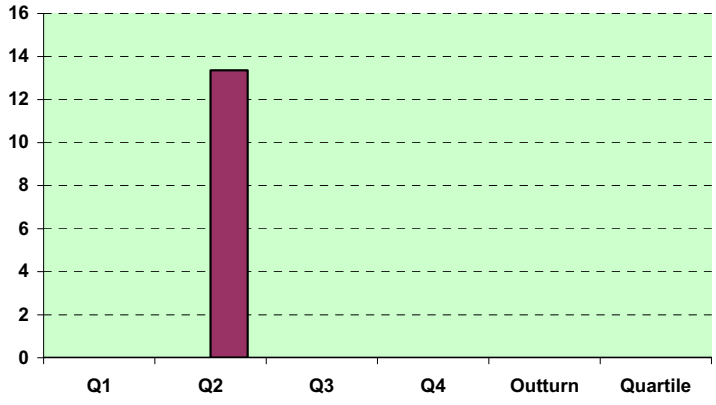
Commentary

This is a new National Indicator and no target was set for the current year. Data is now available, and an assumption is made that the outturn figure is good based on the fact that this PI is based on the ex-PAF indicators for helped to live at home, for which Halton's performance is historically good. It is difficult to place this performance until comparative data for this new National Indicator is known at the end of the current financial year.

AWA NI 135

Carers receiving needs assessment or review and a specific carer's service, or advice and information DH DSO

Higher figures represent better performance



Key

2007/8
2008/9
Target
Top 25%
Middle 50%
Bottom 25%

No quartile data available

Trend

No data for same Qtr last year

Commentary

This is a new National Indicator and a target was not set for the current year. Although carers services have previously been measured, the introduction of 'advice and information' into this indicator is new. The half-year outturn of 13.36 is difficult to place in context without comparator information. As we move through the year, comparator information should become available, enabling an analytical view to be taken of how we are performing, as well as providing a baseline for next years target on this PI.

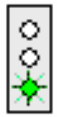
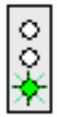
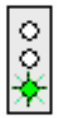
Key Performance Indicators not being reported this quarter

NI 131, Delayed Transfers of Care
Data for Q2 is not yet available for this PI. A report will be made at the earliest opportunity.

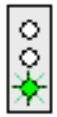
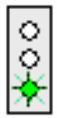
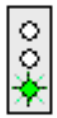
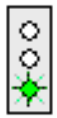
NI 141, Number of vulnerable people achieving independent living
Data for this 'Supporting People' based indicator will not be available until the end of October 2008, when it will have been sourced from service providers. Data should be in circulation to enable a report to be made in quarter 3.

NI 142, Number of vulnerable people who are supported to maintain independent living
Data for this 'Supporting People' based indicator will not be available until the end of October 2008, when it will have been sourced from service providers. Data should be in circulation to enable a report to be made in quarter 3.

NI 145, Adults with learning disabilities in settled accommodation
The data protocols for this PI are still being established. A report will be made at the earliest opportunity

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 2	Progress	Commentary
Cost & Efficiency						
AWA LI1	Intensive home care as a percentage of intensive home care and residential care	27.15	28	Refer to comment	-	Data is not currently available for this indicator. A report will be made as soon as possible.
AWA LI3	Unit cost of home care for adults and older people (£)	15.46	16.16	Refer to comment	-	Unit Cost data is unavailable until the PSSEX1 Return is submitted in July 2009.
AWA LI2	Cost of intensive social care for adults and older people	458.16	476.48	Refer to comment	-	Unit Cost data will be unavailable until the submission of the PSSEX1 Return in July 2009.
Fair Access						
AWA LI5	Percentage of adults with one or more services in the year where ethnicity is not stated	0.08	0.2	0.09		Four adults with one or more services have 'unknown' ethnicity. This is monitored by exception reporting , and performance on this indicator is ahead of target.
AWA LI7	Number of learning disabled people helped into voluntary work in the year	8.91	20	Refer to comment	-	Data is not currently available for this indicator. A report will be made as soon as possible, and should appear in the Q3 report.
AWA LI9	Number of physically disabled people helped into voluntary work in the year	2.26	3	2		Two people with a Physical Disability have been helped into Voluntary work in the year, via the Community Bridge Building Service. At the half year stage, more than half of the target has bene achieved.
AWA LI11	Number of adults with mental health problems helped into voluntary work in the year	4.65	8	7		Seven people with a Mental Health problem have been helped into Voluntary work in the year, via the Community Bridge Building Service.

APPENDIX THREE - PROGRESS AGAINST OTHER INDICATORS
Adults of Working Age

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 2	Progress	Commentary
Quality						
AWA LI12	Availability of Single Rooms (%)	100	100	100		Adult Social Care has a policy of supporting all residential and nursing clients on a single room basis.
Service Delivery						
AWA LI15	Admissions of Supported Residents aged 18-64 into residential/nursing care	0.66	0.4	0.27		Two people have been admitted to permanent residential/nursing care between April and September. This PI is on currently on target.
AWA LI16	Adults with physical disabilities helped to live at home	7.84	7.4	8.3		This PI is exceeding target with 625 clients with a Physical Disability being helped to live independently within their own home.
AWA LI17	Adults with learning disabilities helped to live at home	3.92	4.3	4.03		The outturn for this PI is currently showing a minor shortfall against target, with 303 clients with a Learning Disability being helped to live independently. The target of 4.3 represents 325 clients.
AWA LI18	Adults with mental health problems helped to live at home	3.35	3.2	3.27		The outturn figure of 3.27 is on target, with 246 clients with a Mental Health problem being supported to live independently.
NI 149	Adults in contact with secondary mental health services in settled accommodation PSA 16	-	-	Refer to comment	-	There is currently no data available to report performance against this PI. A Lead Officer is to be identified to take forward development of this new Indicator. The data is to be sourced from the 5 Boroughs Trust.

APPENDIX THREE - PROGRESS AGAINST OTHER INDICATORS
Adults of Working Age

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 2	Progress	Commentary
NI 150	Adults in contact with secondary mental health services in employment PSA 16	-	-	Refer to comment	-	There is currently no data available to report performance against this PI. A Lead Officer is to be identified to take forward development of this new Indicator. The data is to be sourced from the 5 Boroughs Trust.
AWA NI 129	End of life care - access to appropriate care enabling people to choose to die at home DH DSO	-	-	Refer to comment	-	There is currently no data available to report against this new National Indicator. A meeting has been held with the PCT and a follow-up meeting is to be held at the end of October to review progress against providing data for this PI.

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
AWA 4 Ensure that service delivery, commissioning and procurement arrangements are efficient and offer value for money	Pooled budget Supporting People retraction will increase budget pressures	Work with the PCT to identify budget to pick up shortfall	31/03/ 2009		Meetings with PCT and HBC taking place to move forward
		Complete assessments to identify needs and cost for those affected by SP retraction	31/03/ 2009		Completed 01/10/08.
	Commissioning strategy does not sufficiently identify future need	Review and revise commissioning strategy	31/03/ 2009		Completed 01/10/08.
AWA 5 Support vulnerable adults and carers into employment opportunities where appropriate	Failure to meet targets for vulnerable adults to gain employment	Cross service working group to be established to identify service users seeking employment.	31/03/ 2009		Working group on programme to be established by Christmas 2008.
		Action plan to be developed to facilitate the identified group	31/03/ 2009		Programmed for Jan - March 2009.
		Identification of agencies to support this work	31/03/ 2009		Agencies identified - Learning and Skills Council, Job Centre Plus.

APPENDIX FOUR – PROGRESS AGAINST RISK TREATMENT MEASURES
Adults of Working Age

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
		Use of LDDF to specifically support adults with learning disabilities	31/03/ 2009		New contract in place to work with young people with Learning Disabilities.
		Regular reports to SMT	31/03/ 2009		Report on Learning Disability proposals went to SMT 08/10/08.

Strategy/Policy/Service	HIGH Priority Actions	Target	Progress	Commentary
Contract Monitoring	Monitoring of contracts with provider services – do residential/domiciliary providers employ staff from other backgrounds who have additional language skills which could be used to translate on behalf of service users whose first language is not English	31/03/2009		**Liaise with CHAWREC to explore work which could be undertaken with contracted providers to encourage staff who have additional language skills, for translation purposes, that could be used for service users whose first language is not English.**
Cheshire, Halton & Warrington Race Equality Council (CHWREC)	Develop further links with CHAWREC	31/03/2009		**CHAWREC has attended the Directorate Equalities Group to outline to the Group the organization's role and how Halton's funding is spent. There is scope for further work with CHAWREC, subject to additional funding, and opportunities for this is kept under constant review.**
Corporate Equality Scheme	Contribute to a Corporate Working Group to simplify the Authority's equality-related policies/strategies etc to produce a Corporate Equality manual which is relevant and applicable to all Directorates	31/03/2009		**The Directorate is currently contributing to the work being taken forward Corporately on the amalgamation of a number of equality related policies. A working group has been established to take forward this work.**
	Health and Community EIA systems to be strengthened and adopted on a Corporate basis	31/03/2009		**The Directorate is currently contributing to the work being taken forward Corporately on the amalgamation of a number of equality related policies. A working group has been established to take forward this work.**

Diversity Trainng	Systems developed and implemented to ensure that all new staff attend Corporate Equality & Diversity training (1 day session); and all existing staff attend condensed Equality session.	31/03/2009		**This is still being developed at a Corporate level. It is hoped to make E & D training mandatory. Within the Directorate, staff have the option of attending the Corporate training, and the Directorate also delivers it's own equality training.**

HEALTH & COMMUNITY – ADULTS OF WORKING AGE (ALD, MH, PSD)

Revenue Budget as at 30th September 2008

	Annual Revised Budget £000	Budget To Date £000	Actual To Date £000	Variance To Date (overspend) £000	Actual Including Committed Items £000
Expenditure					
Staffing	2,638	1,371	1,387	(16)	1,436
Premises	131	0	0	0	0
Other Premises	83	39	33	6	52
Joint Equipment Service	110	0	0	0	0
Other Supplies & Services	481	77	63	14	118
Food Provisions	10	5	5	0	25
Aid & Adaptations	124	62	64	(2)	136
Transport of Clients	702	238	229	9	300
Other Transport	24	12	14	(2)	14
Departmental Support Services	898	0	0	0	0
Central Support Services	308	0	0	0	0
Contract & SLAs	727	305	308	(3)	308
Emergency Duty Team	95	24	25	(1)	25
Community Care:					
Residential Care	1,253	578	517	61	517
Nursing Care	45	11	11	6	11
Home Care	484	186	252	(72)	252
Direct Payments	543	251	367	(116)	367
Supported Living	166	64	60	4	60
Day Care	27	10	3	7	3
Meals	3	1	0	1	0
Specific Grants	621	0	0	0	0
Asset Charges	191	0	0	0	0
Contribution to ALD Budget	6,834	2,670	2,950	(280)	3,014
Total Expenditure	**16,498**	**5,904**	**6,288**	**(384)**	**6,638**
Income					
Residential & Nursing Fees	-204	-95	-75	(20)	-75
Fees & Charges	-128	-45	-80	35	-80
Preserved Rights Grant	-519	-259	-259	0	-259
Supporting People Grant	-59	-29	-28	(1)	-28
Mental Health Grant	-477	-238	-238	0	-238
Carer Grant	-431	-216	-216	0	-216
Mental Capacity IMCA Grant	-84	-50	-51	1	-51
Aids Support Grant	-5	-5	-9	4	-9
Social Care Reform Grant	-220	-220	-220	0	-220
Local Involvement NetworkGrant	-121	-65	-65	0	-65
Community Roll Out Funding	-138	-138	-138	0	-138
Nursing Fees – PCT	-45	-11	-11	0	-11
PCT Reimbursement	-387	-193	-181	(12)	-181
Other Income	-8	-4	-3	(1)	-3
Total Income	**-2,826**	**-1,568**	**-1,574**	**6**	**-1,574**
Net Expenditure	**13,672**	**4,336**	**4,714**	**(378)**	**5,064**

APPENDIX SIX – FINANCIAL STATEMENT
Adults of Working Age

Comments on the above figures:

In overall terms revenue spending at the end of Quarter 2 is over budget profile by £98k, excluding the ALD pooled budget.

As in Quarter 1 this is mainly due to pressure on the Community Care budget for service users with mental health needs & those with physical & sensory disabilities. The Homecare and Direct Payments budget continue to be under pressure especially from PSD service users presenting increased complex needs and the impact of Supporting People and Individual Living Fund retractions have lead to increased community care expenditure. Within Mental Health services increased demand is also noted for people with drug and alcohol problems and younger adults with dementia.

Applications for joint funding for s117 service users and PSD service users under continuing care criteria may help to mitigate these pressures, however this budget will be closely monitored throughout the next quarter to ensure a balanced budget at year end.

Expenditure on employee costs includes £17k staff advertising and £27k for the use of agency staff to cover essential posts within Mental Health Services. This budget will be monitored closely throughout the remainder of the year to ensure staff savings targets are met within a balanced budget.

Note: A summary of the H.B.C. Contribution to ALD Pooled Budget can be found on the following page:

HEALTH & COMMUNITY – ADULTS WITH LEARNING DISABILITIES

Contribution to ALD Pooled Budget

Revenue Budget as at 30th September2008

	Annual Revised Budget £000	Budget To Date £000	Actual To Date £000	Variance To Date (overspend) £000	Actual Including Committed Items £000
Expenditure					
Nursing Care	48	8	7	1	7
Residential Care	961	444	477	(33)	477
Supported Living	1,875	905	901	4	915
Home Care	1,751	696	596	100	596
Direct Payments	325	261	380	(119)	380
Day Services	1,978	876	787	89	801
Specialist LD Team	790	332	335	(3)	361
Management Costs	1,330	71	93	(22)	102
Respite	537	110	100	10	101
Other Expenditure	150	0	0	0	0
Total Expenditure	**9,745**	**3,703**	**3,676**	**27**	**3,740**
Income					
Rents & Service Charges	-28	-7	-5	(2)	-5
Community Care Fees	-101	-47	-23	(24)	-23
Residential Fees	-113	-52	-53	1	-53
Direct Payments	0	0	-18	18	-18
Preserved Rights Grant	-453	0	0	0	0
Campus Closure Grant	-26	-26	-26	0	-26
Supporting People Grant	-1,470	-700	-445	(255)	-445
LDDF	-150	-75	-75	0	-75
CITC – Astmoor	-53	-27	0	(27)	0
CITC – Special Needs	-6	-3	0	(3)	0
Other Client Income	-31	0	0	0	0
Nursing Care – PCT Reimbursement	-48	-16	-15	(1)	-15
Other Fees & Charges	-432	-80	-66	(14)	-66
Total Income	**-2,911**	**-1,033**	**-726**	**(307)**	**-726**
Net Expenditure	**6,834**	**2,670**	**2,950**	**(280)**	**3,014**

HEALTH & COMMUNITY – LOCAL STRATEGIC PARTNERSHIP BUDGET

Budget as at 30th September 2008

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (Overspend) £'000	Actual Including Committed Items £'000
Priority 1 Healthy Halton					
Diet & Exercise Programme	22	11	0	11	0
Vol. Sector Counselling Proj.	40	10	5	5	5
Info. Outreach Services	34	10	9	1	9
Reach for the Stars	35	9	0	9	0
Health & Comm Care & Vol Sector Carers' Forum	40	10	10	0	10
Healthy Living Programme	20	5	0	5	0
Advocacy	64	25	21	4	21
Priority 2 Urban Renewal					
Landlord Accreditation Programme	30	15	19	(4)	19
Priority 4 Employment Learning & Skills					
Halton Family Group	31	8	0	8	0
Voluntary Sector Sustainability	7	2	0	2	0
Priority 5 Safer Halton					
Good Neighbour Pilot	10	4	2	2	2
Grassroots Development	9	4	2	2	2
Total Expenditure	**342**	**113**	**68**	**45**	**68**

HEALTH & COMMUNITY

Capital Budget as at 30th September2008

	2008/09 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
Social Care & Health				
Redesign Oakmeadow Communal Spaces & Furnishings	72	0	0	72
Major Adaptations for Equity release/Loan Schemes	100	0	0	100
Pods utilising DFG	40	0	0	40
Women's Centre	19	3	2	17
DDA	24	0	0	24
Total Spending	255	3	2	253

It is anticipated the capital budget will be fully committed by the end of the year.

The traffic light symbols are used in the following manner:

		Objective	Performance Indicator
Green		Indicates that the objective is on course to be achieved within the appropriate timeframe.	Indicates that the target is on course to be achieved.
Amber		Indicates that it is unclear at this stage, due to a lack of information or a key milestone date being missed, whether the objective will be achieved within the appropriate timeframe.	Indicates that it is either unclear at this stage or too early to state whether the target is on course to be achieved.
Red		Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.	Indicates that the target will not be achieved unless there is an intervention or remedial action taken.

QUARTERLY MONITORING REPORT

DIRECTORATE: **Health & Community**

SERVICE: **Health & Partnerships**

PERIOD: **Quarter 2 to period end 30th September 2008**

1.0 INTRODUCTION

This quarterly monitoring report covers the Health & Partnerships Department second quarter period up to 30 September 2008 It describes key developments and progress against all objectives and performance indicators for the service.

The way in which traffic light symbols have been used to reflect progress to date is explained in Appendix 7.

It should be noted that this report is presented to a number of Policy and Performance Boards. Those objectives and indicators that are not directly relevant to this Board have been shaded grey.

2.0 KEY DEVELOPMENTS

Consumer Protection
The new consumer protection regulations continue to place extra demands on both the criminal and consumer civil advice teams as officers face a steep learning curve in relation to the new requirements and scheme of sanctions. With the completion of the Runcorn Town Hall refurbishments, the Registration Service moved back into its Registration Office accommodation in August. For the last 11 months or so it had been temporarily accommodated in the Town Hall's Committee Room 2. The success of using the Civil Suite for ceremonies during this period has led to the continued use of these rooms for Registration Service ceremonies, subject to civil and other demands for this popular facility.

Direct Payments & Appointee & Court Appointed Deputy Service
Continued excellent performance maintained, though numbers have fallen in Older Peoples Services as some service users have died and others have obtained Continuing Healthcare funding. The number of service users in receipt of Direct Payments at 30th September 2008 is 192 service users and 219 carers (compared to 185 service users and 193 carers receiving their service via a direct payment at 30.9.2007). Further training has been undertaken on changes to the Mental Health Act 1983 Amendments (in force from Nov 2008) as relevant to the team given the linkages between this Act and the Mental Capacity Act, in force from 1st October 2007.

Performance Management and I.T
The Directorate continues to work with Corporate ICT on a number of key IT developments, including the electronic monitoring of care (Private Sector and

In House). One of the main priorities for Team is around Carefirst 6 implementation.The hardware and software for the implementation of Carefirst 6 have now been purchased and installed and software system assembly has commenced using Careassess, which is an electronic form that allows us to design forms which can be pre populated and have mandatory fields attached. The Carefirst 6 Project Team has now reached a point where further operational input is required in order to progress implementation.

Supporting People and Contracts
The contract for the provision of support services at Grangeway court was awarded to Arena Options. The new service will commence with effect from 6th October 2008. The contract for the provision of support to BME clients has been awarded to CDS. The service is due to commence in October. The tender process for the provision of Domiciliary Care has commenced. This is a major contract and information about the tender has been sent out to members, HBC staff, key stakeholders and service users. Agreement has been reached with Liverpool MBC regarding the awarding of a cross authority contract to develop a single point of access for SP services and a gateway for move on to general needs accommodation. Work on phase one (research and baseline position) is due to commence in October.

Commissioning
Work has been completed to identify the needs of ALD service users 2008-2011. The next step is the development of an action plan to address the gaps/weaknesses identified in the data document. This work will inform an update of the full ALD commissioning strategy. Quotes have been invited for a review of Long Term Conditions and Therapy services.

Service Planning
Work is nearing completion on Halton's Joint Strategic Needs Assessment. A summary of the document is expected to be published for consultation in November.

Housing
The homelessness service will be brought back in house on 6th October 2008 and the Grangeway Court management and housing support contract will transfer to the new provider, Arena Options, on the same date. Construction of the new Traveller transit site is expected to be completed on 10th October 2008, following which decommissioning of the temporary facility at Haddocks Wood can begin. A programme of development for the Halton/Warrington/St Helens Growth Point is currently being developed by Officers in Planning outlining how the partners aim to deliver additional housing growth. The outline programme is to be submitted before the end of October 2008.

3.0 EMERGING ISSUES

Consumer Protection
Several officers are contributing to the joint Halton / Warrington Trading Standards Project and as the transfer date gets closer, the volume of project work is likely to increase. Political approval having been granted, The

Registration Service will be submitting its application to the Office of the Immigration Services Commissioner at the beginning of quarter 3, with a view to offering the Nationality Checking Service for individuals and families wishing to apply for British Citizenship later in quarter 3, or early in quarter 4.

Performance Management and I.T

Performance Management for Adult Social Care is experiencing a period of change in terms of central performance requirements, in line with the Transformation of Adult Social Care. Changes to statutory returns, such as the the introduction of the National Indicator Set, response to consultations and an increased requirement for evidence of outcomes for service users, has resulted in an increase in the workload for the team. The immediate priority for the Performance and Data team is to ensure that statutory deadlines are met and that staff are recruited to vacant posts, including induction and training.

Commissioning

The National Autistic Society has recently completed a report on Autism needs in Halton, (commissioned jointly by H&C and CYP). The report identifies a significant number of recommendations for action. A project group will be established to progress delivery of the recommendations.

Finance – Management Accounts Team

As part of the Directorate Three Year Financial Strategy further work will be undertaken to identify savings for the 2009/10 budget setting round and review income generated/ received by charging for services, with findings of the Fairer Charging Review Group reported back to members. Work has also progressed well to identify future funding to be transferred for the Commissioning of Social Care for Adults with a Learning Disability from the NHS to Local Government under the Valuing People Now agenda, from 1.4.2009. To achieve this agreement need to be reached by 1st December 2008 and the DOH informed.

Housing

The Housing and Regeneration Act which received royal assent in July 2008 will impact on the work of the team, specifically:

The merging of the Housing Corporation and English Partnerships to form the Homes and Communities Agency.

Indications are that the HCA will enter into “single conversations” with councils regarding their housing and regeneration priorities, which could ultimately impact on funding levels, the formation of a new regulatory body, the Tenants Services Authority, for social landlords, and improved security of tenure for Gypsies and Travellers on local authority sites.

November will see the formation of the new Liverpool City Region Housing and Spatial Planning Board, which will report to the Liverpool City Region Leaders Cabinet. This is likely to result in increased sub regional working.

4.0 PROGRESS AGAINST MILESTONES/OBJECTIVES

Total	19		12		7		0

All service plan milestones are being reported this quarter. (Those milestones in *italic* text are 'other' milestones that are routinely reported in quarters 2 and 4). Of the 19 milestones for the service, 12 are on track at the half year point. Seven have been assigned amber lights. For a full commentary against each milestone, please refer to Appendix 1.

5.0 SERVICE REVIEW

Finance- Management Accounts Team
The Directorate Management Accounts Team is continuing to provide support to critically review all areas of spend and services provided and achieve cashable Gershon savings. In addition, the team is actively supporting Operational Services to identify ways of reducing the ALD overspend, and securing additional funding as part of the three-year financial strategy from the PCT. During the last quarter, financial support was provided to the ALD team reconfiguration with staff transferring from the PCT on 1.8.2008 to HBC.

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

Total	7		3		0		1

Of the 7 key indicators for the service, four have a report of progress against target. A further three indicators cannot currently be reported as data is not available, three of these are new National Indicators for which data protocols are not yet established. For further information and commentary, please refer to Appendix 2.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

Total	23		8		1		1

Of the 23 other indicators for the service, ten have a report of progress against target. A further thirteen indicators, eleven of which are new National Indicators, cannot currently be reported as data is not yet available. For further information and commentary, please refer to Appendix 3.

7.0 PROGRESS AGAINST LPSA TARGETS

There are no LPSA targets for this service

8.0 RISK CONTROL MEASURES

During the production of the 2008-09 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives.

Where a Key Service Objective has been assessed and found to have associated 'High' risk, progress against the application of risk treatment measures is to be monitored, and reported in the quarterly monitoring report in quarters 2 and 4. Please refer to Appendix 4.

9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

During 2007/08 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority are to be reported in the quarterly monitoring report in quarters 2 and 4. Please refer to Appendix 5.

10.0 APPENDICES

Appendix 1- Progress against Key Objectives/ Milestones
Appendix 2- Progress against Key Performance Indicators
Appendix 3- Progress against Other Performance Indicators
Appendix 4- Progress against Risk Treatment Measures
Appendix 5- Progress against High Priority Equality Actions
Appendix 6- Financial Statement
Appendix 7- Explanation of traffic light symbols

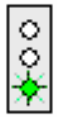
Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
HP 1	Ensure that high level strategies are in place, and working to deliver service improvements, and support frontline services to deliver improved outcomes to the residents of Halton	*Review Housing and Homelessness Strategies to ensure that the action plans are implemented and that identified needs are met within the resources available Mar 2009*		*A draft Housing Strategy was circulated for stakeholder consultation earlier this year, resulting in a number of useful comments, many of which have been incorporated into a revised document, which will be presented to PPB on 19th November 2008.Work to review the Homelessness Strategy is on schedule to meet the March 2009 deadline.*
		Review Supporting People Strategy to ensure any change to grant allocation is reflected in priorities Jul 2008		*Review of spend against commissioning intensions completed in order to inform commissioning decisions for 2008-2011. (Proposals approved by Exec sub)Commissioning Plan to be submitted to SP commissioning Body by Dec 08.*
		Review and update the Joint Strategic Needs Assessment (JSNA) to ensure that the outcomes, with identified priorities are incorporated into the LAA May 2008		Draft JSNA produced in Sept 08. Updated draft and summary document to be completed for consultation by the end of October 08.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
HP 2	Work with operational managers to make best use of the workforce and IT resources, to improve service delivery and assist services to continuously improve within a robust performance management framework	*Review and revise the performance monitoring framework according to changing service needs to ensure that any changing performance measure requirements are reflected in the framework and the performance monitoring cycle Sep 2008.*		*Performance Management Team have conducted a user survey to assess the performance information needs for Adult Social Care. Stakeholders have been ascertained with a view to improving the performance framework.*
		Develop and implement appropriate workforce strategies and plans to ensure that the Directorate has the required staff resources, skills and competencies to deliver effective services Mar 2009		*The Directorate Workforce Development Plan 2008/09 has been implemented. A new Recruitment and Retention Strategy is currently under development and due for implementation by the end of December 2008. A report is going to SMT in October pulling out the main implications of the IdeA interim document "Strengthening Partnership Working: Joining Up Workforce Strategies*
		Review the Directorate IT strategy and business processes in conjunction with Corporate IT to ensure that systems available are accessible and deliver a quick and responsive service to those that need them Jun 2008.		*Work continues with Corporate IT on a number of developments including the electronic monitoring of care and the implementation of Carefirst 6.*

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Develop and implement an electronic solution to the Single Assessment Process (SAP) to ensure that data currently written in assessments can be effectively loaded into Carefirst, Health and other agency services information systems Jun 2008.		*SMT have approved the Carefirst 6 implementation of SAP. Next steps include advising the SAP Board, determining sources of funding and determining where the implementation of SAP fits within the overall implementation of Carefirst 6.*
		Review complaints procedures in light of national guidance to ensure a more consistent and holistic approach, leading to lessons learned being shared will colleagues across the sector Nov 2008.		*The complaints procedure has been reviewed along with our own Policy and Procedure, reflecting national guidance. However, this will need doing again to reflect the "Making Experiences Count" proposals to introduce a common complaints procedure, across health and social care, by April 2009. National guidance is not yet available, as this is currently been developed by "Early Adopter" sites.The traffic light system, to remind people dealing with complaints, and their managers, of impending deadlines is up and running. Initial, indications were that it has encouraged deadlines to be met, but we will keep it under review.*

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
HP 3	To deliver high quality Bereavement, Consumer and Registration Services, that are fit-for-purpose and meet the needs, dignity and safety requirements of the Halton community	Develop a project plan to deliver longer-term cemetery provision, based on member decision, and commence delivery in accordance with project plan timeframes, to ensure the continued availability of new grave space to meet the needs of the Community in 2015 and beyond Jun 2008.		Whilst the June milestone has not been met, a cost benefit analysis of the various options will be completed by October. This should result in decisions being made and the development of the project plan prior to calendar year end.
		Produce an initial Consumer Protection Strategic Assessment, in line with the National Intelligence Model, to support intelligence-led Trading Standards service delivery during 2009/10 Dec2008		On schedule. Some of the work undertaken for the joint Halton / Warrington project doubles as the background work for this milestone.
		Benchmark performance against national standards with relevant benchmarking group to inform improvement plan aimed at supporting continual service improvement Sep 2008.		The Service has benchmarked its performance against the national standards in the GRO/LACORS Good Practice Guide with other "new governance" services. It is hoped that a North West benchmarking exercise can be completed later in the year.

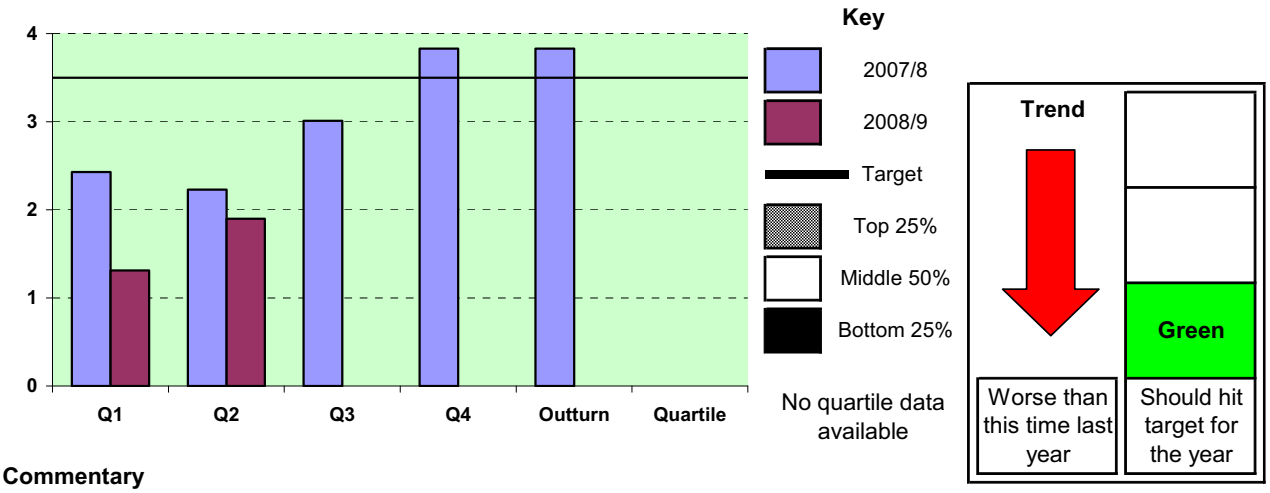
Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
HP 4	Ensure that effective financial strategies and services are in place to enable the Directorate to procure and deliver high quality value for money services that meet people's needs.	*Monitor and review Joint Commissioning Strategies to ensure priorities are still met and enhance service delivery and cost effectiveness Mar 2009.*		*Report on commissioning needs for ALD services completed Sept 08.Work completed on extra care housing strategy.Work ongoing to monitor progress against milestones in all joint-commissioning strategies.*
		Review contract management and monitoring arrangements across all service areas to ensure contracts are offering value for money Mar 2009.		*Annual work plan for SP, contracts and procurement agreed. All areas on target except the development of the residential care strategy. Additional resources have been re-directed to this area in order to bring the project back on target.*
		Commence procurement for new domiciliary care contracts, to enhance service delivery and cost effectiveness, with a view to new contracts being in place April 2008.		Project back on target. Draft commissioning strategy complete. Tender exercise underway. Additional resources for project team secured.
		Commence procurement for new residential care contracts, to enhance service delivery and cost effectiveness, with a view to new contracts being in place April 2008.		Additional Resources for the project team secured to work on the financial modelling and consult with providers. Work on the overall strategy has remained on target and it is still anticipated that the new contracts will be in place by April 09

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Project team to be established to ensure implementation of the recommendations of the commissioning framework Mar 2009.		*Dave Sweeney is in the process of establishing a team to progress the detail behind the section 75 agreement. This work will take into account the requirements set out in the Commissioning Framework.*
		Monitor, on a quarterly basis, the financial strategy to ensure that changing service requirements are being met by allocated funding March 2009		*A draft Directorate three-year financial strategy 2008/9 to 20010/11 was prepared for SMT. This included the Council background and context, future Directorate Service developments and pressures, CSR 2007 three year grant announcements, SP funding, Gershon I &II, detailed analysis for 2008/9 and the following years 2009/10 to 2010/11. The further development of this strategy for 2009/10 and 2010/11 will continue in 2008/9 to support the budget process 2009/10.*

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Review the usage of Direct Payments against performance target strategy to ensure that targets on uptake are being met March 2009		Continued excellent performance maintained, though numbers have fallen in Older Peoples Services as some service users have died and others have obtained Continuing Healthcare funding. At the 30th September there were 192 service users (compared to 191 at 31.3.2008) and 219 carers in the first six months receiving their service using a Direct Payment.
		Assess, on a quarterly basis, the impact of the Fairer Charging Policy strategy to ensure that the charging policy is fair and operates consistently with the overall social care objectives Dec 2008.		*Charging policy consultation group convened with appropriate representatives from all service areas in attendance at the first meeting on 29.9.2008. The Portfolio Holder for Health will attend the Group. Charging Policy and Income received in Halton has been benchmarked against neighboring Local Authorities, and will be further discussed with this group. A report will be prepared for Members detailing the findings of this consultation.*

HP LI2

% of SSD gross current expenditure on staffing which was spent on training the Council's directly employed staff during the financial year

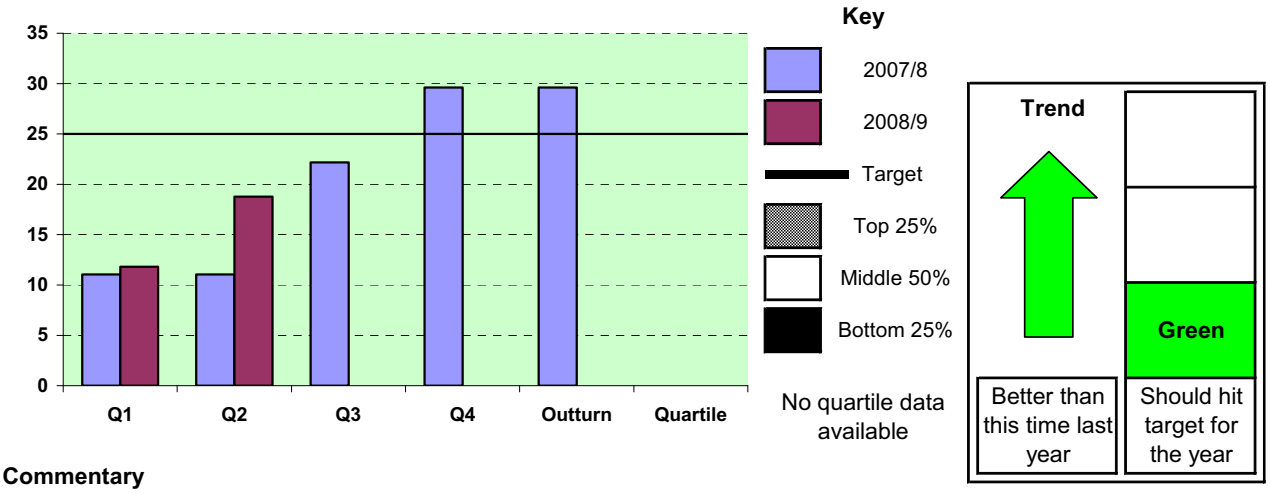


Commentary

Training Budget spend in 2nd quarter against cost centres 6060, 6000, 6200 & 6220, divided by the social care staffing for the 2nd quarter, not including Children Services. T&D Spend £145,555 divided by £7,641,010 multiplied by 100. Staff costs provided by finance. To ensure the target is achieved monthly budget monitoring will take place, along with bi-monthly monitoring through the Adult & Older Peoples Training Group.

HP LI5

No. of assessed social work practice learning days per whole time equivalent social worker

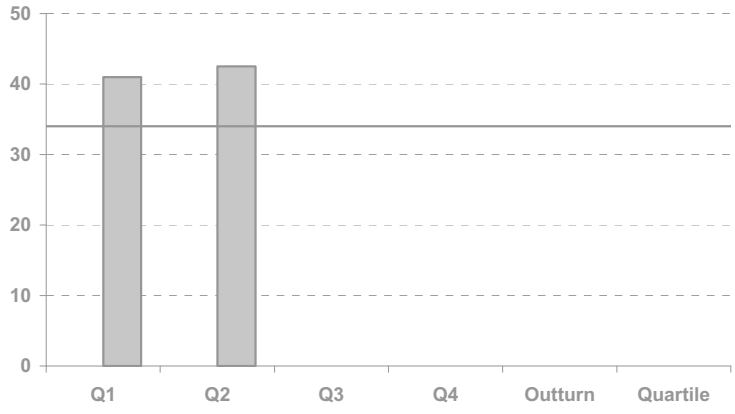


Commentary

This PI is calculated by dividing the number of placement days; directly provided and supported in the vol sector, by the no of WTE social workers. Last year we were awarded 1080 vols and we can confidently anticipate at least this number in future years because the total no of students has increased. 1720 divided by WTE 91.5= 18.79. With a further intake of students in January 2009.

NI 156

Number of households living in Temporary Accommodation



Key

2007/8
2008/9
Target
Top 25%
Middle 50%
Bottom 25%

No quartile data available

Trend

Red

No data for same Qtr last year

Unlikely to hit target for the year

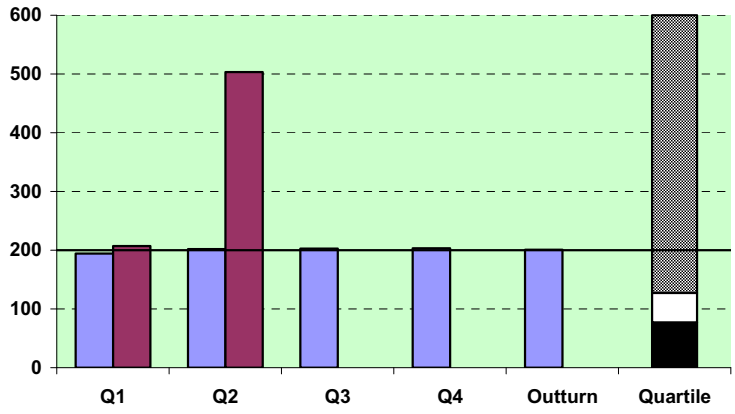
Commentary

This is the average number of households in temporary accommodation based on figures for 30th June and 31st August 2008. Higher than expected numbers have arisen in the early part of the year due to a significant reduction in bed spaces at the YMCA and Halton Goals due to refurbishment works.

NI 130

Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets) DH DSO

Higher figures represent better performance



Key

2007/8
2008/9
Target
Top 25%
Middle 50%
Bottom 25%

Trend

Green

Better than this time last year

Should hit target for the year

Commentary

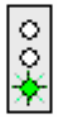
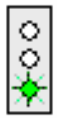
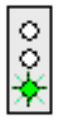
This new National Indicator is based on both numbers of clients AND Carers receiving self directed support. The target was set at the start of the year based on clients only (former BVPI 201). The Q1 figure and 2007/08 performance figures are also based on that criteria. The Q2 figure has been calculated in-line with the new NI guidance and the carers component has been included. The new criteria will apply to all ongoing reporting.

Key Performance Indicators not reported this quarter;

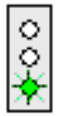
NI 127, Self reported experience of Social Care Users
This indicator cannot be reported on in quarter 1 as it is based on a survey which does not take place until Quarter 4.

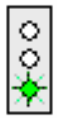
NI 182, Satisfaction of Businesses with Local Authority Regulation Services
This is a new indicator that forms part of the new National Indicator data set and systems are not currently in place to calculate the out-turn percentage. However, the indicator is based on survey data and in Quarter 1, 40% of Consumer Protection respondees gave the highest rating whilst 60 % gave the second highest rating in answer to the two relevant questions. The single, year-end return will also include the performance of the Environmental Health and Licensing functions of the Council.

NI 183, Impact of LA Regulatory Services on the Fair Trading Environment
This is a new indicator that forms part of the new National Indicator data set. It is a year-end return based on four factors, two of which are to be provided to local authorities by central government at year-end. Hence it is not possible to provide quarterly performance information.

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 2	Progress	Commentary
Cost & Efficiency						
HP LI1	% of SSD directly employed posts vacant on 30 September	-	8	8.67		On target. Exit interview questionnaires continue to be analysed on an annual basis and reported to SMT. A new Recruitment and Retention Strategy is being developed and will be in place by the end of 2008.
Fair Access						
HP LI4	No. of initiatives undertaken to raise the profile of the Service in the 5 most deprived wards	-	5	2		A theatre group has begun working in St Mary's school in Windmill Hill exploring consumer issues around the theme of 'Making the Right Decisions', the script was developed jointly with Consumer Protection. Before the end of September, the theatre group will start work with the Park School in Windmill Hill.
Quality						
HP LI6	Percentage of consumer service users satisfied with the Trading Standards Service, when last surveyed	-	90	92		Target achieved, although the Service experienced a very low response rate. This was in spite of the fact that a prize draw was set up for all particpants who returned a survey.
HP LI7	Percentage of Bereavement Service users who rated the staff couteousness / helpfulness as reasonable / good / excellent when last surveyed	-	96	100		The 21 survey forms that were returned included 19 responses to the relevant question about staff performance. All of these respondees rated this performance as reasonable/good/excellent.

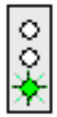
APPENDIX THREE - PROGRESS AGAINST OTHER INDICATORS
Health & Partnerships

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 2	Progress	Commentary
HP LI8	Percentage of general Registration Service users who rated the staff's helpfulness / efficiency as excellent or good, when last surveyed.	-	96	98		The above figure related to the general survey that was conducted in February 2008. A total of 50 questionnaires were returned, representing a 70% response rate.
Service Delivery						
HP LI9	The % change in average number of families in temporary accommodation	-	-5	-11.8		Good performance on this indicator with a better reduction that at this time last. This percentage is based on figures for 30th June and 31st August 2008 compared with 30th June and 30th September 2007.
HP LI10	Number of households considering themselves homeless for whom advice casework intervention resolved their situation	2.66945 6066945 61	1.6	0		The Directorate established a Homelessness Welfare/Prevention Team in 2007 to assist in the prevention of Homelessness. This indicator has been carried over from the BVPI set. Although the service can evidence 104 successful interventions for April 2008 - June 2008 (equivalent to a BVPI indicator outturn of 2.12), these outcomes cannot be included for PI measurement purposes, due to the way in which the service is funded.
HP LI11	Proportion of statutory homeless households accepted as statutory homeless by LA within last 2 years	-	1.2	1.1		Only one case of repeat homelessness has been recorded out of 86 total homelessness acceptances for the period April 2008 - August 2008.

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 2	Progress	Commentary
HP LI12	Has there been a reduction in cases accepted as homeless due to domestic violence that had previously been re-housed in the last 2 years by that LA as a result of domestic violence	-	Yes	0		This indicator is based on part 8 of the old BVPI 225. No repeat cases of homelessness attributable to domestic violence have been recorded this quarter.
NI 39	Alcohol-harm related hospital admission rates PSA 25	-	-	Refer to comment	-	This is a new National Indicator and the PCT is responsible for reporting the associated data. The data is not yet available, however an initial meeting has taken place and a follow-up meeting is due to be held at the end of October to review the data available against this PI. It is hoped that the data will be available to enable the PI to be reported in Q3.
NI 119	Self-reported measure of people's overall health and wellbeing DH DSO	-	-	Refer to comment	-	This indicator is based on the Place Survey which is not due to be undertaken until 2009.
NI 120	All-age all cause mortality rate PSA 18	-	-	Refer to comment	-	This is a new National Indicator and the PCT is responsible for reporting the associated data. The data is not yet available, however an initial meeting has taken place and a follow-up meeting is due to be held at the end of October to review the data available against this PI. It is hoped that the data will be available to enable the PI to be reported in Q3.

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 2	Progress	Commentary
NI 121	Mortality rate from all circulatory diseases at ages under 75 DH DSO	-	-	Refer to comment	-	This is a new National Indicator and the PCT is responsible for reporting the associated data. The data is not yet available, however an initial meeting has taken place and a follow-up meeting is due to be held at the end of October to review the data available against this PI. It is hoped that the data will be available to enable the PI to be reported in Q3.
NI 122	Mortality from all cancers at ages under 75 DH DSO	-	-	Refer to comment	-	This is a new National Indicator and the PCT is responsible for reporting the associated data. The data is not yet available, however an initial meeting has taken place and a follow-up meeting is due to be held at the end of October to review the data available against this PI. It is hoped that the data will be available to enable the PI to be reported in Q3.
NI 123	16+ current smoking rate prevalence PSA 18	-	-	Refer to comment	-	This is a new National Indicator and the PCT is responsible for reporting the associated data. The data is not yet available, however an initial meeting has taken place and a follow-up meeting is due to be held at the end of October to review the data available against this PI. It is hoped that the data will be available to enable the PI to be reported in Q3.

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 2	Progress	Commentary
NI 124	People with a long-term condition supported to be independent and in control of their condition DH DSO	-	-	Refer to comment	-	The data for this indicator comes from the PCT Patient Survey which is not due to be undertaken until 2009.
NI 126	Early access for women to maternity services PSA 19	-	-	Refer to comment	-	This is a new National Indicator and the PCT is responsible for reporting the associated data. The data is not yet available, however an initial meeting has taken place and a follow-up meeting is due to be held at the end of October to review the data available against this PI. It is hoped that the data will be available to enable the PI to be reported in Q3.
NI 128	User reported measure of respect and dignity in their treatment DH DSO	-	-	Refer to comment	-	This indicator cannot be reported at the current time. The Department for Communities and Local Government have not yet supplied information regarding how Local Authorities should measure this indicator. Once this is received, performance will be calculated and a report made at the earliest opportunity.
NI 137	Healthy life expectancy at age 65 PSA 17	-	-	Refer to comment	-	This indicator comes from the Place Survey which is not due to be undertaken until 2009.

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 2	Progress	Commentary
HP LI13	% of SSD directly employed staff that left during the year.	7.69	8	3.69		Performance is on target at the half year stage. Exit interview questionnaires continue to be analysed on an annual basis and reported to SMT. A new Recruitment and Retention Strategy is being developed and will be in place by the end of 2008.
HP LI14	% of Social Services working days/shifts lost to sickness absence during the financial year.	9.48	9	Refer to comment	-	At the time of writing, data for quarter 2 is not yet available. A report will be made in quarter 3.
HP LI15	% of undisputed invoices, which were paid in 30 days.	97	97	Refer to comment	-	At the time of writing, data for quarter 2 is not yet available. A report will be made in quarter 3.
NI 12	Refused and deferred Houses in Multiple Occupation (HMO) license applications leading to immigration enforcement activity	-	-	Refer to comment	-	This is a new National Indicator is not due to be collected until 2009/10. The Home Office will lead on this indicator and further guidance is awaited.

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
HP 2 Work with operational managers to make best use of the workforce and IT resources, to improve service delivery and assist services to continuously improve within a robust performance management framework	Failure to provide IT systems that record activity and care services provided places both the organisation and service users/carers at risk.	Data quality checking mechanisms to reconcile data to care arranged and payments made.	01/03/ 2009		Cross-match analyses between the Carefirst and MSR systems continue to be undertaken by the Performance and Data Team so that operational teams can check and amend records to ensure a true reflection of the provision of current care packages. Any anomalies are flagged up for further investigation and amendment.
		Managerial control of data inputters to ensure data is loaded accurately in a timely manner.	01/03/ 2009		Supervision of Data Input staff continues to be overseen by the Data Quality Project Co-ordinator to ensure that data is loaded in a timel manner and in accordance with operational procedures.
		1/4ly performance monitoring reports to SMT	01/03/ 2009		Reports continue to be submitted to SMT on a regular basis.

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
HP4 Ensure that effective financial strategies and services are in place to enable the Directorate to procure and deliver high quality value for money services that meet people's needs	Failure to provide a user interface for professionals to record details of assessments electronically places both the Health and Social Care organisations involved and service users / carers at risk	Monitor progress surrounding outcome of Strategic Review of IT systems and confirm SMT approval to continue.	01/03/ 2009		Review completed and decision taken by SMT (August'08) to go with Care Assess as the ESAP solution. Working Group to take forward work.
	Failure to enable data in assessments using SAP to be loaded directly into Carefirst places both the Health and Social Care organisations involved and service users / cares at risk.	Monitor progress surrounding outcome of Strategic Review of IT systems and confirm SMT approval to continue	01/03/ 2009		ESAP working group to be established.Preliminary discussions to be held between HBC, PCT and Corporate IT
	Failure to enable Health and other agency services to download SAP data collected directly into their information systems places both the Health and Social Care organisations involved and service users / carers at risk.	Monitor progress surrounding outcome of Strategic Review of IT systems and confirm SMT approval to continue.	01/03/ 2009		The implementation of SAP within Carefirst 6 has been approved by SMT. Access to SAP data by partner organisations will need to be considered as part of the implementation of SAP via Carefirst.

APPENDIX FOUR – PROGRESS AGAINST RISK TREATMENT MEASURES
Health & Partnerships

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
	Failure to provide mobile workers with the ability to input data electronically places both the Health and Social Care organisations and service users / carers at risk.	Monitor progress surrounding outcome of Strategic Review of IT systems and confirm SMT approval to continue	01/03/ 2009		Mobile working to be considered as part of the scope required for the ESAP ProjectA digital pen pilot for reviewers is being scoped by Corporate IT – Need to ascertain priority area for the pilot.
	Lack of support from Senior Management	Senior manager to be identified as project sponsor, with regular updates to SMT.	01/03/ 2009		Peter Barron is SAP project sponsor
	Loss of key project staff	Ensure key staff are supported appropriately.	01/03/ 2009		Staff have left but to date the team have managed to cover activities. Adverts pending.

Strategy/Policy/Service	HIGH Priority Actions	Target	Progress	Commentary
Contract Monitoring	Monitoring of contracts with provider services – do residential/domiciliary providers employ staff from other backgrounds who have additional language skills which could be used to translate on behalf of service users whose first language is not English	2008/9		**Liaise with CHAWREC to explore work which could be undertaken with contracted providers to encourage staff who have additional language skills, for translation purposes, that could be used for service users whose first language is not English.**
Cheshire, Halton & Warrington Race Equality Council (CHWREC)	Develop further links with CHAWREC	2008/9		**CHAWREC has attended the Directorate Equalities Group to outline to the Group the organization's role and how Halton's funding is spent. There is scope for further work with CHAWREC, subject to additional funding, and opportunities for this is kept under constant review.**
Corporate Equality Scheme	Contribute to a Corporate Working Group to simplify the Authority's equality-related policies/strategies etc to produce a Corporate Equality manual which is relevant and applicable to all Directorates	2008/9		**The Directorate is currently contributing to the work being taken forward Corporately on the amalgamation of a number of equality related policies. A working group has been established to take forward this work.**
	Health and Community EIA systems to be strengthened and adopted on a Corporate basis	2008/9		**The Directorate is currently contributing to the work being taken forward Corporately on the revision of the EIA system. A working group has been established to take forward this work.**

Diversity Training	Systems developed and implemented to ensure that all new staff attend Corporate Equality & Diversity training (1 day session); and all existing staff attend condensed Equality session.	2008/9		**This is still being developed at a Corporate level. It is hoped to make E & D training mandatory. Within the Directorate, staff have the option of attending the Corporate training, and the Directorate also delivers it's own equality training.**

HEALTH & COMMUNITY - HEALTH AND PARTNERSHIP

Revenue Budget as at 30th September 2008

	Annual Revised Budget £'000	Budget To Date £'000	Actual To Date £'000	**Variance To Date** (overspend) £'000	Actual Including Committed Items £'000
Expenditure					
Employees	3,442	1,628	1,623	5	1,715
Premises Support	244	0	0	0	0
Other Premises	47	10	5	5	6
Supplies & Services	470	158	162	(4)	209
Training	226	10	7	3	16
Transport	16	8	10	(2)	10
Departmental Support Services	169	0	0	0	0
Central Support Services	602	0	0	0	0
Agency Related	248	107	114	(7)	114
Supporting People Payments to Providers	7,603	3,015	3,011	4	3,011
Specific Grants	14	0	0	0	0
Asset Charges	1,222	0	0	0	0
Total Expenditure	**14,303**	**4,936**	**4,932**	**4**	**5,081**
Income					
Sales	-13	-7	-6	(1)	-6
Receivership	-28	-16	-32	16	-32
Rents	-65	-63	-102	39	-102
Supporting People Main Grant	-7,659	-3,818	-3,816	(2)	-3,816
Disabled Facilities Grant	-40	-30	-32	2	-32
Departmental Support Services	-3,730	0	0	0	0
Other Grants	-626	-345	-349	4	-349
Re-imbursements	-170	-169	-183	14	-183
Other Income	-142	-58	-58	0	-58
Total Income	**-12,473**	**-4,506**	**-4,578**	**72**	**-4,578**
Net Expenditure	**1,830**	**430**	**354**	**76**	**503**

Comments on the above figures:

In overall terms the revenue spending at the end of Quarter 2 is £76k below budget profile, due in the main to the overachievement of income targets.

Receivership income has continued to overachieve against budget profiles during the second quarter of the year. This is due to the continued trend of service users changing from appointee to receivership status in line with the Mental Health Act. The additional income will be used to fund a post in order to meet current demand and facilitate the transfer of appointee service users from Halton Supported Housing Network to the Appointee and Receivership section.

Rents received during this period continue to be higher than anticipated at budget setting time

Other income includes £58k received from the PCT to be spent on training. This income relates to the future training of Council, PCT and External Provider staff, which are members of the Joint Training Partnership, previously managed by the PCT and now managed by HBC.

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Health And Partnerships

Capital Projects as at 30th September 2008

	2008/9 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Private Sector Housing				
Housing Grants/Loans	284	130	115	169
Disabled Facilities Grants	1,573	190	181	1,392
Travellers' Transit Site	474	425	420	54
Home Link	10	0	0	10
Energy Promotion	100	5	4	96
Riverview	55	5	4	51
Adaptations Initiative	92	10	0	92
Contingency	194	0	0	194
Total Expenditure	**2,782**	**765**	**724**	**2,058**

HEALTH & COMMUNITY – LOCAL STRATEGIC PARTNERSHIP BUDGET

Budget as at 30th September 2008

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (Overspend) £'000	Actual Including Committed Items £'000
Priority 1 Healthy Halton					
Diet & Exercise Programme	22	11	0	11	0
Vol. Sector Counselling Proj.	40	10	5	5	5
Info. Outreach Services	34	10	9	1	9
Reach for the Stars	35	9	0	9	0
Health & Comm Care & Vol Sector Carers' Forum	40	10	10	0	10
Healthy Living Programme	20	5	0	5	0
Advocacy	64	25	21	4	21
Priority 2 Urban Renewal					
Landlord Accreditation Programme	30	15	19	(4)	19
Priority 4 Employment Learning & Skills					
Halton Family Group	31	8	0	8	0
Voluntary Sector Sustainability	7	2	0	2	0
Priority 5 Safer Halton					
Good Neighbour Pilot	10	4	2	2	2
Grassroots Development	9	4	2	2	2
Total Expenditure	**342**	**113**	**68**	**45**	**68**

HEALTH & COMMUNITY

Capital Budget as at 30th September2008

	2008/09 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
Social Care & Health				
Redesign Oakmeadow Communal Spaces & Furnishings	72	0	0	72
Major Adaptations for Equity release/Loan Schemes	100	0	0	100
Pods utilising DFG	40	0	0	40
Women's Centre	19	3	2	17
DDA	24	0	0	24
Total Spending	255	3	2	253

It is anticipated the capital budget will be fully committed by the end of the year.

FAIR TRADING & LIFE EVENTS

Revenue Budget as at 30th September 2008

	Annual Revised Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000	Actual Including Committed Items £'000
Expenditure					
Employees	754	368	380	(12)	385
Premises Support	120	0	0	0	0
Other Premises	255	48	46	2	75
Hired & Contracted Services	52	24	26	(2)	27
Supplies & Services	100	60	64	(4)	117
Transport	26	12	12	0	13
Support Services	402	0	0	0	0
Asset Charges	58	0	0	0	0
Total Expenditure	1,767	**512**	**528**	**(16)**	**617**
Income					
Sales	-88	-37	-63	26	-63
Fees & Charges	-646	-281	-281	0	-281
Grants	-1	-1	-1	0	-1
Rents	-4	-4	-3	(1)	-3
Support Recharge	-93	0	0	0	0
Total Income	-832	**-322**	**-347**	**25**	**-347**
Net Expenditure	935	**190**	**181**	**9**	**270**

Comments on the above figures:
In overall terms the revenue spending to the end of quarter 2 is £9,000 below the budget profile.

Expenditure on employees needs to be monitored. The 2008/09 Budget includes a £75,000 saving item relating to the proposed outsourcing of the Consumer Protection Service. Whilst negations are currently underway, this transfer has yet to take place, and will not take place until 1st December at the earliest. It would therefore seem prudent to assume that this saving will not be fully achieved during the current financial year from within this Division's budgets. However, a number of vacant posts have been kept unfilled with a view towards contributing to this savings item, and the current spend above budget profile on employee costs for the first two

quarters is in the region of £12,000. (Note that without the £75,000 savings item, spend on employee costs for the 2 quarters would have been under the budget profile by £25,500).

Income budgets are running broadly to target at this stage in the year. Income from burials and cremations is running below the budget profile, although this is offset by memorials income running above target. However, due to the nature of the service it is difficult to estimate whether this trend will continue for the year.

Capital Projects as at 30th September 2008

	2008-09 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Headstone Safety Programme	50	9	0	50

Bereavement Services Capital Programme

Approximately £21k of the total spend will fund the capitalisation of a salary to deliver the scheme. This will be journalled across at year-end. Sufficient materials for the scheme were carried forward from last year, so no spend on materials / equipment was planned for Q1, and an original planned spend of £9k in Q2 was deferred to Q3.

LSP, External or Grant Funded Items as at 30th September 2008

	Annual Revised Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000	Actual Including Committed Items £'000
Budgeting Skills Project	33	16	8	8	8

The traffic light symbols are used in the following manner:

		Objective	Performance Indicator
Green		Indicates that the objective is on course to be achieved within the appropriate timeframe.	Indicates that the target is on course to be achieved.
Amber		Indicates that it is unclear at this stage, due to a lack of information or a key milestone date being missed, whether the objective will be achieved within the appropriate timeframe.	Indicates that it is either unclear at this stage or too early to state whether the target is on course to be achieved.
Red		Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.	Indicates that the target will not be achieved unless there is an intervention or remedial action taken.