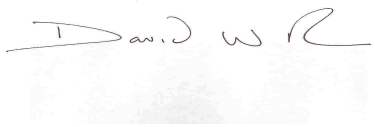
Public Document Pack

Health Policy and Performance Board

Tuesday, 8 June 2010 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 Marjorie Bradshaw	Conservative
Councillor Bob Bryant	Liberal Democrat
Councillor Chris Carlin	Liberal Democrat
Councillor Mark Dennett	Labour
Councillor Mike Fry	Labour
Councillor Robert Gilligan	Labour
Councillor Margaret Horabin	Labour
Councillor Martha Lloyd Jones	Labour
Mr Paul Cooke	LINk Co-optee

Please contact Lynn Derbyshire on 0151 471 7389 or e-mail lynn.derbyshire@halton.gov.uk for further information.

The next meeting of the Board is on Tuesday, 14 September 2010

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

Part I

Item No.	Page No.
1. MINUTES	
2. DECLARATIONS OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS) Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda, no later than when that item is reached and, with personal and prejudicial interests (subject to certain exceptions in the Code of Conduct for Members), to leave the meeting prior to discussion and voting on the item.	
3. PUBLIC QUESTION TIME	**1 - 3**
4. EXECUTIVE BOARD MINUTES	**4 - 14**
5. SSP MINUTES	**15 - 17**
6. DEVELOPMENT OF POLICY ISSUES	
(A) SAFEGUARDING VULNERABLE ADULTS	**18 - 24**
(B) HALTON LOCAL INVOLVEMENT NETWORK (LINK) AND HEALTHY HALTON POLICY AND PERFORMANCE BOARD PROTOCOL	**25 - 28**
(C) FAIR ACCESS TO CARE SERVICES (FACS) POLICY	**29 - 70**
(D) LEARNING DISABILITY PARTNERSHIP BOARD ANNUAL SELF ASSESSMENT REPORT 2009/10	**71 - 112**
(E) TRAVELLER TRANSIT SITE	**113 - 116**
(F) TELECARE STRATEGY 2010-2015	**117 - 228**
(G) ANNUAL REPORT HEALTHY HALTON PPB APRIL 2009 - MARCH 2010	**229 - 232**

	(H) PUTTING PEOPLE FIRST – HALTON'S UNIVERSAL INFORMATION AND ADVICE (& ADVOCACY) STRATEGY	**233 - 253**
	(I) SCRUTINY REVIEW OF EMPLOYMENT PRACTICES FOR PEOPLE WITH LEARNING OR PHYSICAL DIFFICULTIES OR MENTAL HEALTH ISSUES	**254 - 291**
7.	**PERFORMANCE MONITORING**	
	(A) SUSTAINABLE COMMUNITY STRATEGY PERFORMANCE REPORT	**292 - 313**
	(B) PERFORMANCE MONITORING - QUARTER 4	**314 - 385**

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: Health Policy & Performance Board

DATE: 8 June 2010

REPORTING OFFICER: Strategic Director, Resources

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

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

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

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

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

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

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

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

REPORT TO: Health Policy and Performance Board

DATE: 8 June 2010

REPORTING OFFICER: Chief Executive

SUBJECT: Executive Board Minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

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

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

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None

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

None

5.3 **A Healthy Halton**

None

5.4 **A Safer Halton**

None

5.5 **Halton's Urban Renewal**

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

APPENDIX 1

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

EXECUTIVE BOARD MEETING HELD ON 11 FEBRUARY 2010

EXB87 LOCAL DEMENTIA STRATEGY – KEY DECISION

The Board considered a report of the Strategic Director, Health and Community presenting a joint Halton Borough Council, St Helens Metropolitan Borough Council and NHS Halton and St Helens Dementia Strategy.

The Board were reminded that the National Dementia Strategy – Living Well with Dementia – was published in February 2009 and outlined 17 objectives designed to deliver three overarching aims:

- Improved public and professional awareness of dementia;
- Early diagnosis and intervention; and
- High quality care and support

The joint commissioning strategy outlined a clear shift from long-term care, residential and acute care to low-level community support. By changing the focus of service provision, the main objective was to improve outcomes for people and carers and reduce the need for continuing health care, residential beds and nursing care. It was noted that by improving efficiency as described in the strategy, a planned approach to service delivery would be achieved.

Financial support for the Strategy from Halton Borough Council would be required of £125,000, to support the development of low-level dementia services. The contribution would be met from the re-design of existing services through the review of the Community Mental Health Team and reducing the number of residential care placements. Members were advised that this was an invest to save proposal and would require no additional funding but would support the future sustainability of dementia services with the projected increase in diagnosis described in the report.

Members were provided with an additional summary of the consultation process, which took the form of a range of methods and elements to ensure that as many parts of the final document were covered by the wider sector and local population.

RESOLVED: That

(1) the report be noted; and

(2) the Local Dementia Strategy be approved.

EXECUTIVE BOARD MEETING HELD ON 8 APRIL 2010

EXB108 PREVENTION & EARLY INTERVENTION STRATEGY

The Board received a report of the Strategic Director, Adult and Community which set out the Prevention and Early Intervention Strategy.

It was reported that the Prevention and Early Intervention Strategy was important as it aimed to address some of the challenges that Health and Social Care would face in the future. The Strategy was appended to the report for information.

It was further noted that a number of National documents had been identified to support the shift towards prevention services and the Local Prevention and Early Intervention Strategy aimed to identify the direction of travel in Halton. Members were advised that a series of consultation events had already been undertaken details of which were outlined in the report. In addition to these events a number of one to one meetings and a multi-agency steering group were carried out to ensure that a wide range of views were covered.

It was further noted that the Prevention and Early Intervention Strategy complemented a range of other policy documents, both nationally and locally to help shape services. Therefore, the main elements of this Strategy were reflected in the documents appended to the report.

RESOLVED: That the Prevention and Early Intervention Strategy be received.

EXB109 HEALTH AND SOCIAL CARE INTEGRATION

The Board considered a report of the Strategic Director, Adult and Community and the Strategic Director, Children and Young People which advised members of the Department of Health's announcements surrounding the modernisation of the NHS and put forward proposals that the Council, in conjunction with St. Helens Council could deliver community health and social care services currently provided by NHS Halton and St. Helens.

It was reported that in 2009 the NHS publicised how it intended to develop and modernise its NHS services. This set out a five-year vision for

the NHS and on 16th December 2009, the Department of Health (DH) published the "NHS Operational Framework" guidance for PCTs which described the National priorities, system requirements and a timetable for delivery. The five National key priorities were set out in the report.

It was reported that DH had identified a number of "vital signs" that was a range of system leavers and enablers as well as mechanisms to ensure delivery of National priorities. This had been produced in a tiered approach which was detailed in the report for information.

The DH had also outlined their approach to workforce described their reforms for commissioning and provided details of how this would be achieved.

The process to partner and options was detailed in the report in that the Strategic Health Authority and DH had issued some broad guidelines for PCTs to adopt when considering partner arrangements and contact management. In addition, the PCT had produced detailed guidance on the selection criteria and processes and invited organisations to bid for their services.

It was further reported that after preliminary discussions with the Council and with St. Helens, three options were possible and were detailed in the report for information. The report outlined that Option 2 appeared the most viable as it presented less risk, could yield greater efficiency and, if delivered effectively, could provide a greater range of health improvements within the Borough.

Members were advised that initial expressions of interest had been invited by the PCT, and the Council recently presented proposals to the PCT outlining the benefits of Option 2. The PCT had now invited the Council to develop a full specification for the delivery of:

- Services for Children and Families (excluding Midwifery)
- Health and Well Being Services
- Rehabilitation and Long Term Neurological Services

RESOLVED: That the Executive Board

1) note the current position report;
2) agree to pursue Option 2 to a worked up specification ; and

that a more detailed and comprehensive report be submitted to a future Executive Board for approval.

EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 11 FEBRUARY 2010

ES55 BUSINESS CONTINUITY MANAGEMENT

The Civil Contingencies Act requires the Council to maintain plans to ensure that they can continue to exercise their functions in the event of an emergency so far as is reasonably practicable. The Directorate Business Continuity Plan (BCP) had been developed to support delivery of the Directorate Emergency Plan and the Cheshire, Halton and Warrington Rest Centre Plan. The aim of the BCP was to ensure that the Council was in a position to maintain critical services during and after any major, disruption and promote recovery. The BCP had recently been updated in response to the threat posed by major pandemics and to respond to current threat to services should there be a marked increase in the incidence of swine flu.

It was noted that during the last few months Senior Council Officers had been working closely with colleagues in Health to develop robust contingency plans to mitigate the effects of a potential outbreak.

The Sub Committee considered a request which sought approval to waive standing orders and to obtain delegated powers for the Chief Executive, to ensure the Council has robust contingency measures in place in the event of an emergency.

In the unfortunate event that the Directorates BCP plan was triggered the independent care providers would face extreme pressure once the local hospitals activated their rapid hospital discharge protocol. In view of this, the Directorate would need to increase its supply of domiciliary & residential care. Under current arrangements, social care was purchased through a select list of providers. However, in the event of an emergency, such as a flu pandemic, there was a risk that contracted services would not be able to meet demand.

In order to mitigate that risk, it was proposed that the Council increases its potential supply by establishing a list of emergency suppliers of Social Care. Expressions of interest would be sought from registered providers interested in delivering Social Care in Halton, at a rate in line with existing domiciliary and residential care contracts. Providers selected through this process would only be used if the BCP were triggered.

In addition it was noted that under existing contractual arrangements, Reed was the preferred supplier of agency staff to the Council. Again, in an emergency situation, it was possible that the contracted agency would not be able to meet demand for social care staff. In order to mitigate that risk, it was proposed that the Council increases its potential supply of agency staff by establishing a list of emergency

suppliers of social care agency workers. Agencies selected through this process would only be used if the BCP were triggered.

During the emergency period it was anticipated that staff in the Quality Assurance Team, whose current work plan included responsibility for the re-tendering of services, would be deployed to provide support to critical services throughout Halton. Consequently contracts, which were due to end and were timetabled for re-tendering, would need to be extended by a number of months and work on new tenders would need to be suspended. Approval to extend individual contracts beyond their expiry date was normally approved by the Executive Board Sub Committee, however in an emergency this would not be practicable. Standing Orders does however allow for the Chief Executive to use delegated power in limited circumstances should the situation warrant it.

Therefore, in the event that the Health & Communities Directorate BCP was triggered, the report sought approval for the Chief Executive to use delegated power to extend care and support contracts as may be necessary.

It was also noted that any potential increase in costs for agency staff within social work teams and in-house provider services and for additional Domiciliary and Residential Care would be met from existing Community Care budgets.

RESOLVED: That

(1) In the exceptional circumstances detailed below, for the purpose of standing order 1.6, procurement orders 3.1-3.7 be waived on during an emergency period for contracts for the provision of care or support to vulnerable adults; and

(2) Delegated Powers by the Chief Executive (or in the absence of the Chief Executive the nominated deputy) to waive standing orders under Emergency Procedures 1.7 be authorised, to take such action as may be necessary to implement the recommendations set out above.

EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 4 MARCH 2010

ES59 COMMISSIONING AN ABSTINENCE/RECOVERY SERVICE

The Sub-Committee received a report of the Strategic Director, Health and Community which advised of the decision to award a contract to Trust The Process Counselling (TTPC) for the provision of an abstinence/recovery service until March 31st 2010 as only one tender was received.

It was noted that Halton, Warrington and St. Helens were currently developing a collaborative approach to commissioning substance misuse services. The projected start date for new services commissioned through this collaboration was April 2010. Therefore the commissioning of the Abstinence/Recovery service would be on a pilot basis until 31st March 2010.

At the first stage of the tender process four service providers were invited to tender for the contract. The Drug Action Team (DAT) received three expressions of interest. However, of these only one provider submitted a final tender document. TTPC were interviewed by a panel of DAT Officers and the Crime Manager from Cheshire Constabulary, who was a member of the DAT Joint Commissioning Group.

The cost of the Contract was £250,000 which would be met through existing resources. As only one provider put forward a tender, a value for money assessment was made by comparing the cost and delivery of this contract against those of similar contracts within the North West.

RESOLVED: That the award of a contract to Trust The Process Counselling be noted.

ES60 ONE YEAR EXTENSION TO CURRENT DRUG & INDEPENDENT SEXUAL VIOLENCE ADVISOR SERVICE CONTRACTS

The Sub-Committee considered a report which sought authority to extend the contracts of ARCH Initiatives, Trust The Process Counselling and Rape and Sexual Abuse Support Centre (Merseyside and Cheshire) until 31st March 2011. Also to extend the Addaction contract until 31st March 2011 and increase its value to £50,000 to allow for the addition of an Alcohol Arrest Referral Scheme.

It was noted that under the leadership of the Chief Executive, a group of senior managers from Halton, St. Helens and Warrington Local Authorities and Primary Care Trusts had been meeting to discuss the option of commissioning substance misuse services across the three areas. Therefore to prevent any gaps in service provision it was necessary to extend contracts for a further year for ARCH Initiatives, Addaction and Trust The Process Counselling.

In addition, one of the service areas that Addaction was currently commissioned to provide was that of an arrest referral scheme for drug users. The Safer Halton Partnership had made available £50,000 from Working Neighbourhood Funds to commission a similar service for those adults arrested as a result of their alcohol abuse.

Therefore with discussions between the three Local Authority areas around drug service provision still on-going, there was insufficient time to undertake a new tender process and award contracts to commence on 1st April 2010. Also to tender and award a one year contract from 1st April 2010 to 31st March 2011 would cause significant disruption to service delivery, service users and staff in provider services.

With regard to the provision of support service to victims of sexual violence, this was highly specialised and there was no market in this area of delivery. Rape and Sexual Abuse Support Centre (Merseyside and Cheshire) currently provided the support services for the Merseyside Sexual Assault Referral Service and would undertake the same role for the Cheshire equivalent when it opened shortly. The contract to provide these services in 2010/11 was expected to be £20,000, however this would be subject to future budget considerations as part of a report assessing the needs of the service.

The service delivered by ARCH Initiatives, Addaction and Trust The Process Counselling through these three contracts would be subject to open, competitive tendering in 2010/11 when the Council, in partnership with other Local Authorities and PCTs tendered for a combined drug service.

RESOLVED: That

(1) for the purpose of Standing Order 1.6b, authority be delegated to the Operational Director, Culture and Leisure Services to extend the contracts of ARCH Initiatives, Trust The Process Counselling and Rape and Support Centre (Merseyside and Cheshire) until March 31st 2011 without competitive tendering; and

(3) for the purpose of Standing Order 1.6b, authority be delegated to the Operational Director, Culture and Leisure Services to extend the contract of Addaction and increase the contract value by £50,000 in order that they can provide an Alcohol Arrest Referral Service until March 31st 2011 without competitive tendering.

EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 18 MARCH 2010

ES69 FEES & CHARGES (ADULT SOCIAL CARE)

The Board received a report of the Strategic Director – Health and Community which outlined proposals for increasing fees and charges for Heath and Community Care Services.

It was noted that the fees and charges for Social Care Services listed had been inflated by 2% for 2010 – 2011 for residential services and non-residential services where a standard charge was applied.

Members were advised that fees and charges for Home Care, Daycare, and Direct Payments had been frozen. These charges were affected by the changes to the Fairer Charging for Non-residential Services Policy already agreed.

With regard to direct payments, hourly rates have been uplifted by 2% in accordance with the approved inflation allowances allocated by the Council. The Fees and Charges for Health and Community will be increased with effect from 12th April 2010 to coincide with the date of the annual increase in benefit rates.

RESOLVED: That the proposed changes in fees and charges outlined in the report be approved.

ES70 2010-11 INFLATIONARY UPLIFT FOR THE JOINT SUPPORTING PEOPLE & ADULT SOCIAL CARE CONTRACTS

The Sub-Committee considered a report of the Strategic Director, Health and Community which sought approval for the inflationary uplift of the Supporting People Contract for the financial year 2010/11.

The suggested inflationary uplift for all Supporting People Contracts was 2% inflationary uplift.

RESOLVED: That the proposed 2% Inflationary Uplift be approved.

ES71 2010-11 INFLATIONARY INCREASES FOR ADULT SOCIAL CARE

The Sub-Committee considered a report of the Strategic Director Health and Community which sought approval for the inflationary increases for the Adult Social Care Contract. The Council had approved a 2% Inflationary Uplift on Social Care Budgets for 2010-11, therefore it was proposed that contracts for the provision of domiciliary care, residential and nursing placements were awarded an equivalent inflationary uplift of 2%.

With regard to Out of Borough Placements, it was proposed that the inflationary increase applied to Out of Borough Placements be decided on a case by case basis as follows:

- providers to be informed that inflationary increase would be subject to submission of a written requested to HBC Contracts Department within a specific timeframe; and

- any increase within the agreed HBC rate of 2% to be approved and applied.

Any increase above 2% would be approved by a relevant Operational Director, based on the information submitted by the provider, confirmation of the host authority's approved inflationary rate and the knowledge of the on-going need for the specific service.

RESOLVED: That the Sub Committee approve in:-

(1) an inflationary uplift for providers of Domiciliary, Residential and Nursing contracts of 2%, which is within the inflationary allowance allocated by the Council to Social Services for 2010/11; and

(2) inflationary uplifts for out of borough placements on a case by case basis, limited to the 2% HBC inflationary increase or the prevailing Local Authority rate.

REPORT TO: Health Policy and Performance Board

DATE: 8 June 2010

REPORTING OFFICER: Chief Executive

SUBJECT: Specialist Strategic Partnership minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None

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

None

5.3 **A Healthy Halton**

None

5.4 **A Safer Halton**

None

5.5 **Halton's Urban Renewal**

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

Halton Strategic PARTNERSHIP

HALTON HEALTH PARTNERSHIP BOARD

MINUTES OF THE MEETING held on

14 January 2010

Present : Karen Tonge (Chair)
Glenda Cave
Melissa Critchley
Diane Lloyd
Yeemay Sung

Apologies: John Kelly
Eugene Lavan
Ian Stewardson
Sue Wallace-Bonner
Fiona Johnstone
Cllr Ellen Cargill
Jim Wilson
Jane Trevor
Dwayne Johnson
Cllr Tom McInerney
Cllr Ann Gerrard
Stuart Baxter
Gerald Meehan

In Support: Margaret Janes

The decision was taken by the Chair to adjourn the meeting as the Board was not quorate.

Karen Tonge wished to thank Stuart Baxter for his contribution to the Halton Health Partnership Board and wished him well for his retirement.

The Health Partnership Learning and Development day will take place on 4th February 2010 at the Heath Conference Centre, Runcorn from 9.00-4.15. A programme for the day will be sent out in due course.
The next ordinary meeting would be held on Thursday, 6th May 2010.

REPORT TO: Health Policy & Performance Board

DATE: 8 June 2010

REPORTING OFFICER: Strategic Director – Adults & Community

SUBJECT: Safeguarding Vulnerable Adults

WARDS: All

1.0 **PURPOSE OF REPORT**

1.1 To update the PPB on key issues and progression of the agenda for the protection of vulnerable adults in Halton.

2.0 RECOMMENDATION:

That the PPB note and comment on the report's content.

3.0 **SUPPORTING INFORMATION**

Since the last report to the PPB in March 2010, key issues to report are as follows:

3.1 **Locally**

3.1.1 Information will be incorporated into the Joint Strategic Needs Assessment (JSNA) on Safeguarding Adults, including the following:

- Prevalence of Safeguarding Adults referrals.
- Relevance of the social context and demography, locally.
- Recent local activity to prevent abuse and respond to alleged abuse
- Strategic priorities and planned activity for the current year
- How we seek to engage partner agencies in working with the Council to meet the challenge.

3.1.2 Focus groups have been set up for potential and existing service users and carers, to review safeguarding arrangements and Telecare.

3.1.3 The Halton 2000 survey included questions about Safeguarding Adults.

3.1.4 A Serious Case Review is to be carried out with partner agencies after concerns arose during a Safeguarding Adults investigation.

3.1.5 The interagency Serious Case Review procedure has been revised, taking into account the PAN Cheshire procedure applied in Safeguarding Children services, and learning from research and the case in Haringey of the death of Baby P.

3.1.6 A locally agreed Performance Indicator (PI) regarding Safeguarding Adult services is to be included within the forthcoming Business Plan (2010-11).

3.1.7 All assessment teams are now using a tested, common approach to track open safeguarding cases, to ensure they are progressed and concluded in a timely way.

3.1.8 The Safeguarding Adults Case Recording/Data Collection form has been further revised to support decision-making processes, and guidance amended accordingly.

3.1.9 Case File audits have been completed on a number of cases and are ongoing.

The Case Audit Tool introduced earlier this year has been amended to ensure that it will deliver appropriate responses.

3.1.10 Templates have been devised for recording strategy meetings, case conferences and investigating officers' reports, and guidance has been formulated to support these processes, to provide for consistency and other quality standards.

3.1.11 Workforce Solutions (NW) Ltd carried out an evaluation of specific areas of the Training and Development Programme, including the return on investment. The areas evaluated include Safeguarding Vulnerable Adults Basic Awareness (as a component of the Common Induction Standards) and Referrers courses, & National Vocational Qualification (NVQ) in Health & Social Care Level 2 & 3 Programme. An action plan is being formulated, in response to recommendations arising from the exercise.

3.1.12 Elected Members continue to be invited to Basic Awareness training through the Members' Bulletin.

3.1.13 A dedicated Basic Awareness training session will be provided for the Safer Halton Partnership and the Safeguarding Adults Board (SAB) considered will consider the need for the following training:

- For the Safeguarding Adults Board
- Hate Crime

3.1.14 Police colleagues provided a dedicated training session for care management team managers, linked to revision of the two agencies' and aimed at improved cooperation and partnership working, and clarity on thresholds for referral and information sharing.

3.1.15 Training has recently been provided in the Constabulary, for Police officers, on law practice and procedure and signs and symptoms of abuse (in all age groups).

3.1.16 The Protocol between HBC Adult Social Care and Police Public Protection Unit (PPU) has been revised and strengthened. Sign-off is being sought.

3.1.17 The Police have provided dedicated training, for managers responsible for safeguarding cases and those running related services. This was linked to the revision of the protocol and aimed at improved cooperation and partnership working, and clarity on thresholds for referral and information sharing.

3.1.18 Briefings are soon to be provided for identified HBC managers on the Multi-Agency Risk Assessment Conference (MARAC) process, a forum chaired by the police to deal with high-risk domestic violence cases.

3.1.19 Specialized minute taking training for safeguarding (adults and children) and other complex meetings is being provided for staff who would undertake this responsibility.

3.1.20 Safeguarding training providers are being asked to incorporate reference to domestic abuse in safeguarding adults training, to demonstrate the essential links, including access to services and specialist risk management forum.

Domestic abuse courses have been reviewed, taking into account the need to link to Safeguarding Adults.

3.1.21 E-learning is being made available on the Council's intranet and will be accessible to external organizations in due course.

3.1.22 'Adult Protection in Halton – Inter-agency Policy, Procedures & Guidance' document is being reviewed and updated. Partner agencies and HBC's Legal Services will be consulted in the process and the review will take account of recommendations made in a Safeguarding Review recently undertaken in NHS Halton & St Helens (PCT).

3.1.23 HBC's Supervision Policy, Procedure and Practice document has been further revised. The main changes to the policy are as follows:

- Supervision Record form now includes a section to record any issues regarding Safeguarding Adults, Safeguarding Children, Health Outcomes and Advocacy.
- Supervision forms have been revised to reflect safeguarding and advocacy and to strengthen the decision-making process between supervision and case file recording.

3.1.24 Feedback letter templates and accompanying guidance have been reviewed, and process reinforced in social work teams.

Easy Read versions of the templates are being devised.

3.1.25 The Safeguarding Adults webpage on HBC's Safeguarding/Adult Protection website has been revised to make it more user friendly, especially for the general public. Information about the Safeguarding Adults Board has been added.

Partner agencies have been asked to ensure their websites provide a link to the webpage.

3.1.26 Articles have been published in recent months, to raise awareness of abuse and how to respond to concerns:

- 'In Touch' – HBC staff magazine
- Staff Brief [HBC] – article published
- Halton 1 Magazine [delivered to Halton households]
- Health 'e' Times published by Halton Voluntary Action

3.1.27 Safeguarding Adults events have been held in April/May, for:

- Self Advocates - two events about keeping yourself safe, including Hate Crime and Safeguarding;

- Third Sector – event to raise awareness and encourage sector groups and organizations to consider the impact of what they do on safeguarding adults.

Feedback from the events is being collated to take to the People's Cabinet and Learning Disabilities Partnership Board (regarding the former event) and Safeguarding Adults Board (regarding both events). Any learning points arising from the events will be actioned.

3.1.28 Information leaflets for the general public and for staff & volunteers, including easy-read versions of the former, have been updated and are in the process of being re-branded. Public leaflets were revised in consultation with service user groups and self advocates.

3.1.29 Improvements have been made to the mainstream advocacy service, but more work is required in terms of access and quality. The SAB will monitor progress.

3.1.30 The Care Quality Commission (CQC) is expected to conduct the inspection of Adult Social Care in September. A date is yet to be confirmed, but the Council will be notified 12 weeks in advance. The process is expected to focus on:

- Older people as a service user group
- Safeguarding, across all adult groups
- Improved Health and Wellbeing

- Increased Choice and Control
- Maintaining Personal Dignity and Respect
- Commissioning and Leadership, including use of resources

3.2 **Regionally**

3.2.1 Nine members of the SAB & sub-groups attended a Safeguarding Adults Conference hosted in Halton by the North West Safeguarding Adults Coordinators Network. The programme included a 'No Secrets' review response update, Safeguarding Adults Boards survey/research findings, and workshops – including Serious Case Reviews, Personalisation and Quality & Performance.

3.3 **Nationally**

3.3.1 The Improvement and Development Agency (IDeA) & Centre for Public Scrutiny (Cfps) have recently published an Adult Safeguarding Scrutiny Guide aimed at local Councils.

The guide is written for officers and members involved in the Overview and Scrutiny process and for Independent Chairs of Safeguarding Adults Boards who may be requested to participate in the work of OSCs.

It considers how local arrangements work to safeguard adults in the local authority area and how Overview and Scrutiny Committees can contribute to better safeguarding in this complex and sensitive area of public service.

It is designed to assist officers and members (and Independent Chairs) in shaping and developing the best way to exercise their responsibilities locally. This guide does not claim or aim to provide all the answers, but it is intended to signpost the options available and provide OSCs with issues to consider.

The guide is available below and from:

IDeA
Layden House
76-86 Turnmill Street
London EC1M 5LG
telephone 020 7296 6880
facsimile 020 7296 6666
email ihelp@idea.gov.uk
www.idea.gov.uk

L10-254-adult safeguarding v 5.pdf

4.0 POLICY, LEGAL AND FINANCIAL IMPLICATIONS

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

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

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children & Young People in Halton

Safeguarding Adults Board membership includes:

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

Safeguarding Children Board membership includes adult social care representatives.

Joint protocols exist between Council services for adults and children.

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

5.2 Employment, Learning & Skills in Halton

None identified.

5.3 A Healthy Halton

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

5.4 A Safer Halton

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

5.5 **Halton's Urban Renewal**

None identified.

6.0 **RISK ANALYSIS**

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

7.0 **EQUALITY AND DIVERSITY ISSUES**

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

REPORT TO: Health Policy and Performance Board

DATE: 8 June 2010

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: Halton Local Involvement Network (LINK) and Healthy Halton Policy and Performance Board Protocol

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 To present Healthy Halton Policy and Performance Board with a proposed protocol with LINK.

2.0 RECOMMENDATION

That the Healthy Halton Policy and Performance Board Members approve the protocol between Healthy Halton Policy and Performance Board (Overview and Scrutiny) and the Halton Local Involvement Network (LINk).

3.0 SUPPORTING INFORMATION

3.1 The relationship between each organisation; the Council's Overview and Scrutiny Committee and the LINk is covered by the Local Government and Public Involvement in Health Act 2007 (Section 226)and the Local Involvement Networks Regulations 2008.

3.2 Healthy Halton Policy and Performance Board has already started to develop a good working relationship with Halton LINk as demonstrated by the cooption of a LINk representative onto the Board. The attached protocol will strengthen and clarify the arrangements between the two bodies.

3.3 The Protocol attached in appendix one sets out how LINk can refer issues to the Healthy Halton Policy and Performance Board .

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications emanating from this report.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 None identified.

6.0 RISK ANALYSIS

6.1 Healthy Halton Policy and Performance Board is required to work closely with LINks and ensure that there are opportunities for LINks to refer relevant issues to the Board. This protocol seeks to formally establish this process.

7.0 EQUALITY AND DIVERSITY ISSUES

8.1 This protocol will enhance the ability for Healthy Halton Policy and Performance Board to look at issues impacting on Halton residents including those that are most vulnerable and disadvantaged.

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

None

APPENDIX 1

Communication and Joint Working Protocol between Halton Borough Council's Healthy Halton Policy & Performance Board Overview and Scrutiny Committee (OSC) and the Halton Local Involvement Network (LINk)

1. Introduction

1.1 This protocol covers the relationship between Halton Borough Council's Healthy Halton Policy & Performance Board Overview and Scrutiny Committee (OSC) and the Halton LINk Board.

1.2 Both bodies are committed to developing effective communication and possible joint working arrangements in order to best carry out their functions and ensure that the people of Halton receive good quality health and social care services.

2. Legal Framework

2.1 The relationship between the OSC and the LINks is covered by the Local Government and Public Involvement in Health Act 2007 (Section 226) and the Local Involvement Networks Regulations 2008. Both bodies are committed to following all legal requirements.

3. Sharing Workplans

3.1 The Halton LINk Board and the OSC will share their workplans and take part in joint working if agreed by both bodies. The Halton LINk Manager and designated Scrutiny Officer will be responsible for facilitating this.

4. Referrals and Requests

4.1 LINk to OSC

4.1.1 In line with legislation Halton LINk can refer issues to OSC and request the OSC to investigate the issue further. The decision to make a referral will be made by the Halton LINk Board. Referrals may be made where the LINk Board feels that the matter is sufficiently serious to warrant attention from the OSC; that the matter is one that falls within the remit of the OSC to investigate; and that making a referral is an appropriate step in the circumstances.

4.1.2 Referrals to the OSC will be made in writing through the Halton LINk Manager on behalf of the LINk Board. The OSC will acknowledge receipt of such referrals within 20 working days. The OSC will decide whether its powers are exercisable in the matter and, if they are,

whether they are to be exercised. In exercising these powers the OSC will take into account any information provided by Halton LINk and keep Halton LINk informed about any actions they take concerning the referral.

4.2 **OSC to LINk**

4.2.1 The OSC may make requests to the Halton LINk Board to investigate issues and to support its own investigations. In considering whether to make such a request the OSC will take account of Halton LINk's remit and powers under the legislation. Requests will be made in writing through the designated Scrutiny Officer to the Halton LINk Manager. Halton LINk will acknowledge receipt of requests.

4.2.2 Requests will be considered by Halton LINk Board. In deciding whether to accept the request the Board will consider: the resources and capacity available to action the request; and existing commitments under the Halton LINk workplan. Halton LINk will keep the OSC informed of progress about action taken regarding the request.

5.0 **Progress Reports**

5.1 The Halton LINk representative on the OSC will verbally report on its work to the OSC as and when required.

5.2 In line with legislation Halton LINk is required to publish its Annual Report and Accounts by 30 June of each year. OSC will receive a copy of the final Annual Report and Accounts and will also be given an opportunity to comment on the draft Annual Report.

6.0 **Attendance at Meetings**

6.1 Representatives from OSC and the LINk Board may attend each other's meetings as observers. In addition to this, representatives may request an opportunity to speak at each other's meetings in respect of any referrals or requests as set out in Section 4. Such matters will be facilitated through the Halton LINk Manager and designated Scrutiny Officer.

7.0 **Other Opportunities for Joint Working**

7.1 There may be opportunities for joint working between the two bodies such as joint workshops, conferences etc. Such opportunities will be investigated and progressed by the Halton LINk Manager and designated Scrutiny Officer who will report to the Halton LINk Board and the OSC respectively.

REPORT TO: Health Policy & Performance Board (HHPPB)

DATE: 8 June 2010

REPORTING OFFICER: Strategic Director – Adults & Community

SUBJECT: Fair Access To Care Services (FACS) Policy

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

To present HHPPB with the updated FACS policy (copy attached) in the light of DoH guidance on eligibility entitled "Prioritising need in the context of 'Putting People First – a whole system approach to eligibility for social care," published in March 2010.

2.0 RECOMMENDATION: That the Board note the contents of the report and associated policy.

3.0 SUPPORTING INFORMATION

3.1 In 2001 the Department of Health published national guidance on FACS. FACS is a framework for determining eligibility for all adult social care services. The framework is based upon the consequences to independence and quality of life of individuals if problems are not addressed and services not provided.

3.2 In 2003, the Council's Executive Board agreed a framework and criteria and indicated that in the context of current resources the eligibility threshold should be set between substantial and moderate in the first instance. This meant that the Council would meet all needs falling within the critical and substantial categories and the needs falling within moderate would be met by appropriate community/preventative services or by the provision of information and advice.

3.3 Main Points of The New Guidance: The revised guidance reflects the current responsibility held by local authorities for identifying local priorities and allocating their own resources accordingly. In doing so, it ensures that those individuals who do not meet the eligibility threshold are adequately signposted to alternative sources of support such as: luncheon clubs, befriending, volunteering…etc. Such universal services improve outcomes for the wider population and could help some individuals avoid or delay having to rely on health or social care services for support. If councils base their approach to needs on achieving outcomes rather than providing specific services, then people with similar needs within the same local authority area should expect to receive a similar quality of

outcome.

3.4 This approach requires councils to prioritise their support to individuals in a hierarchical way. Those whose needs have immediate and longer term critical consequences for their independence and safety should be supported ahead of those with needs that have substantial consequences and so on.

3.5 This policy sets out how decisions will be made in Halton about 'what sorts of people with what kinds of needs qualify for what types of services.' Since the publication of the new national guidance, paragraphs 3.4 –3.5 summarise the main aspects of FACS that are the same, those that have changed and those that are either new or enhanced as a result of policy wider developments.

3.7 **What has changed?**

Main Features of FACS 2003 that are changed in FACS 2010	
FACS 2003	FACS 2010
Needs-based assessments and reviews	Outcomes-based assessments and reviews
Preventative approaches	Preventative strategies
Care planning	Personalisation and support planning

3.7 **What's new or enhanced?**

The following changes are in the context of the wider policy stem from recent legislation such as 'Putting People First,' personalisation, service transformation, and public service reform:

- Prevention, early intervention and enablement are to become the norm and are seen as an investment in wellbeing and delaying or preventing needs escalating.

- There is an enhanced focus on:

  - Rights, discrimination and equality as well as social Inclusion.

  - Self-assessment with support if necessary prior to any formal assessment as a way of putting the person seeking support at the heart of the process.

  - Early information on resource, to assist self-directed support, personal budgets and the right to take managed risks.

  - First contact as a critical aspect of assessment and referral

recognising that the first response can determine the quality of future contact saving time and costs on assessment later.

- Promoting community wellbeing and preventive Approaches.

- Transitions to ensure that young people with social care Needs have every opportunity to lead as independent a life as possible and are disadvantaged by the move from children's to adult services.

- Improving information sharing between organisations.

- The five statutory principles of the Mental Capacity Act (MCA Code of Practice (DH, 2007))

- The development and evaluation of the Common Assessment Framework for adults through local authority-led demonstrator sites that run to 2012 and are working to inform improved information sharing between IT systems and across organisational boundaries

- The rights and needs of young carers as children and young people (Carers Act 1995 [Recognition and Services], Carers and Disabled Children Act 2000).

- Reforms introduced in April 2009 to establish a common approach to handling complaints in the NHS and adult social care (DH 2008c).

4.0 POLICY IMPLICATIONS

4.1 In reviewing the Policy we have considered the current practice and service provision and believe that since the framework was introduced in 2003 the Council has invested more funding in Adult Social Care and the Council is still able to provide a range of services within the moderate criteria. However, the Council will always provide critical and substantial services.

4.2 Tightening the rules of eligibility to save money runs the risk of ruling ineligible, some who ought to be receiving support. Also, limiting access in this way tends to have only a modest and short-term effect on expenditure.

4.3 Clearly, a programme for transforming social care services was required. 'Putting People First' (2007) promoted personalised care coupled with exercising choice, against a background of supportive local communities.

4.4 Personalisation beyond those with highest need, places a strong emphasis on prevention, early intervention and support for carers.

4.5 The aim of support is two-fold: enabling carers to balance their caring responsibilities with their life outside caring while at the same time enabling the person they are supporting to have full and equal citizenship. Also, children and young people should be protected from inappropriate caring and have the support they require to learn, develop, and thrive, while achieving all 5 outcomes of the 'Every Child Matters' (2003). This requires the support of adult and children's services.

5.0 OTHER IMPLICATIONS

5.1 This policy supports the development of innovative services tailored to individual needs and aspirations and focused on outcomes. This will enable people to exercise choice and control over the types of services they want and directly shape the services that are commissioned on their behalf.

5.2 A greater focus on prevention, early intervention and support for self-care in line with Halton's policies in these areas.

5.3 Shared strategic needs assessment co-produced with local citizens and communities, informing decisions across health, social care and local government. This allows resources to be moved to where investment can have greatest impact on current and future health and well-being needs.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 ***Children & Young People in Halton***

Young people who are moving from Children's to Adults services must have an assessment in accordance with the FACS framework. They and their carers must be advised regarding their eligibility for services when they are in Year 12 at school. A review will take place in Year 13. This is prior to the transfer of care management responsibilities to Adult Services on the young person's 18th birthday. This is to ensure continuity and consistency of services.

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

Practitioners: are accountable for highlighting individual learning needs and participating in and contributing to identified learning opportunities.

Principal & Practice Managers: are accountable for developing a culture of learning on the job through coaching, team learning opportunities and individual supervision.

Service Users: Risks to independence and wellbeing relate to all areas of life and excluding life-threatening circumstances and

safeguarding concerns, there is no hierarchy of needs. Hence, needs relating to social inclusion and participation (education and employment for example) are just as important as those relating to personal care issues.

6.3 ***A Healthy Halton***

The concepts of prevention and early intervention can be extended beyond adult social services to include: adapted housing smart technology and equipment, improved health care and joint working, greater benefits take-up and community support that can help delay or avoid the need for care completely.

The overall aim is high quality, cost effective care that offers people choice and control over the care and support they receive. Funding must be sustainable and affordable for individuals and Halton needs to focus beyond the individual to the overall wellbeing of that person's community. This approach recognises that people can be helped in a way that prevents, reduces or delays their need for social care support. There is evidence that interventions can prevent or delay people entering the social care system and therefore produce better outcomes for individuals at a lower overall cost.

6.4 ***A Safer Halton***

None identified.

6.5 ***Halton's Urban Renewal***

None identified.

7.0 RISK ANALYSIS

7.1 Halton Borough Council has set its threshold at critical and substantial. However, there may be occasions where a wider view, incorporating low and moderate level services, may be agreed as a preventative approach to reduce the risk of loss of independence. The assessment will have identified the interaction between all of a person's assessed needs and risks, their views and attitudes towards the risks, how likely they are to occur and when. This will inform decision-making around risks in terms of harm or danger and any impact on independence. In this way, an assessment of needs that initially appears to be below the threshold could result in a critical or substantial need being identified.

8.0 EQUALITY AND DIVERSITY ISSUES

Equality should be integral to the way in which social care is prioritised and delivered, allowing people top enjoy quality of life and to be treated with dignity and respect. This policy supports such

objectives through:

- **Equality of access** to care and support
- **Equality of outcomes** such that people with the same levels of needs within the same council area should expect to achieve similar quality of outcomes
- **Equality of opportunity** such that economic and social barriers have limited or no effect on the application of eligibility criteria, needs analysis or the quality of outcomes.

HALTON BOROUGH COUNCIL

Adults & Community Directorate

Fair Access to Care Services Policy

Eligibility for Adult Care Services

Revised March 2010

INFORMATION SHEET

Service area	**Adult Services**
Date effective from	**April 2010**
Responsible officer(s)	**Divisional Managers – Assessment Services** **People & Communities Manager**
Date of review(s)	**June 2006** **March 2010**
Status: • **Mandatory (all named staff must adhere to guidance)** • **Optional (procedures and practice can vary between teams)**	**Mandatory**
Target audience	**All Adult Services Staff**
Date of committee/SMT decision	**March 31, 2010**
Related document(s)	**Care Management and Assessment – Policy, June 2005** **Adult Carer Assessment - Policy and Procedures, June 2005** **Mental Capacity Act, Overall Policy, Feb 2010**
Superseded document(s)	**FACS Policy April 2003,**
File reference	**FACS/APR/2010**

Fair Access to Care Services Policy
(Halton's Eligibility Criteria for Adult Care Services)

Contents

Section		Page No.
1.	**National Context Fair Access To Care Services**	**4**
2.	**Legal Context**	**6**
3.	**Concerning FACS 2010 - Changes & Enhancements**	**8**
	What's changed?	8
	What's new or enhanced?	8
4.	**Local Policy**	**9**
	Principles and Standards	9
5.	**Procedural Guidance**	**10**
	Principles of Assessment	10
	Prevention	11
	Needs and Eligible Needs	11
	Transition	12
6.	**Practice Guidance**	**12**
	Publishing Information	12
	Determining Eligibility for Assessment	13
	Applying Eligibility Fairly and Consistently	14
	Assessing Need	15
	Evaluation and Analysis of Needs and Risks	16
	Applying the Eligibility Criteria for Services	17
	Implementing the Support plan	18
	Monitoring The Support Plan For Service User Need	19
	Reviewing/ Reassessment	19
	Some Important Points to Remember	20
7.	**FACS Related Issues**	**20**
	Roles and Accountabilities	20
	Staff Learning Needs	21

Information Sharing 22
Complaints 22
Monitoring and Review of the FACS Process 22

Appendices:

1	Relevant Legislation	24
2	Criteria for Assessment	25
3	Eligibility Criteria	27
4	National Indicator Set and New Local Performance Framework	31
5	Applying the Eligibility Criteria	33
6	FACS /Allocations Process Flowchart	34
7	Statement of Eligible Needs	35

1. National Context - Fair Access to Care Services

In 2003 the Department of Health introduced its 'Fair Access to Care Service' framework (FACS). Its purpose was to eliminate inconsistencies nationwide in order to create a fairer and more transparent system for the allocation of social care services. Under FACS local authorities are required to provide or commission services to meet needs, subject to their resources, so that people with similar eligible needs receive services that deliver equivalent outcomes no matter where they live. There is also parallel guidance for councils on how to apply eligibility criteria for carers (Carers and people with responsibility for disabled children: practice guidance (2001). This closely models the criteria for people in need of social care services and local authorities need to ensure there is effective interaction between both sets of guidance.

Due to the fact that public funding for social care will always be limited, many local authorities have opted to tighten their rules for eligibility. This runs the risk that some individuals who ought to be receiving support are being ruled as ineligible. In addition there is evidence to suggest that limiting access in this way had had only a modest and short-term effect on expenditure (CSCI and Audit Commission, 'The effect of Fair Access to Care Services Bands on Expenditure and Service Provision,' (2008). Clearly, a programme for transforming social care services was required and the cross-sector agreement 'Putting People First': a shared vision and commitment to the transformation of social care. (2007), became the blueprint promoting personalised care coupled with the ability to exercise choice, against a background of supportive local communities. This wider context of personalisation beyond those with highest need, places a strong emphasis on prevention, early intervention and support for carers. In practice, it enables councils to make adjustments to ensure a seamless approach between their personalisation programmes and how they determine eligibility for social care.

Further, the concepts of prevention and early intervention can be extended beyond adult social services to include: adapted housing smart technology and equipment, improved health care and joint working, greater benefits take-up and community support that can help delay or avoid the need for care completely. The 2008 document, 'Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own,' views carers as fundamental to strong families and stable communities. The aim of support is two-fold: enabling carers to balance their caring responsibilities with their life outside caring while at the same time enabling the person they are supporting to have full and equal citizenship. Carers…2008 also says that children and young people should be protected from inappropriate caring and have the support they require to learn, develop, and thrive, while achieving all 5 outcomes of the 'Every Child Matters' (2003). This requires the support of adult and children's services.

These themes from 'Putting People First' and the 'Carers Strategy' also run through the 'Care and Support' Green Paper (Shaping the future of care together, 2009). This sets out long-term proposals to tackle the challenges of rising demand and expectation facing the present system. Its aim is to ensure that: care is high quality and cost effective, people have choice and control over the care and support they receive, the funding system is sustainable and affordable for individuals and the state. To achieve these goals effectively

councils need to have a strong focus on the overall wellbeing of their communities and recognise that people should be helped in a way that can prevent, reduce or delay their need for social care support. There is a growing body of evidence that interventions can prevent or delay people entering the social care system and therefore produce better outcomes for individuals at a lower overall cost.

The CSCI 'State of Social Care' report (2006-7) highlighted the trend for councils to raise their eligibility thresholds and the potential implications for people seeking support. As a consequence, CSCI were asked by the Minister for Care Services to review the application of eligibility criteria and their impact these were having on people. Their resulting review, 'Cutting the Cake Fairly…' (2008) makes several recommendations for making eligibility criteria more equitable and effective. Based on these the DoH has issued separate guidance on eligibility – Prioritising need in the context of 'Putting People First': A whole system approach to eligibility for social care (2010). This guidance replaces Fair access to care services – guidance on eligibility criteria for adult social care (2003) and aims to support fairer, more transparent and consistent implementation of the criteria. Further practice guidance to support its implementation will be published separately by the Social Care Institute for Excellence. Outcome priorities include greater choice and control, better access to public services and information, empowerment of people and their carers using services at local level and the definition of 'User Satisfaction' as the measure of success (Cabinet Office Strategy Unit, Excellence and Fairness: achieving world class public services, 2008).

This guidance reflects the current responsibility held by local authorities for identifying local priorities and allocating their own resources accordingly. In doing so, they need to ensure that those individuals who do not meet the eligibility threshold are adequately signposted to alternative sources of support such as: luncheon clubs, befriending, volunteering…(Prioritising need in the context of putting people first, Place-shaping and promotion of well-being through universal services, p 13-14, 2010). Such universal services improve outcomes for the wider population and could help some individuals avoid or delay having to rely on health or social care services for support. If councils base their approach to needs on achieving outcomes rather than providing specific services, then people with similar needs within the same local authority area should expect to receive a similar quality of outcome.

The eligibility framework is based on:

- "The impact of needs on factors that are key to maintaining an individual's independence over time." (FACS Guidance, DoH, p. 3)

- That level of impact will be critical, substantial, moderate or low

The approach requires councils to prioritise their support to individuals in a hierarchical way. Those whose needs have immediate and longer term critical consequences for their independence and safety should be supported ahead of those with needs that have substantial consequences and so on.

Fair Access to Care Services requires that there should **not** be Eligibility Criteria for different services.

The FACS guidance confirms that resources can be taken into account in assessing a person's needs for services and in deciding whether it is necessary to make arrangements for those services.

2. Legal Context

Community care *".is about assisting people with social care needs, and enabling them to remain living at home, as independently as possible for as long as is possible, in the belief that this is what most people want."* (ref. Michael Mandelstam: Community Care Practice and the Law - 2nd edition 1999.) Community care assessment is the process by which information is gathered about a person to see if they have a need for community care services.

Community care assessment is a statutory duty on the local authority and a service in its own right that is separate from the later decision about the provision of services. It is provided under the National Health Service and Community Care Act 1990 Section 47(1) (a), which states:

"...where it appears to a local authority that any person for whom they may provide or arrange for the provision of community care services may be in need of any such services, the authority – shall carry out an assessment of his needs for those services.."

This means that an assessment is triggered when:

- The individual **appears** to be a person for whom the council may provide a community care assessment, for example they are disabled, elderly or unwell

and

- The individual's circumstances **may** need the provision of community care services

Carers also have a right to an assessment under the Carers and Disabled Children Act 2000 (Carer Practice Guidance, DoH).

Community care services may be provided to individual adults with needs arising from physical, sensory, learning or cognitive disabilities and impairments or from mental health difficulties. In general, the council's responsibilities to provide such services are set out in the legislation specified in Appendix 1.

The Mental Capacity Act (2005) applies to all individuals in England and Wales who are aged 16 and above and who lack capacity to make decisions. Hence everyone directly involved in the care of such individuals or employed in health and social care will be subject to the Act. The Act provides levels of protection and transparency for those whose capacity is under question and for those who may have to make decisions on their behalf. It refers to the ability of individuals to make decisions that have consequences for their finances, health care and

quality of life. The Act provides a statutory framework and sets out who can act for and take decisions on behalf of a person who lacks capacity, under which circumstances and how they should go about this. According to the Act a person lacks capacity if they fail at least one of the following four tests:

- Understand information relevant to the decision
- Are able to retain and later recall that information
- Can use or analyse that information as part of the decision process
- Can communicate the decision by any means (talking, blinking, signing grunting, hand squeezing…etc)

Further:

- An individual is assumed to have capacity unless there is evidence otherwise
- Individual capacity can fluctuate and if lost may be regained at a later date. Hence an assessment postponement may be appropriate
- Ascertain as far as possible from the person, their family, friends, any previous writing…etc, what the individual's wishes are likely to be
- When making a decision on behalf of a person always do so in their best interests
- Provide information in a way that is easy to understand
- A person with capacity also has the right to make a wrong or unwise decision.

You should not:

- Assume a person lacks capacity until you have tried your best to help them pass each of the four tests above.
- Regard a person as incapable of making a decision just because their decision seems unwise.
- Make judgements on a person's capacity by their appearance, race, age, condition or behaviour.

The Mental Capacity Act impacts on many aspects of social care. Halton has well-established training for staff likely to encounter individuals who lack capacity and a current policy document and guidance (Guidance Notes for Assessing Mental Capacity, HBC Feb 2010). It is also important to consider where the use of Independent Mental Capacity Advocates (IMCAs) and other advocates specialising in learning and disability.

3. Concerning FACS 2010 – Changes & Enhancements

This section summarises the main aspects of FACS that are the same, those that have changed and those that are either new or enhanced as a result of policy wider developments such as the following:

- Putting People First: A shared vision and commitment to the transformation of adult social care (DH, 2007a)
- Shaping the future of care together (DH, 2009b)
- Cutting the cake fairly: CSCI review of eligibility criteria for social care (CSCI, 2008b)
- Mental Capacity Act 2005
- National Carers Strategy (DH, 2008)
- Independent Living Strategy (ODI, 2008)
- Valuing People Now (DH, 2009e)
- National Dementia Strategy (DH, 2009e)

What has changed?

Features of FACS 2003 that are Changed in FACS 2010	
FACS 2003	FACS 2010
Needs-based assessments and reviews	Outcomes-based assessments and reviews
Preventative approaches	Preventative strategies
Care planning	Personalisation and support planning

What's new or enhanced?

The following changes in the context of the wider policy stem from recent legislation such as 'Putting People First,' personalisation, service transformation, and public service reform:

- Prevention, early intervention and enablement are to become the norm and are seen as an investment in wellbeing and delaying or preventing needs escalating.
- There is an enhanced focus on:
  - Rights, discrimination and equality as well as social inclusion
  - Self-assessment with support if necessary prior to any formal assessment as a way of putting the person seeking support at the heart of the process
  - Early information on resource, to assist self-directed support, personal budgets and the right to take managed risks
  - First contact as a critical aspect of assessment and referral recognising that the first response can determine the quality of future contact saving time and costs on assessment later
  - Promoting community wellbeing and preventive approaches
  - Transitions to ensure that young people with social care needs have every opportunity to lead as independent a life as possible and are not disadvantaged by the move from children's to adult services
  - Improving information sharing between organisations

- The five statutory principles of the Mental Capacity Act (MCA Code of Practice (DH, 2007))
- The development and evaluation of the Common Assessment Framework for adults through local authority-led demonstrator sites that run to 2012 and are working to inform improved information sharing between IT systems and across organisational boundaries
- The rights and needs of young carers as children and young people (Carers Act 1995 [Recognition and Services], Carers and Disabled Children Act 2000).
- Reforms introduced in April 2009 to establish a common approach to handling complaints in the NHS and adult social care (DH 2008c).

4. Local Policy

This policy sets out how decisions will be made in Halton about 'what sorts of people with what kinds of needs qualify for what types of services'.

Principles and Standards

Halton's Eligibility Criteria will:

- Be non-discriminatory.
- Be applied equally across **all** adult service user groups including adult carers.
- Lead to equitable, transparent and consistent decision making within available resources.
- Be based on the needs of, and risks to, individuals with particular reference to the seriousness of any consequences to independence.
- Be clear about the level of risk to independence that will trigger a service and the level that will trigger redirection and / or information and advice.
- Enable the authority to balance demand for services with available budget.
- Be written in a way that is easily understood by staff, service users and carers and available in different formats.

The Eligibility Criteria sets out where Halton will draw the 'threshold for services' line (Appendices 2, 3). This has been set at Moderate and the same 'Eligibility Criteria' will be used for all adult service users, to ensure services are offered on a fair and consistent basis.

Individuals' views will always be heard and respected. However, in the interests of equity and best use of resources, the council retains responsibility to apply its Eligibility Criteria.

This policy and procedural guidance has been developed with the involvement of managers, staff and users and carers and will provide employees with clarity and the assurance that they are working within the framework adopted by the Borough Council. Students will be made aware of Halton's FACS policy and encouraged to apply it in work they undertake as part of their placement.

The Eligibility Criteria threshold is set, and can only be changed by members of the council and must be reviewed at least annually.

This policy only applies to those needs that the Social Services are responsible for meeting. Assessments may identify needs that other agencies are responsible for meeting. These agencies have their own policies for determining how services will be allocated to people. These include:

- NHS responsibilities for meeting continuing health care needs.
- Nursing care as set out in Section 49 of the Health and Social Care Act 2001.
- Intermediate care.
- Supporting People.
- Disabled Facilities Grants

5. Procedural Guidance

Principles of Assessment

Decision-making about eligibility for services is underpinned by the assessment and review process. The principles of, and standards for, assessments are set out in the following national documents:

- National Service Frameworks for mental health and older people
- The White Paper Valuing People
- General Principles for Assessment within the FACS Guidance
- Single Assessment Process guidance
- Carers and Disabled Children Act 2000 - Practice Guidance

Within Halton the guidance concerning the different types of assessment, together with the practice principles underpinning assessment, is set out in the following documents:

- Assessment and Care Management Policy (June 2005)
- Assessment Procedures (June 2005)
- Support planning Procedures (June 2005)
- Review Procedures (June 2005)
- Adult Carer Assessments – Policy and Guidance (October 2008)

The fundamental principle underpinning these policies is that people are experts about their own situation. Therefore assessments should ensure the needs, wishes and views of the individual and that of their carer are taken into account throughout the decision making process.

Prevention

Prevention, promotion of independence and recovery are key themes in national documents for **all** adult service user and carer groups, including: The National Service Framework (NSF) for Mental Health (1999), the NSF for Older People (2001), the White Paper Valuing People (2001), the Carers and Disabled Children Act (2000), 'Making a strategic shift to prevention and early intervention

– a guide' DoH (2008), 'Our health, our care, our say (2006), 'Putting People First' (2007), 'Transforming Social Care' (2008) and 'High Quality Care For All' ('the Darzi report', 2008). HBC and NHS Halton and St Helens have drawn up a joint Prevention and Early Intervention Strategy (2010-2015) to establish a clear framework and rationale to support an increased shift to improving preventive and early intervention services in the borough.

Halton's preventive strategy defines the three distinct areas of prevention as:

- Primary Prevention / Promoting Wellbeing
  This is aimed at people who have no particular social or health care needs. The focus is on maintaining independence, good health and promoting wellbeing. Interventions include combating ageism, providing universal access to good quality information, supporting safer neighbourhoods, promoting healthy and active lifestyles, delivering practical services…etc.

- Secondary Prevention / Early Intervention
  This is aimed at identifying people at risk and to halt or slow down any deterioration and actively seek to improve their situation. Interventions include screening and case finding to identify individuals at risk of specific health conditions or events (such as strokes or falls) or those that have existing low level social care needs.

- Tertiary Prevention
  This is aimed at minimising disability or deterioration from established health conditions or complex social care needs. The focus is on maximising people's functioning and independence through interventions such as rehabilitation/ enablement services and joint case-management of people with complex needs.

By clearly defining prevention in this way, Halton as a local authority, can begin to consider how addressing people's low-level needs and wants, enables it to shift service provision from high- cost complex care, to more cost-effective low level support.

Needs and Eligible Needs

This guidance defines the term 'need' in its every day sense. This term is referred to as 'presenting needs'. Needs may be intermittent or continuous in nature.

The term 'eligible need' has a specific meaning and is defined as:

"..needs that the council will meet as they are assessed as falling inside the Council's eligibility criteria that are set according to the council's resources."
(ref. Fair Access to Care: Guidance on Eligibility Criteria for Adult Social Care - Department of Health)

If a person's assessed needs fall within the council's Eligibility Criteria, it becomes an 'eligible need' that the council should meet.

The distinction between need / presenting needs on the one hand and eligible needs on the other should be taken into account when assessment information is being evaluated and summarised and support plans drawn up.

Transition

Young people who are moving from provision of service within Children's Services to provision within Adult Service, must have an assessment undertaken in accordance with 'Fair Access to Care Services' framework and they and their carers must be advised regarding their eligibility for services when they are in Year 12 at school. A Review will take place in Year 13. This is prior to the transfer of care management responsibilities to Adult Services on the young person's 18th birthday. This is to ensure continuity and consistency of services.

6. Practice Guidance

Publishing Information

Information to assist individuals to make arrangements to meet their own needs can be given at any stage, regardless of whether the person has needs above or below the threshold line for services. Wherever possible, people should be empowered to make arrangements to meet their own needs through the provision of wide ranging information and advice, including that about welfare benefits. In its local authority circular 'Transforming Adult Social Care' the Department of Health stressed that:

> *By 2011, all local authorities must provide "Universal joined-up information and advice available for all individuals and carers, including those who self-assess and fund*. (DH)(2009)1

To achieve this it has set-out a timetable of requirements:

- By April 2010 every council will have a strategy in place to create universal information and advice services
- By October 2010 the council will have put in place arrangements for universal access to information and advice
- By April 2011 the public are informed about where they can go to get the best information and advice about their care and support needs.

Information is seen as an important core component of personal choice, empowering citizens to make informed decisions. Personalisation in particular requires quality information in order to fully realise the goal of person-centred care. As an authority, Halton is committed to delivering information at a place and in a format that is convenient to the citizen. However, the task of delivering a universal information service raises important issues such as:

- Who is collecting and updating information about services?
- Who is responsible for the ongoing quality assurance of information?
- How are partners likely to be supported in their Information, Advice and Advocacy (IAA) role?

- How can referrals be reduced so that a one-stop shop can be delivered as the first point of contact?

Halton is well advanced in dealing with these issues and will shortly (April 2010) be introducing its strategy for universal information and advice. As part of this, practitioners should either give the information and advice requested, or with the person's permission, contact another agency for this. Information and advice is an appropriate response at the initial point of contact where:

- A person does not meet the legal criteria for community care assessment
- Where the person is clear about what is required and why, their needs are clearly defined and require no further checking and the presenting situation is stable
- Where another agency is better placed to respond to the presenting needs

Important points to highlight are:

- Has delivery of the service been co-designed to ensure that it actually meets local need?
- Is the information accessible in a wide variety if ways?
- Does the information equally support service users and self-funders?
- Is peer-to-peer recommendation made easier?

Determining Eligibility for Assessment

Before beginning a community care assessment customer services staff and/or practitioners first have to determine whether the level of need is actually (or likely to be) significant and whether the person requires community services. For example, are they disabled or do they have an illness (National Health Service and Community Care Act 1990 Section 47(1), a).

Access to carers assessments is defined by the Carers and Disabled Children Act 2000, where:

- The carer provides or intends to provide a substantial amount of care on a regular basis to another person aged 18 or over
- The carer does not provide or intend to provide the care under a contract or as a volunteer for a voluntary organisation
- The council is satisfied that the person cared for is someone for whom it may provide or arrange for the provision of community care services
- The carer asks the local authority for an assessment

An assessment should only follow where these criteria are met. Therefore, it follows that not every contact will require an assessment, in particular requests for information about services (see above).

Halton's Eligibility Criteria for Assessment are to be found at Appendices 2,3. It is important to stress that case priority is based on information acquired at the initial point of contact. It does **not** indicate a person's eligibility for services.

The level and type of assessment / review carried out should be determined by presenting needs and difficulties and will require practitioners to exercise judgement about how best to respond.

Applying Eligibility Fairly and Consistently

It is important that those applying eligibility criteria are aware that risks to independence and well-being relate to all areas of life and that in general there is not a hierarchy of needs (two exceptions to this are: life threatening circumstances and serious safeguarding concerns). For example needs relating to social inclusion and participation are just as important as needs relating to personal care issues. For example a disabled individual facing significant obstacles taking up education and training to support their independence and well-being should be given equal weight to an older person who is unable to perform vital personal care tasks. Hence overall, decisions are made within the context of human rights where people's needs are considered not just in terms of physical functionality, but also in terms of their basic right to dignity and respect.

Further, there is no implicit assumption that low-level needs will always be equated with low-level services or that critical needs will always require complex costly services as a response. A person with relatively low needs may still need more complex intervention in the short-term to counter any immediate risks to their independence and/ or well-being. Sometimes a simple one-off intervention, such as provision of the right piece of equipment will provide the support needed. Also, in 'Cutting The Cake Fairly,' CSCI identified that carers are often willing to provide substantial personal care, but can find it difficult to manage household tasks at the same time. It is therefore important not to be too restrictive about the kind of support that is made available, if such support can sustain the caring role and maintain independence and well-being in the longer term.

A person's needs must be considered over a period of time, rather than as the consequence of a single snapshot. In this way the needs of those who have fluctuating or long-term conditions can be properly taken into account. Also, before any final decisions are taken about longer-term needs for support and whether such needs are eligible for local authority support, consideration should always be given to whether a period of re-ablement or intermediate care should be made available. This can help maximise what people can do for themselves, before any further assessment of needs is undertaken.

There are others with disabilities in danger of being overlooked in the assessment of eligible need. These would include people with specific communication needs, or blind and partially sighted individuals who could be disadvantaged by assessors who are unaware of the impact that loss of vision has. In order to maximise what individuals with newly acquired disabilities can do for themselves, consideration should be given to making available rehabilitation services, before assessing for longer-term need. Groups with "hidden" needs often include people with autism. For example, in the case of Asperger's syndrome individuals have occasionally been refused assessment or access to support by some local authorities. The argument being because their IQ scores are too high they cannot have a learning disability! This is clearly unacceptable.

The government is to publish a new national strategy for Autism by the end of March 2010 to support best practice and higher quality services for their particular requirements.

As a means of ensuring that eligibility criteria are applied fairly and consistently it is important to consider whether the individual's needs are likely to prevent the following outcomes from being achieved:

- Exercising choice and control
- Health and well-being, including mental and emotional as well as physical health and well-being
- Personal dignity and respect
- Quality of life
- Freedom from discrimination
- Making a positive contribution
- Economic well-being
- Freedom from harm, abuse and neglect
- Taking wider issues of housing and community safety into account

Assessing Need

The purpose of the assessment is to gather information about a person's needs, situation, strengths, abilities and difficulties. This information can then be used to identify the impact those needs are likely to have on the individual's safety and / or independence. The assessment process should be person centred throughout and also consider the wider family and community context. Professionals should fully involve the person seeking support. This involves listening to their views, and encouraging a partnership approach, based upon the person's aspirations and the outcomes they wish to achieve such as: how they want to live their lives and how they can make a valued contribution to their community.

The evaluation of a person's needs must take into account how needs and risks could change over time and the possible outcome if help were not provided. This should also include consideration of the impact upon the person of changes in the circumstances of the carer(s). In this way assessment will be most effective if conducted as an ongoing process rather than a singular event.

People with all levels of need, regardless of whether or not they have eligible needs, or fund their own care need to be taken into consideration. With the right kind of intervention, such individuals may be able to reduce or even eliminate their dependency on social support. Support plans should be constructed with such individuals in mind. These plans would focus on what individuals can achieve with the right help, rather than simply putting arrangements in place to prevent their situation getting worse.

Assessment forms are simply a tool for gathering the required information in a structured format. The forms do not in any way replace the need for practitioners to interpret and analyse the information collected in relation to each individual's unique circumstances. Alternatives to the need for social care assistance arranged by social services, should always be explored and recorded at the assessment stage. This should include contributions from the individual, family,

wider community, voluntary sector and other agencies, such as Supporting People.

Agencies should work together to ensure that information from assessment and related activities is shared among professionals, with due regard for data protection. In coordinating assessment, agencies should maintain an emphasis on outcomes rather than functions or services. The result should be as assessment process that individuals experience as consistent, seamless and timely. The DoH has recently consulted on proposals for the development of a Common Assessment Framework (CAF) for adults with the aim of promoting more person-centred assessments. This is likely to replace SAP and is currently art the development stage in certain local authority 'Demonstrator Sites,' with the hope that it can facilitate more efficient, timely and secure sharing of information around assessments. Full evaluation is expected in 2012, but learning from the Demonstrator sites is being shared throughout the programme. Halton, although not a Demonstrator Site will need to keep abreast of these shared developments.

The assessment process should not marginalise specific groups of people. Instead, people should be helped to prepare for the assessment process and to find the best way for individuals to state their views. The use of interpreters, translators, advocates or supporters can be critical in this regard.

Assessments will also identify needs that other agencies are responsible for meeting. These agencies have their own policies for determining how services will be allocated. Social Services should not provide social care as an alternative to other agencies meeting their responsibilities. It is also important to stress that:

> *The act of completing an assessment is not a commitment by Social Services to provide or arrange social care services.*

Evaluation and Analysis of Needs and Risks

Risk assessment is an integral part of the assessment and review processes and a critical part of determining an individual's eligibility for services. As well as identifying the individual's strengths and abilities, the individual and practitioner should clarify potential difficulties and possible risks that could lead to increased dependency, harm or danger including risks to carers or other close relationships if needs are not addressed.

Using the assessment information, practitioners will need to predict how likely the risk is to occur and how quickly it will impact on an individual's independence if it is not addressed. In exploring the interaction between a person's needs and risks the individual and practitioner should consider:

- Instability / unpredictability of needs
- Intensity of needs and level of distress
- Number of different needs, how they interact and how the individual reacts to the difficulties facing them
- Impact of external and environmental factors.
- Sustainability of assistance from self, family, wider community and other agencies.

Risk assessments should explore what is an acceptable level of risk, the individual's attitude and wishes concerning risk taking and whether the risks are a normal part of independent living or a cause for serious concern.

There are four levels of risk assessment – Low, Moderate, Substantial and Critical. These are defined along with examples, desired outcomes and services that might be appropriately provided under Halton's 'Eligibility Criteria' (Appendix 3).

Applying the Eligibility Criteria for Services

A person is eligible for social care support where:

- They have needs above the threshold line for services (Appendix 5).

Halton Borough Council has set its threshold at moderate. However, there may be occasions where a wider view, incorporating low-level services, may be agreed as a preventative approach to reduce the risk of loss of independence. The assessment will have identified the interaction between **all** of a person's assessed needs and risks, the individual's views and attitudes towards the risks and the predictability and time frames within which they are likely to occur. This information will inform decision-making about the level of seriousness of the risks in terms of harm or danger and the level of impact to an individual's independence. Hence, the undertaking of a rigorous risk assessment of needs that may initially appear to be below the threshold could in fact result in a critical or substantial need being identified.

For example, the impact of risks to an individual's independence will be influenced by factors such as their housing circumstances and the level of support they receive from others such as carers, family, wider community, other agencies and voluntary organisations, and so on.

Each individual's situation is unique and the interaction of needs and risks will vary accordingly. Practitioners must use their skills to interpret and analyse the assessment / review information to inform their judgements concerning eligibility. The assessment format will indicate whether a person is unable to do many/ most/ some important tasks or have difficulty with one or two activities.

In determining eligibility for services, staff must take account of the reasonable standards that a multi-cultural society would expect, including any eligible needs arising from ethnic, religious or gender requirements, balanced against resource constraints, thus enabling the council to discharge its legal duty

The Statement of Eligible Needs (Appendix 7) should be completed and presented to Resource Panel together with other required documentation.

Note: It does not follow that once a person has some eligible needs for services, that all presenting needs become eligible. Also, needs and risks may vary over time leading to a variety of outcomes at the review stage.

Implementing the Support Plan

The eligible needs detailed on the Statement of Eligible Needs will form the basis of the 'Support Plan' which will set out the goals agreed by the service user and practitioner and the support and intervention that can best meet the eligible needs. 'Putting People First' clearly stresses that all individuals in receipt of social care support and their carers should be in control of their own lives, using personal budgets to direct funding in a way that best meets their needs.

'Fair Access to Care Services' requires that there are no service led Eligibility Criteria. Wherever applicable, the use of Direct Payments must be considered. In deciding on levels and types of support practitioners should:

- Give people information so that they can solve their own problem where appropriate
- Take account and encourage the strengths of the individual to problem solve, thereby minimising our intervention
- Consider the contributions of family, friends and other agencies
- Provide short-term intervention to enable people to become independent without support from Social Services
- Provide intervention to assist people to live independently over the longer term
- Ensure people are not discriminated against on the grounds of their age, gender, ethnic group, religion, disabilities, personal relationships or living and caring arrangements

In order to be successful, self-directed support initiatives depend upon effective support planning. This needs to be person-centred, focusing upon what is important to the person and how best they can achieve their aims through use of a personalised budget. For those in receipt of directly managed services, choice and control should also be available as a means of identifying individual solutions matched to outcomes. Hence, support planning always incorporates decisions made by the individual, supported by anyone they have chosen to assist them in this planning.

A written record of an individual's support plan should include the following:

- A note of any eligible needs that have been identified during assessment
- Any agreed outcomes and in what way support will be organised to meet these
- A risk assessment including any actions to be taken to manage identified risks
- Contingency plans to manage emergency changes
- Any financial contributions the individual has been assessed to pay
- Any support which carers and others are willing and able to provide
- Support to be provided to address needs identified through the carer's assessment
- A review date

Monitoring The Support Plan For Service User Need

Monitoring underpins the delivery of the support plan on a continuing basis. It's about supporting the achievement of set objectives over time and adapting the support plan to the changing needs of the service user. The type and level of monitoring will relate to the scale of intervention and the complexity of the needs that are being addressed

Where, for whatever reason, delays occur providing or arranging services, this should be discussed with the service user and carer. People will be prioritised according to the risks to their independence with critical needs first, then people with substantial needs and so on.
Where the service user and / or carer refuse help and services for whatever reason the following applies:

- **If** the person has capacity to make an informed decision then that person's refusal of services determines the situation. Agencies do not have the power to compel a person to receive services.
- **If** the person is a 'Vulnerable Adult' agencies must discuss their concerns at a strategy meeting or case conference convened under the inter-agency Adult Protection policy. A letter should be sent to the person concerned setting out what services were offered and why and the fact of the person's refusal to accept them. The letter should make it clear that the person can contact social services at any time if they change their mind. In cases of high risk, consideration should be given to arrangements for monitoring the case to ensure that circumstances do not deteriorate to an unacceptable degree. Where a service user has declined an assessment or service(s), a carer is still eligible for an assessment under the Carers and Disabled Children Act 2000. Carers may also receive services as a carer where they have an eligible need (Carers and Disabled Children Act policy and practice guidance).

Reviewing /Reassessment

The review will gather information about a person's situation, needs, strengths, abilities, difficulties and risks and identify the impact of those needs on the individual's safety and / or independence. The review will also establish how far the support provided has achieved the outcomes set out in the support plan. Review forms enable the information to be captured in a structured way. The forms do not replace the need for practitioners to interpret and analyse the information collected in relation to each individual's unique circumstances.

Alternatives to the need for social care assistance arranged by social services should always be explored and recorded at the assessment and review stages. This should include contributions from the individual, family, wider community, voluntary sector and other agencies, such as Supporting People. Assessments / reviews will identify needs that other agencies are responsible for meeting. These agencies have their own policies for determining how services will be allocated. Social Services should not provide social care as an alternative to other agencies meeting their responsibilities.

Reviews should follow the process for assessments and evaluation and analysis described above. No assumptions should be made about an individual's needs. An initial review should take place within six weeks of the service being provided or major changes in service provision being effected. Reviews should then take place at least annually, more often if necessary.

Some Important Points to Remember:

- Eligibility Criteria are used to determine if an individual is eligible for social care services arranged by social services.
- Eligibility is about allocating resources based on risks to independence, harm or danger if social care needs are not addressed.
- Eligibility Criteria should assist practitioner decision-making, not replace it.
- Social Services should not provide social care as an alternative to other agencies meeting their responsibilities.

Managers and practitioners are responsible for adhering to this policy and guidance

7. Additional FACS Related Issues

Roles and Accountabilities

Practitioners are accountable for:

- ♦ Adhering to the policy and practice guidance so that individuals are treated fairly and consistently.
- ♦ Ensuring that the level of resource request is appropriate to the level of need and risks.
- ♦ Provision of advice/support and signposting to other services.
- ♦ Completion of the Statement of Eligible Needs where required and ensuring the statement reflects the information gathered during the assessment / review.
- ♦ Ensuring a copy of the Checklist is placed on the service user's file (Appendix 7).
- ♦ Highlighting individual learning needs and participating in and contributing to identified learning opportunities.

Principal and Practice Managers are accountable for:

- ♦ Agreeing that the Practitioner has applied the appropriate resource request to the level of need and risk.

- Ensuring consistency of application of the policy and practice guidance.
- Ensuring that resources are used effectively so that individuals are treated fairly and consistently.
- Ensuring that all staff, including new staff, are familiar with the 'Eligibility Criteria' so that they act lawfully and within the policy of the council.
- Develop a culture of learning on the job through coaching, team learning opportunities and individual supervision.
- Setting up appropriate monitoring systems.

In all circumstances variations to these criteria must be discussed with the line manager, thus:

- Ensuring consistency in the application of the policy and practice guidance.
- Ensuring eligibility levels and resource allocation is appropriate to the level of need and risk
- Acting in a monitoring role in terms of ensuring the equitable implementation of FACS and use of available resources.
- Monitoring assessments to identify unmet needs and service deficits that will then inform the commissioning process.
- Identifying problem areas in micro commissioning which will inform macro commissioning, linking with the Contracts section and budget monitoring.

Staff Learning Needs

The effective application of Eligibility Criteria is, to a large extent, determined by the skill and sensitivity of staff in assessing people's needs. Managers must ensure a culture of learning on the job through coaching and team learning opportunities with outcomes being evidenced on supervision files.

The national policy requires councils to put the following in place:

- Training and development activities to encourage an organisational culture that promotes independence, person-centred care and anti-discriminatory practice.
- Risk assessment skills development for longer term planning.
- Consequences to a person's independence are understood and identified.
- Involvement of staff from other agencies in staff training.

Currently Halton offers a comprehensive learning and development programme throughout the year, to enable staff to acquire and develop their knowledge and skills. Some examples are:

Social Care Risk assessment	(1 Day)
Risk Assessment for Managers	(half Day)
Dementia Awareness	(1 Day)
Dementia Advanced	(1 Day)
Mental Capacity Act Assessment Basic Awareness	(1 Day)
Safeguarding Vulnerable Adults	(2 Day)
Mental Health	(1 Day)

The line manager must ensure new staff are familiar with the Eligibility Criteria to ensure employees act lawfully and within the policy of the Council.

Information Sharing

Halton Borough Council is required under Caldicott guidance to safeguard the Personal, confidential information it holds on all its service users and carers and not to share that information with other agencies without an information sharing agreement being in place. Before any information is shared about a service user or carer and providing their consent has been given, staff must ensure that an information sharing agreement. The Caldicott Guardian and Caldicott Officer will provide assistance with any queries including arranging introduction of new information sharing agreements.

Complaints

In all cases, service users and carers should be encouraged to first approach the assessing worker to discuss their concerns and then the local manager. Following this where disagreements persist concerning the decision making about eligible needs the service user and / or carer has the right to access Halton's complaints procedure, which may include a second opinion.

It is important that all decisions are well-documented and evidenced, as set out in this policy.

Monitoring and Review of the FACS Process

The purpose of Eligibility Criteria is to support the most effective and efficient use of available resources and to ensure consistency and fairness across the county and across service user groups. It is therefore important that the application of the Eligibility Criteria is carefully monitored and reviewed on a regular basis.

The national policy requires councils to audit and monitor their performance in respect of fair access to care services in the following ways:

- Monitor the extent to which different groups are referred, which groups receive an assessment and, following assessment, which groups go on to receive services

- Monitor the quality of the assessment and eligibility decisions of their staff
- Monitor which presenting needs are evaluated as eligible needs and which are not
- Audit service effectiveness with reference to support plans and reviews
- Monitor the speed of assessment and subsequent service delivery in accordance with the local Better Care Higher Standards Charter
- Monitor the timing and frequency of reviews
- Monitor the extent to which residents of different geographical areas with the council's boundary receive an assessment and which go on to receive services

Further the guidance states that once information has been collected and analysed, results from all the above analyses should be shared with a range of interested parties including service user, elected members, and other local agencies. Appendix 4 specifies the quantitative measures and indicators that will support this monitoring process.

This will be achieved in Halton through FACS monitoring exercises. These are carried out annually and Performance Management and Quality Systems, which include:

- 'Fair Access' and 'Quality of Services for Users and Carers' performance information within New Local Performance Framework (Appendix 4, for details of relevant indicators and targets)
- File Audit and other internal audit and inspection processes. File Audits will examine the following to monitor FACS is being implemented in accordance with the policy and practice guidance:
  - Assessment documentation
  - Support plans
  - Risk assessments
  - Panel applications
  - Statement of eligible needs
  - Review documentation
- Customer satisfaction and feedback surveys
- Analysis and evaluation of Complaints and Compliments
- Staff Supervision and Appraisal system
- Information from external inspections and audits such as, Social Services Inspectorate, District Audit and the Best Value Inspectorate
- Monitoring financial performance against the FACS categories and service targets

----0----

Appendix 1

Relevant Legislation

Part III of the National Assistance Act 1948

Section 21 concerns the provision of residential accommodation to certain groups of people who are in need of care and attention that would otherwise be unavailable to them.

Section 29 concerns the promotion of the welfare of certain groups of people. To qualify for community care services under this section a person must be:

" aged 18 or over who are blind, deaf or dumb, or who suffer from mental disorder of any description, and other persons 18 or over who are substantially and permanently handicapped by illness, injury, congenital deformity or other such disabilities as may be prescribed by the Minister."

LAC (93)10 Appendix 4 asks councils to give a wide interpretation to the term substantial to take full account of individual circumstances and a flexible interpretation to the term permanent in cases where they are uncertain of the duration of the condition.

The definition of **disabled person** must be interpreted in this context to mean people over 18 years who have a permanent and substantial disability such as a learning disability, physical disability, sensory impairment, mental health difficulty, chronic illness or a combination of these.

- **Section 2, Chronically Sick and Disabled Persons Act 1970**
  Concerns services for disabled people, both adults and children.
- **Section 45, Health Services and Public Health Act 1968**
  Concerns the making of arrangements for promoting the welfare of old people.
- **Section 21 and Schedule 8, National Health Service Act 1977**
  Concerns the prevention of illness, care and aftercare of people.
- **Section 117, Mental Health Act 1983, 2007**
  Concerns the provision of aftercare services for people who were previously detained under certain sections of the Mental Health Act 1983.

Additional important legislation:

Disabled Persons (Services, Consultation and Representation) Act 1986
Mental Capacity Act, 2005
Mental Health Act, 2003, Amended 2007
Deprivation of Liberty Safeguards (Part of the 2007 Mental Health Act and an amendment to the Mental Capacity Act 2005)

Appendix 2

Eligibility Criteria for Assessment

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

(a) The person should be:

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

and

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

and

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

(b) Or

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

(c) Or

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

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

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

- To be at, or pose, a risk of serious harm.

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

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

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

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

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

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

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

Appendix 3

Eligibility Criteria

Eligibility Levels Agreed by Halton Borough Council for provision of services are critical and substantial					
Service Eligibility Level	**Threshold criteria, including risk factors**	**Relevant Legislation**	**Example situations**	**Desired outcomes of services**	**Examples of services Which might appropriately be provided at this level**
Critical – when	1. life is, or will be, threatened; and/or 2. significant health problems have developed or will develop; and/or 3. there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or 4. serious abuse or neglect has occurred or will occur; and/or 5. there is, or will be, an inability to carry out vital personal care or domestic routines; and/or 6. vital involvement in work, education or learning cannot or will not be sustained; and/or 7. vital social support systems and relationships cannot or will not be sustained; and/or 8. vital family and other social roles and responsibilities cannot or will not be undertaken.	Disability Discrimination Act 1996 NHS and Community Care Act 1990 Chronically Sick and Disabled Person's Act 1970 National Assistance Act 1948 Housing Act 1985/96 Carers and Disabled Children Act 2000 Community Care Direct Payments Act 1996 Carers (Recognition and Services Act 1995) Disabled Person Act 1944 Disabled Person Act 1986 National Health Service Act 1997 Mental Health Act 1983	The person requires 24 hour care and supervision The person's actions put him/her at risk of causing physical damage to others or the person is threatening or committing physical damage to another person. The person's actions put him/herself at risk, e.g. a severe eating disorder or history of self-harm The person may be at risk of significant self-neglect if not supported, e.g. the person is unable to feed themselves or drink and there is a danger of malnutrition/dehydration The person's existing care arrangements have broken down The person is homeless The person would cease to be able to function in the community without continuing social work involvement The person or their carer is at risk of being abused	Be safeguarded against abuse, neglect, self-harm Manage the essential task of daily living Live in a safe home environment Maintain a satisfactory level of personal care Prevent family breakdown or breakdown of social networks Communicate effectively Be able to summon help	Residential Nursing Home Care Complex Assessment work Therapeutic intervention Multi-disciplinary/joint work with specialist therapeutic provider teams Specialised day Community support service Respite care Carer's assessment Supervision of medication Domiciliary care Personal care Shopping and pension Collection Provision of meals Sitting service Access to education Help into employment Referral for specialist Benefits advice Supported accommodation Guardian Social supervisor Advocacy Multi-agency support Hospitalisation

Service Eligibility Level	**Threshold criteria, including risk factors**	**Relevant Legislation**	**Example situations**	**Desired outcomes of services**	**Examples of services Which might appropriately be provided at this level**
Substantial - when	1. there is, or will be, only partial choice and control over the immediate environment; and/or 2. abuse or neglect has occurred or will occur; and/or 3. there is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or 4. involvement in many aspects of work, education or learning cannot or will not be sustained; and/or 5. the majority of social support systems and relationships cannot or will not be sustained; and/or 6. the majority of family and other social roles and responsibilities cannot or will not be undertaken.	Disability Discrimination Act 1966 NHS and Community Care Act 1990 Chronically Sick and Disabled Person's Act 1970 National Assistance Act 1983 National Assistance Act 1948 Housing Act 1985 Housing Act 1996 Carers and Disabled Children Act 2000 Community Care Direct Payments Act 1996 Carers (Recognition and Services Act 1995) Disabled Person Act 1944 Disabled Persons Act 1986 National Health Service Act 1977 Mental Health Act 1977, 1983 Mental Capacity Act, 2005	The level of dependency is high and the person's carer finds the physical and emotional strain of caring excessive, but wishes to be involved in the caring process The person is socially isolated and requests daytime activities to alleviate loneliness The person has a pattern of self-neglect, which will lead to gradual deterioration of his/her living conditions over time The person is an adult returning from residential college or school, or is moving from Children's to Adult's Services The person is or has resettled from a long stay institution The person is an adult subject to Guardianship under the Mental Health Act	Be safeguarded against abuse, neglect, self-harm Manage the essential tasks of daily living Live in a safe home Environment Maintain a satisfactory level of personal care Prevent family breakdown or breakdown of social networks Communicate effectively Be able to summon help	Nursing residential or home care Complex Assessment work Therapeutic intervention Multi-disciplinary/Joint work With specialist therapeutic provider teams Specialised day care Respite care Carer's assessment Personal care Provision of meals Sitting service Access to education Help into employment Referral for specialist Benefits advice Supported Accommodation Advocacy A need for an Appropriate Adult Support to maintain existing care arrangements Focussed short-term piece of work eg counselling, teaching, advising or crisis intervention Interim or long term support planning Multi-agency support package Hospitalisation Rolling respite care

THRESHOLD FOR SERVICES					
Service Eligibility Level	**Threshold criteria, including risk factors**	**Relevant Legislation**	**Example situations**	**Desired outcomes of services**	**Examples of services Which might appropriately be provided at this level**
Moderate	1. there is, or will be, an inability to carry out several personal care or domestic routines; and/or 2. involvement in several aspects of work, education or learning cannot or will not be sustained; and/or 3. several social support systems and relationships cannot or will not be sustained; and/or 4. several family and other social roles and responsibilities cannot or will not be undertaken.	Disability Discrimination Act 1996 NHS and Community Care Act 1990 Chronically Sick and Disabled Person's Act 1970 National Assistance Act 1948 Housing Act 1985 Housing Act 1996 Carers and Disabled Children Act 2000 Community Care Direct Payments Act 1996 Carers (Recognition and Services Act 1995) Disabled Person Act 1944 Disabled Person Act 1986 National Health Service Act 1997 Mental Health Act 1983	The person is experiencing some distress and would benefit from input or services to relieve strain or improve the quality of life, but there is no imminent risk of breakdown Help would prevent the person's current difficulties getting worse The person is functioning reasonably well, but may want specific low key input, eg, help with access to or information about drop-in centres, benefits, local resources, etc	Be safeguarded against abuse, neglect, self-harm Manage the essential tasks of daily living Live in a safe home environment Maintain a satisfactory level of personal care Prevent family breakdown or breakdown of social networks Communicate effectively Be able to summon help	Day Care Personal care Provisional of meals Carer's assessment Access to education Help into employment Referral for specialist Benefits advice Advocacy Re-direction to the voluntary sector Provision of written information

Service Eligibility Level	Threshold criteria, including risk factors	Relevant Legislation	Example situations	Desired outcomes of services	Examples of services Which might appropriately be provided at this level
Low - when	1. There is, or will be, an inability to carry out one or two personal care or domestic routines and/or 2. Involvement in one or two aspects of work, education or learning cannot or will not be sustained and/or 3. One or two social support systems and relationships cannot or will not be sustained and/or 4. One or two family and other social roles and responsibilities cannot or will not be undertaken.	Disability Discrimination Act 1996 NHS and Community Care Act 1990 Chronically Sick and Disabled Person's Act 1970 National Assistance Act 1948 Housing Act 1995/6 Children Act 2000 Community Care Direct Payments Act 1966 Carers (Recognition and Services Act 1995) Disabled Person Act 1944 Disabled Person Act 1986 National Health Service Act 1977 Mental Health Act 1983	Assistance with access to any other services that may be appropriate to meet needs Information on how people can institute the Complaints Procedure to appeal against decisions made	Be safeguarded against abuse, neglect, self-harm Manage the essential tasks of daily living Live in a safe home Environment Maintain a satisfactory level of personal care Prevent family breakdown or breakdown of social networks Communicate effectively Be able to summon help	Assistance with access to any other services that may be appropriate to meet needs Information on how people can institute the Complaints Procedure to appeal against decisions made

Appendix 4

National Indicator Set and the New Local Performance Framework

Adult Health & Well-being, Tackling Exclusion and Promoting Equality
(A Selection From NI 119-150)

The new performance framework for local government (Strong and Prosperous Communities, Govt. White Paper, October 2006) focuses on improving both quality of life and public services. It combines national standards and priorities set by Government and local priorities developed by local authorities and their partners. This single set of indicators replaces all previous Central Government sets (PAF) and has been developed as part of the Comprehensive Spending Review (CSR). Their purpose is to measure success in local delivery through Public Service Agreements (PSAs), Service Transformation Agreements (STRs) and Departmental Strategic objectives (DSOs). The table below shows how the indicators relate to PSAs and DSOs. (Dept. for Transport (DfT).

PSAs, STA and DSOs	National Indicator Number (NI)
PSA 15. Address the disadvantage that individuals experience because of their gender, race, disability, age, sexual orientation, religion or belief.	13, 140
PSA 16. Increase the proportion of socially excluded adults in settled accommodation and employment, education or training.	143, 144, 145, 146, 147, 148, 149, 150.
PSA 17. Tackle poverty and promote greater independence and well-being in later life.	137, 138, 139.
PSA 18. Promote better health and well-being for all.	120, 123, 136
PSA 19. Ensure better care for all.	126, 127
PSA 21. Build more cohesive, empowered and active communities.	1, 2, 4.
PSA 23. Make communities safer.	15, 16, 17, 18, 19, 21, 2628, 29, 32, 34,
PSA 28. Secure a healthy natural environment for today and the future.	194
Communities and local government DSO. support local government that empowers individuals and communities and delivers high-quality services efficiently.	3, 4, 179
Communities and local government DSO. Improve the supply, environmental performance and quality of housing that is more responsive to the needs of individuals, communities and the economy.	141, 142, 154, 155, 156, 158, 160.
CO DSO. Encourage more widespread enjoyment of culture and sport.	8, 9, 10, 11.

CO DSO. Drive delivery of the Prime Minister's cross-cutting priorities to improve outcomes for the most excluded people in society and enable a thriving voluntary sector.	6, 7.
DfT DSO. To enhance access to jobs, services and social networks including the most disadvantaged.	175, 176
DfT DSO. To strengthen the safety and security of transport.	47, 48
DfT DSO. Ensure better health and well-being for all.	119, 121, 122, 125
DfT DSO. Ensure better care for all.	124, 128, 129, 131, 132, 133, 135
DfT DSO. Better value for all.	134
HO DSO. Help people feel secure in their homes and local communities.	17, 21, 24, 27, 40, 41
DWP DSO. Pay our customers the right benefits at the right time	43, 44, 45, 46

Quality of Services for Users and Carers:

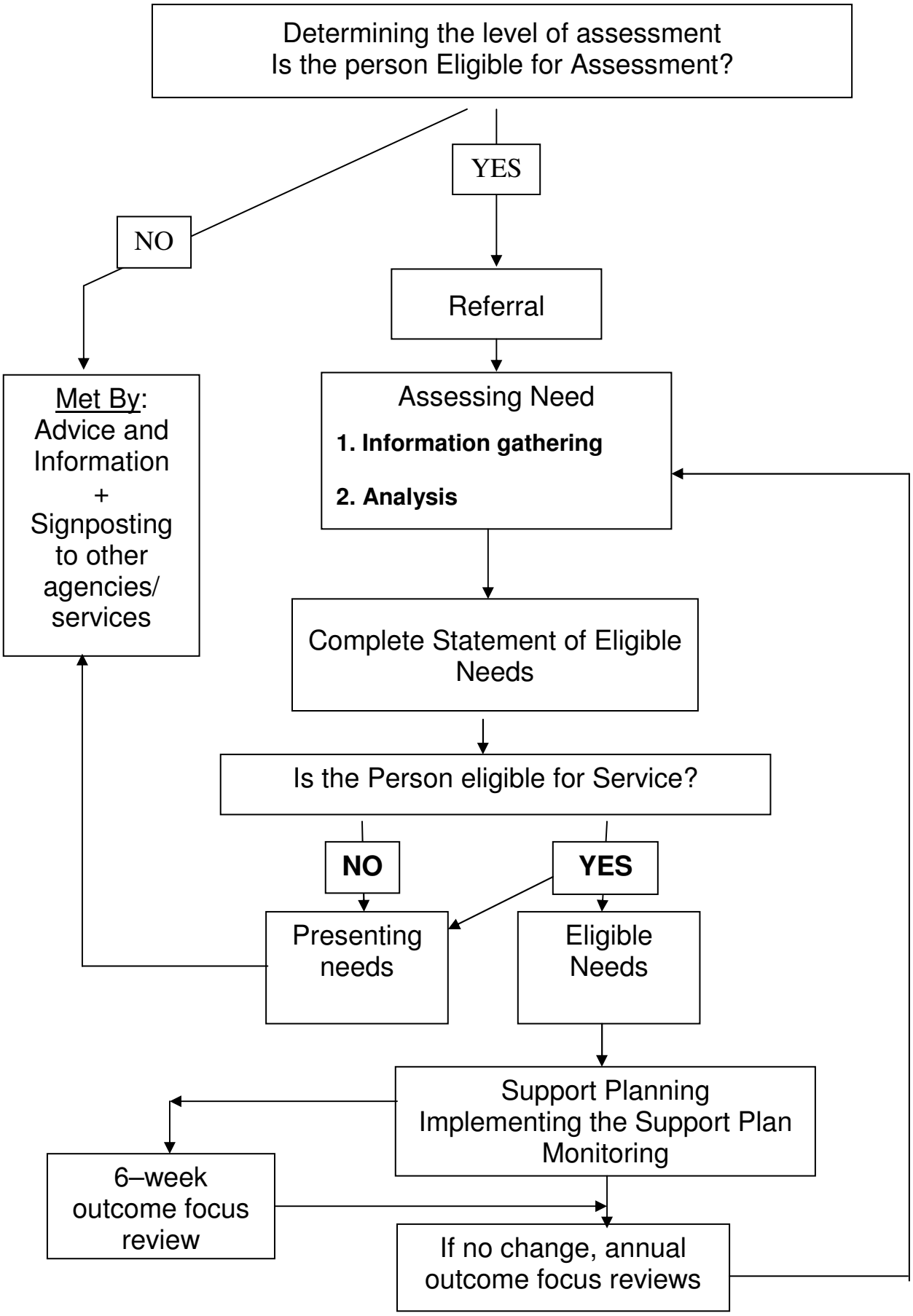
NI 119 Self-reported measure of people's overall health and wellbeing
NI 124 People with a long-term condition supported to be independent and in control of their condition
NI 125 Achieving independence for older people through rehabilitation/ intermediate care
NI 127 Self-reported experience of social care users
NI 129 End of life care – access to appropriate care enabling people to be able to choose to die at home
NI 130 Social care clients receiving self-directed support per 100,000 of the population
NI 132 Timeliness of social care assessment (all adults)
NI 133 Timeliness of social care packages following assessment
NI 135 Carers receiving needs assessment or review and a specific carer's service or advice and information
NI 136 People supported to live independently through social services (all adults)
NI 137 Healthy life expectancy at age 65
NI 138 Satisfaction of people over 65 with both home and neighbourhood
NI 139 The extent to which older people receive the support they need to live independently at home

Fair Access:

NI 140 Fair treatment by local services

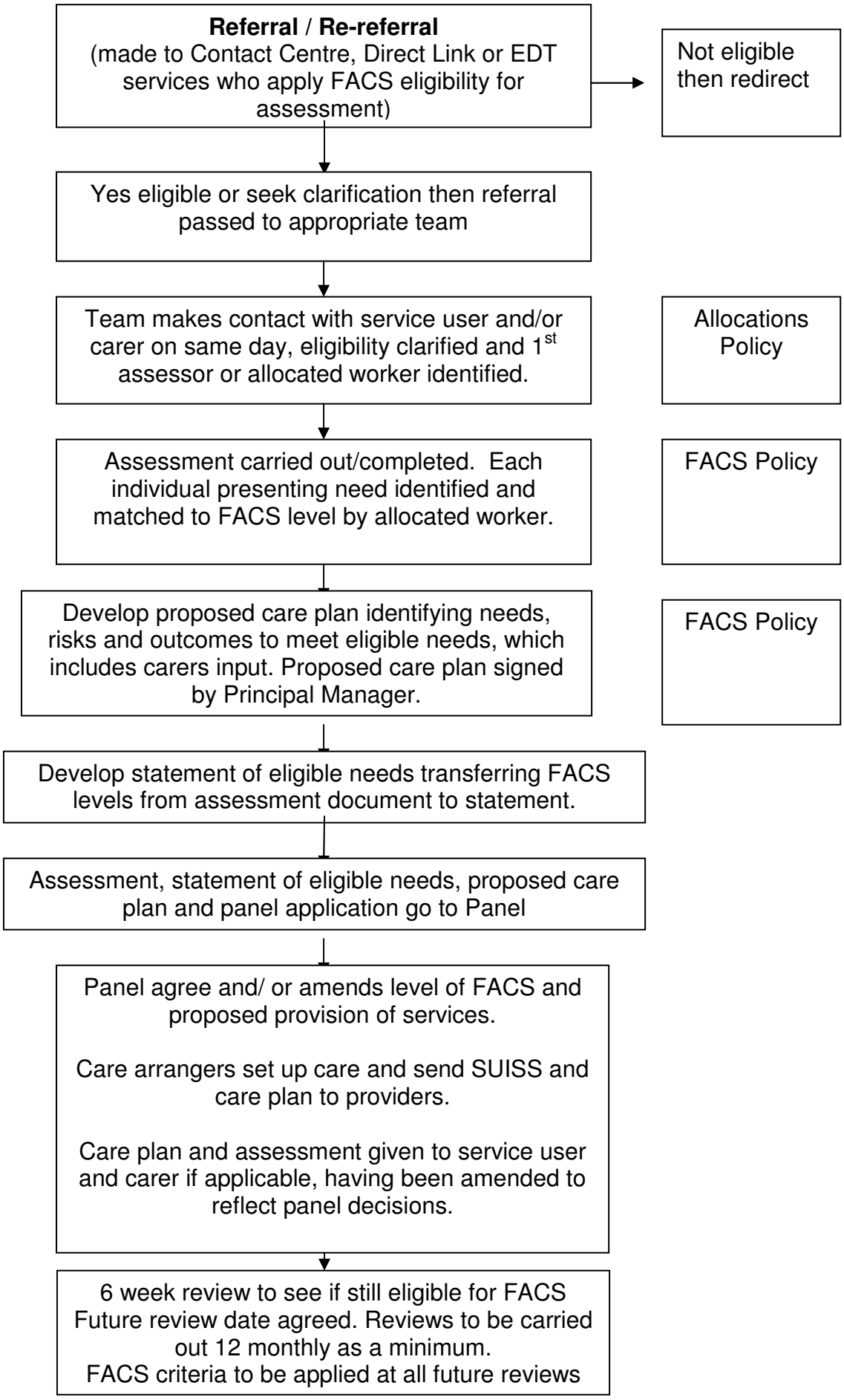
Appendix 5

Applying the Eligibility Criteria



Appendix 6

FACS /Allocations Process Flowchart



Appendix 7

HALTON BOROUGH COUNCIL RUNCORN • WIDNES

- Adult Services

Statement of Eligible Needs

SEN\01Jun 05

Service User:_____ **Carefirst No:** _____

Critical and Substantial Needs		
No	**Presenting Need & Associated Risks to Independence**	**Eligibility Band***
Moderate and Low Needs		
No	**Presenting Need & Associated Risks to Independence**	**Eligibility Band***

*** C = Critical S = Substantial M = Moderate L = Low**

Assessor: _____ Date: _____

Principal/
Practice Manager: _____Date: _____

REPORT TO: Health Policy and Performance Board

DATE: 8th June 2010

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: Learning Disability Partnership Board Annual Self Assessment Report 2009/10

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

1.1 To present the Board with the Valuing People Now: Partnership Board Annual Report Self Assessment 2009-10 and outline the process involved in its development.

2.0 RECOMMENDATION: That the Board:

(1) Note the contents of the report
(2) Comment on the priorities and recommendations for 2010/11 for the Halton Learning Disability Partnership Board

3.0 SUPPORTING INFORMATION

3.1 **Background**
The Partnership Board Annual Report Self Assessment Report is an optional requirement for all Learning Disability Partnership Boards to complete in order to update the regional Valuing People Programme Board on progress towards implementing Valuing People Now. The Self Assessment report template was received in November 2009 with a submission date of 31st March 2010 and the Partnership Board decided that the report should be produced.

3.2 **Project Group**
A project group was established consisting of the Operational Director for Prevention & Commissioning; Commissioning Manager for Disabilities; Lead Officer, People & Communities Policy Team; Policy Officer, People & Communities Policy Team. Following which an action plan was developed in order to ensure that all aspects of the report were completed by the necessary lead officers. The lead officers included colleagues from Halton Borough Council Commissioning; Performance & Improvement; Adults with Learning Disabilities Team; Employment & Enterprise Team and colleagues from NHS Halton and St Helens.

3.3 **Consultation Undertaken**
Consultation on the contents of the report took place with carers and self advocates via two consultation events held at Stobart Stadium. The carers event was held in January, where the contents of the report was presented to carers by the Commissioning Manager for Disabilities and the Policy Officer for People & Communities.

The self-advocate event was held in February and was attended by adults with learning disabilities who access various services in Halton. An easy read version of the Self Assessment Report was developed for adults with learning

disabilities to refer to. Lead officers presented information to six groups of self-advocates and their opinions were recorded by graphic facilitators during the event. A report containing all responses was collated by Halton Speak Out. Following these consultation events, some minor amendments/additions were made to the report.

3.4 **Sign Off**

The report was required to be "signed off" by the Co-Chairs of the Partnership Board, a representative for family carers and a representative for adults with learning disabilities. In order to fulfil this requirement, an extraordinary Adults with Learning Disabilities Partnership Board was organised for 9th March 2010, where the annual report was discussed by all members of the Partnership Board. The annual report was then agreed and signed off at this meeting and the report was submitted to the Regional Valuing People Now Lead on 25th March 2010.

4.0 POLICY IMPLICATIONS

4.1 Linked to the implementation of Valuing People Now, a number of strategies/policies are to be developed and will be presented to the Adults & Community Directorate's Senior Management Team as and when required.

5.0 OTHER IMPLICATIONS

5.1 None identified

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**
The principles of Valuing People Now relate to adults with learning disabilities, however, adult social care starts to have contact with children at age 14 when they commence the transition period from Children Services to Adult social care. Therefore, the work priorities and recommendations of this report will have a positive impact for children in Halton with a learning disability.

6.2 **Employment, Learning and Skills in Halton**
Valuing Employment Now was published in June 2009, which is linked to the work progressing for Valuing People Now. As a result of this, a number of recommendations and priority areas were identified in Halton in order to identify further employment opportunities for adults with learning disabilities which would provide paid work rather than voluntary work placements.

6.3 **A Healthy Halton**
The successful implementation of Valuing People Now will have a positive impact for adults with learning disabilities and their families in Halton. Through completion of the annual self-assessment report, this will enable the Learning Disability Partnership Board to identify areas of best practice and identify any areas of weakness, which will require particular focus in the work priorities for the forthcoming year.

6.4 **A Safer Halton**

None

6.5 **Halton's Urban Renewal**
None

7.0 RISK ANALYSIS

7.1 Even with the Annual Report being optional it was felt that undertaking the Self Assessment would provide valuable information in terms of progress towards implementation of Valuing People Now. If this wasn't completed it may have been perceived in a negative light for the Halton Learning Disability Partnership Board.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified

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

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

Valuing People Now: Partnership Board annual self assessment report template 2009-10

Please send your completed form to your Valuing People Programme Lead by 31 March 2010.

If you have any queries about your form, please contact your Regional Valuing People Programme Lead.

How to complete your form

1 Make sure you've included the name of your Partnership Board in the filename. This will help us to keep track of all the forms sent back to us.

2 Complete the form on your computer.

You can key your answers into the spaces provided, and also copy and paste information if appropriate.

You can save your form, so you don't need to complete it all in one go. Always make sure you save the form as you work.

What to do when you've completed your form

When you've completed your form, you need to share it with the members of your Partnership Board so that they can sign to say they agree with the information you've provided.

1 Save the file and print copies for all members of your Partnership Board. You can email the form to the members as long as they'll be able to open it.

2 Ask all of the people listed in section 20 of your form to date and sign the form to say they agree with the information you've provided.

You can use electronic signatures or ask people to sign a hard copy. Make sure you keep the signed copy safe as proof that the members have signed.

3 Email the final, agreed version of the report to your Regional Valuing People Programme Lead.

What happens next

Once they have all the forms, the Regional Valuing People Programme Leads will put together the regional overview report for the National Learning Disability Programme Board.

You can publish your report in April 2010 if you wish. Please use your form to help with future planning.

Regional Valuing People Programme Leads

Region	Name of Lead	Email address
North West	Dave Spencer	dave.spencer@northwestjip.nhs.uk
North East	Paul Davies	paul.davies@dh.gsi.gov.uk
Yorkshire and Humber	Jenny Anderton	jenny.anderton@dh.gsi.gov.uk
West Midlands	Chris Sholl	christine.sholl@dh.gsi.gov.uk
East Midlands	Helen Mycock	helen.mycock@dh.gsi.gov.uk
East of England	Liz Williams	liz.williams@lbbd.gov.uk
London	Debbie Robinson	debbie.robinson@dh.gsi.gov.uk
South West	Sue Turner	sue.turner@dh.gsi.gov.uk
South East	Jo Poynter	jo.poynter@dh.gsi.gov.uk
	Jean Collins	jean.collins@dh.gsi.gov.uk

Valuing People Now: Partnership Board annual self assessment report template 2009 -10

- **All figures requested below relate to *adults* with learning disabilities (aged 18 and above unless otherwise stated) who are known to services (local authorities and/or health services) and their families. (Care should be taken not to double count those people known to both local authorities and health services.)**
- **All information to be collated from April 2009 to March 2010 data.**
- **The quantitative data should be drawn from existing data collections (see Appendix D in the full guidance document *Good Learning Disability Partnership Boards* for a list of sources). Health and social care data from national returns to be taken from the August 2009 figures.**

1 Name of local authority and Primary Care Trust(s)

Halton Borough Council and NHS Halton and St Helens

2 Local picture

Please give descriptions using full sentences or bullet points. Please give both amounts AND percentages, in all cases (where appropriate/possible).

You may want to use information from your Joint Strategic Needs Assessment (JSNA) or Care Quality Commission Self-assessment return. If your JSNA does not currently include this information, you may want to use the information you collect here to help with future assessments.

2.1 Description of area covered.

Please include:

- geographical spread
- whether rural or city
- local authority type, such as shire county, unitary authority, metropolitan district, London borough
- NHS bodies in the area
- Prison Partnership Board.

Halton Borough Council is a Unitary Authority situated in the North West on

Halton Borough Council is a Unitary Authority situated in the North West on Merseyside. It is made up of the twin towns of Widnes and Runcorn together with the villages of Hale, Moore, Daresbury and Preston Brook.

Halton is an urban, industrial area whose main businesses are in chemicals, food processing, clothing, metal products and furniture manufacturing. The main service sectors are retail, financial, public and health administration.

NHS Halton and St Helens, St Helens and Knowsley Teaching Hospitals NHS Trust (Whiston Hospital) and Warrington and Halton Hospitals NHS Foundation Trust serve the health needs of Halton residents.

Specialist health services for adults with learning disabilities are provided through the 5 Boroughs Partnership NHS Trust (Halton, St Helens, Warrington, Knowsley and Wigan).

2.2 Description of *general* population.

Please include:

- total population of adults aged 18 and above
- a breakdown of socio-economic status
- number of young people not in employment, education and training (NEETs).

Halton's estimated population is 119,800 (ONS mid-year estimates 2008). Projections to 2022 show a small increase in the total population but more important is the shift in age structures due to an ageing population over 65 that is projected to continue at a faster rate than the national average.

Compared to national averages, Halton has a higher proportion of Children and Young People aged 1-24 and older people aged 45-49. Halton has a lower proportion of younger working adults aged 25-44 and older people aged over 60.

Halton has a relatively small Black and Minority Ethnic Community. From data taken from Census 2001, 98.8% of Halton's population would state their ethnic group as white.

Halton shares many of the social and economic problems associated with Merseyside and is ranked 30th most deprived nationally (Index of Multiple Deprivation 2007) though this is an improvement on previous ranking of 21st in 2004.

In comparison to the North West, residents of Halton are less likely to be in employment and more likely to be economically inactive. There is a strong relationship between the proportion of households claiming disability

Halton's estimated population is 119,800 (ONS mid-year estimates 2008). Projections to 2022 show a small increase in the total population but more important is the shift in age structures due to an ageing population over 65 that is projected to continue at a faster rate than the national average.

Compared to national averages, Halton has a higher proportion of Children and Young People aged 1-24 and older people aged 45-49. Halton has a

2.3 Description of population of people with learning disabilities, aged 18 and above, known to services.

Please give the total population (number) of adults with learning disabilities known to services.

In Halton there are 423 people with a learning disability known to Social Care. This population is ageing - 31 people are aged 65+ and there is a significant number of 53 people aged 56-64.

2.4 Number of adults with a learning disability who are known to services
(and percentages of total population as given in 2.3)

	Number	%
Age 18 to 64	392	93
Age 65+	31	7
Male	204	48
Female	219	52

Ethnic breakdown of adults with a learning disability (and percentages)

White British 208 (49%); Not stated 9 (2%); Bangladeshi 1 (0.2%); Any other black background 1 (0.2%)

The following three categories marked with a * are mutually exclusive - please do not count more than once.

People with complex needs*	31	7
People who exhibit behaviour that challenges services*	54	13
People with learning disabilities who also have autism*	70	17

Living with family carers aged 65+	26	6
Who are parents	2	0.5
Aged 18 to 25 in part-time education	0	0
Aged 18 to 25 in full-time education	149	35
Aged 18 to 25 in local education	135	32
Aged 18 to 25 in residential education	12	3

2.5 How are the specific needs of people with learning disabilities highlighted in your JSNA met? Please give examples.

The needs of learning disabled people highlighted in the Joint Strategic Needs Assessment and specific actions to address are summarised below:
i) Increasing numbers aged 60+
Actions:
These people have been targeted for person centred plans to recognise their changing wishes as they move into later life. Where appropriate people have been linked into existing community based services for older people.

ii) Significant number of carers aged 65+
Actions:
a) Lifetime of Caring workshop held with older carers to begin planning future support and accommodation to avoid crisis situations
b) Carers support worker targeting older carers to ensure emergency contacts and arrangements in place
c) Information available to assist carers through dedicated web page for carers
d) Princess Royal Trust for Carers is actively seeking carers of people with learning disabilities to offer support
e) All people living with older carers have been offered a person centred plan

iii) Predicted rise in number of people with Profound and Multiple Learning Disabilities
Actions:
a) Tracking from Year 9 in place to assist in identifying and planning appropriate support for transition to adult services.
b) Successful Speech and Language Therapist led project around communication has informed changes in day services working practices/ activities and better understanding of individuals likes/dislikes. Now being extended to supported living providers

The needs of learning disabled people highlighted in the Joint Strategic Needs Assessment and specific actions to address are summarised below:
i) Increasing numbers aged 60+
Actions:
These people have been targeted for person centred plans to recognise their changing wishes as they move into later life. Where appropriate people have been linked into existing community based services for older people.

ii) Significant number of carers aged 65+
Actions:
a) Lifetime of Caring workshop held with older carers to begin planning future support and accommodation to avoid crisis situations
b) Carers support worker targeting older carers to ensure emergency contacts and arrangements in place
c) Information available to assist carers through dedicated web page for carers
d) Princess Royal Trust for Carers is actively seeking carers of people with learning disabilities to offer support
e) All people living with older carers have been offered a person centred plan

iii) Predicted rise in number of people with Profound and Multiple Learning Disabilities
Actions:
a) Tracking from Year 9 in place to assist in identifying and planning appropriate support for transition to adult services.
b) Successful Speech and Language Therapist led project around communication has informed changes in day services working practices/ activities and better understanding of individuals likes/dislikes. Now being extended to supported living providers

iiii) Potential increase in early onset dementia for people with Down syndrome
Action:
Needs of people with early onset dementia across Halton was a topic

2.6 What is being done to improve information that informs planning and commissioning of services for people with learning disabilities.

Valuing People Now launch considered the six priorities and a report was produced for the Partnership Board outlining what people wanted locally. This is being used to inform planning

People's Cabinet is developing the role of individual Ministers to take a lead on the Valuing People priorities. Lead officers will meet with portfolio holders to hear concerns and ensure they are addressed in future

Valuing People Now launch considered the six priorities and a report was produced for the Partnership Board outlining what people wanted locally. This is being used to inform planning

People's Cabinet is developing the role of individual Ministers to take a lead on the Valuing People priorities. Lead officers will meet with portfolio holders to hear concerns and ensure they are addressed in future commissioning.

An aggregation day is planned for early 2010 to collate information from person centred plans and reviews. This will identify key themes and areas that are working well to inform commissioning priorities.

An Operational Group tracks young people in Transition from Year 9 and all have a person centred plan to determine what and when support is needed. The transition strategy and protocol is currently being refreshed and will be extended to cover ages 14-25 to capture people who have little/ no support from adult social care whilst at college or attend out of area residential college and will require support when they return. Individual Health needs will be a particular focus of the refreshed strategy.

On behalf of the Partnership Board the self-advocate support group have established a tenants forum where people can consider the support they have and share any concerns. Key messages from this forum are fed back to the Housing Strategy Implementation Group.

A Quality Improvement Team of self-advocates and family carers monitor day activities across a range of venues in the borough and reports findings to managers for action.

The Partnership Board has developed a communication strategy to clarify what people can expect from adult social care, the type of information that

2.7 **Please give details of any other progress made,** including:

- people with learning disabilities in the criminal justice system
- people with learning disabilities detained under the Mental Health Act (local authorities and PCTs have this information)

3 Partnership Board arrangements

3.1 Please give details of your Partnership Board.

Frequency of meetings

The Partnership Board meets on a bi-monthly basis.

Details of sub-groups

The Learning Disability Partnership Board Sub Groups are:
Transition
Good Health (Healthcare for All)
Housing
Carers
Relationships and Friendships (group currently being set up)

Corporate Groups progressing Valuing People Now priorities:
Employment - Disability Employment Network
Personalisation - Transforming Adult Social Care
Workforce Development - Transforming Adult Social Care workforce stream
Quality - Quality Sub Group of Adult Safeguarding Board

Date of last review of Partnership Board arrangement

7 May 2009

3.2 Please give details of the structure and membership of the Partnership Board.

Roles and representatives

Our Partnership Board structure includes members of the People's Cabinet. Membership for Halton's Partnership Board and People's Cabinet is as follows:
a) Halton Borough Councillor (Joint Chair Person) - Lead Member for Adult Social Care, Local Authority
b) People's Cabinet Chair Person (Joint Chair Person)
c) 11 People's Cabinet Ministers (all adults with learning disabilities)
d) 2 Family Carers
e) Halton Speak Out, Self Advocacy Service
f) Person Centred Planning Co-ordinator, Halton Speak Out
g) Representative from a Provider Agency
h) Representative from Connexions
i) Director of Nursing & Governance and Lead SGA Manager - Warrington

Our Partnership Board structure includes members of the People's Cabinet. Membership for Halton's Partnership Board and People's Cabinet is as follows:
a) Halton Borough Councillor (Joint Chair Person) - Lead Member for Adult Social Care, Local Authority
b) People's Cabinet Chair Person (Joint Chair Person)
c) 11 People's Cabinet Ministers (all adults with learning disabilities)
d) 2 Family Carers
e) Halton Speak Out, Self Advocacy Service
f) Person Centred Planning Co-ordinator, Halton Speak Out
g) Representative from a Provider Agency
h) Representative from Connexions
i) Director of Nursing & Governance and Lead SGA Manager - Warrington and Halton Hospitals NHS Trust
j) Assistant Director Learning Disabilities - 5 Boroughs Partnership Mental Health Trust
k) Operational Director for Adults of Working Age, Local Authority
l) Operational Director for Partnerships & Commissioning, Primary Care Trust

Number of people with learning disabilities	Male	7	Female	5
Number of family carers	Male	1	Female	1

Ethnic breakdown of people with learning disabilities and family carers

White British (14) 100%

Members that have complex needs	1

3.3 Please describe how your Partnership Board has invested in, and supported, leadership, so that members of the Board and associated task groups who are people with learning disabilities or family carers have become real partners in the planning and decision-making processes alongside professionals.

Include examples and evidence

To help the Partnership Board make Valuing People and Valuing People Now happen in Halton, a People's Cabinet was established to increase representation of adults with learning disabilities.

The People's Cabinet consists of 12 members who are all adults with learning disabilities with a wide age range. The Chair of this Cabinet is also Co-Chair of the Partnership Board. The People's Cabinet members are called Ministers. Each Minister is acting as a representative for each

To help the Partnership Board make Valuing People and Valuing People Now happen in Halton, a People's Cabinet was established to increase representation of adults with learning disabilities.

The People's Cabinet consists of 12 members who are all adults with learning disabilities with a wide age range. The Chair of this Cabinet is also Co-Chair of the Partnership Board. The People's Cabinet members are called Ministers. Each Minister is acting as a representative for each priority area in Valuing People Now.

Terms of Reference has been developed for the People's Cabinet, which explains the role and function of the Cabinet.

The People's Cabinet meets on a monthly basis and all meetings are filmed. All reports taken to the Partnership Board are presented to the People's Cabinet a week prior to the Partnership Board meeting. Any feedback, questions or actions the People's Cabinet decide upon are reported back to the Partnership Board to action. The Partnership Board addresses any actions or questions raised by the People's Cabinet. All actions taken by members of the Partnership Board are reported back to

4 Overall budget

4.1 What is the overall budget for services for adults with learning disabilities across health and social care?

£ 15,469,561

4.2 Is it a pooled budget?

● Yes ☐ No

4.3 Is there a Section 75 agreement in place?

● Yes ☐ No

4.4 How is it spent?

Please give actual figures and percentages	£	%
Residential care	1,443,776	9.3
Nursing care	1,132,640	7.3
Supported living	8,122,340	52.5
Hospital care, including where known:		

- acute hospital	Not Known	N/A
- specialist inpatient services	Not Known	N/A
- NHS campuses	Not Known	N/A
Day services	1,888,225	12.2
Community Learning Disability Team	1,081,480	7.0
Advocacy arrangements and support	41,721	0.3
Other (please specify)		
Person Centred Plans and Transition Co-ordinators, Adul	1,759,379	11.4

4.5 **Has there been an efficiency savings programme in learning disability services in 2009 -10?**

☉ Yes ☐ No

4.6 **Is there a planned efficiency programme for 2010 -11?**

☉ Yes ☐ No

5 The health of people with learning disabilities

5.1 **Have you completed the regional health self-assessment and performance framework?**

☐ Yes ☐ In progress ☉ No

5.2 **If you have answered in progress or no,** indicate when you expect this assessment to be completed or started.

Before 31.3.10 ☉ Started ☐ Completed

5.3 **If you have answered yes,** please complete the following summary table based on the most recent results of that assessment.

RAG rating	Red	Amber	Green
NHS campus closure	☐	☐	☐
Addressing health inequalities	☐	☐	☐
Making sure people are safe	☐	☐	☐
Continuing to achieve other *Valuing People Now* health commitments	☐	☐	☐

5.4 **If you have answered yes,** please give details of the overall headline health needs of people known to services - from regional health self-assessment and performance framework.

5.5 **If you have answered in progress or no,** please provide the following information. Otherwise go straight to section 6.

Percentage of GP practices in your area that have signed up to provide annual health checks as a Directed Enhanced Service (DES).

83 %

Percentage of adults with learning disabilities known to local authorities who were offered health checks in the year up to 31 March 2010.

100 %

Percentage of adults with learning disabilities known to local authorities who received a health check in the year up to 31 March 2010.

56 %

Are people with learning disabilities involved in learning disability awareness training to primary healthcare staff as specified in the DES?

- [x] Yes
- [ ] No

How are family carers being involved as partners in improving healthcare for people with learning disabilities?

In terms of commissioning, family carers are included in the members of the Board's health sub-group "Healthcare for All". The 5 Boroughs Partnership NHS Trust has an active and very successful carer and service user engagement programme. An example to illustrate this is organisation of carer involvement evenings at which senior staff (clinical and non clinical) meet with carers to explore issues around quality, satisfaction and development of services.

Percentage of people known to services who have health action plans that have been reviewed in the year up to 31 March 2010.

65 %

What are the arrangements for strategic healthcare facilitation in your area?

The Community Matron for Learning Disabilities provides strategic healthcare facilitation in Halton between primary and secondary care.

How many General Hospital (Acute) Trusts are there in your locality?

Two

How many General Hospital (Acute) Trust Learning Disability Liaison/Facilitator (or similar) posts are employed in your area?

Two

Are the needs of people with learning disabilities and the health inequalities faced by them highlighted within each Trust's Disability Equality Strategies/policies (PCTs and provider Trusts)?

- [x] Yes
- [ ] No

Has your Partnership Board taken the opportunity to comment on the performance of local Trusts as part of the Care Quality Commission's (CQC's) annual health check?

- [x] Yes
- [ ] No

What progress have you made on the Green Light Toolkit for access to mental health services? What was your rating in the last CQC indicator set?

The Green Light toolkit is being considered as an element for the local CQUIN scheme as part of the 10/11 Service Level Agreement with 5 Boroughs Partnership NHS Trust.

Is a local multi-disciplinary service in place to meet the needs of people whose behaviour challenges services, or is one being commissioned?

- [x] Yes
- [ ] No

Are there prisons or young offenders institutions or other secure settings in your area?

- [ ] Yes
- [x] No

If so, have you met with the Prison Partnership Board?

☐ Yes ◉ No

Progress in carrying out the review recommended by the Ombudsmen's report *(Six Lives: the provision of public services for people with learning disabilities)* and report to Boards due by May 2010.

In response to the Ombudsmen's report Halton Borough Council and NHS Halton and St Helens reviewed the services they provide and commission for the people with learning disabilities.

A report on progress was taken to the Local Authority's Chief Executive's Officer's meeting where it was endorsed and officers asked to take the report to the Safer Halton and Healthy Halton scrutiny boards, and the Healthy Halton Policy and Performance Board. These reports were made in January 2010. The executives were also keen to ensure the report is presented to the Acute NHS Trusts.

The PCT is reporting progress on the services it provides and commissions to its Governance Assurance Committee in May. The report will include the assurance from respective reports taken to the executive teams of both Local Authorities, St Helens & Knowsley NHS Hospitals Trust, Warrington and Halton Hospitals NHS Trust, and the 5 Boroughs Partnership NHS Foundation Trust.

The recommendations of this report and the health aspects of Valuing People Now will continue to be the primary focus of the Partnership Board's health sub-group.

6 Where people live

6.1 Please use the data from your Adult Social Care Combined Activity Return (ASC-CAR) for NI 145 (see Appendix E for blank table), to give the numbers and percentages of individuals known to services (aged 18-64) who are defined as being in settled accommodation against the NI 145 categories.

Please give actual figures and percentages	Total	%
Owner occupier / Shared ownership scheme (where tenant purchases percentage of home value from landlord)	6	3
Tenant - Local Authority / Arms Length Management Organisation / Registered Social Landlord / Housing Association	19	10
Tentant - Private Landlord	2	1

Settled mainstream housing with family/ friends (including flat-sharing)	91	49
Supported accommodation / Supported lodgings / Supported group home (accommodation supported by staff or resident caretaker)	65	35
Adult Placement Scheme	2	1
Approved premises for offenders released from prision or under probation supervision (eg Probation Hostel)	0	0
Sheltered Housing / Extra care sheltered housing / Other sheltered housing	0	0
Mobile accommodation for Gypsy / Roma and Traveller community	0	0
Total	185	100

6.2 Please use the NI 145 data to give a similar breakdown for people (aged 18-64) defined as not being in settled accommodation.

Please give actual figures and percentages	Total	%
Rough sleeper / squatting	0	0
Night shelter / emergency hostel / direct access hostel (temporary accommodation accepting self-referrals)	0	0
Refuge	0	0
Placed in temporary accommodation by Local Authority (including Homelessness resettlement) - eg bed and breakfast	1	4
Staying with family/friends as a short-term guest	0	0
Acute / long-stay healthcare residential facility or hospital (eg NHS or Independent general hospitals / clinics, long-stay hospitals, specialist rehabilitation / recovery hospitals)*	2	8
Registered Care Home*	19	76
Registered Nursing Home*	3	12

Prison / Young Offenders Institution Detention Centre	0	0
Other temporary accommodation	0	0
Total	25	100

6.3 Please give additional data to show numbers:

In residential settings (see categories marked*) *in* local authority area	26
In residential settings (see categories marked*) *out of* area	9
Supported to live independently (NI 136)	314

7 Provider market

7.1 Does your provider market reflect the needs of your current and future population?

☐ Yes ☉ No

7.2 If you have answered no, in what ways does it need to change?

The Partnership Board's Housing and Support Strategy 2008-2011 aims to influence mainstream housing policy in Halton so that people with learning disabilities have greater choice and are in control of their housing and support needs. A range of supported housing/living options are promoted as an alternative to residential care or remaining in the family home, including: shared supported housing, adult placement, low cost home ownership, private sector rental and social housing rental. Thus in Halton the balance of provision is focused on supporting people in their own homes; moving away from residential care and this is reflected in the high numbers of people supported to hold their own tenancy. To ensure continuation of this approach the following specific developments are being progressed:

Residential Care: Work is underway with two independent sector residential homes to develop a support model that will offer current residents greater choice and control.

Out of Area Placements: Halton has 28 people placed out of borough and has committed to bringing 8 people back over the next two years. Appropriate local support will need to be in place and this will be developed both in-house and in the independent sector. The proposed Positive Behaviour service will be key to this succeeding (see below).

The Partnership Board's Housing and Support Strategy 2008-2011 aims to influence mainstream housing policy in Halton so that people with learning disabilities have greater choice and are in control of their housing and support needs. A range of supported housing/living options are promoted as an alternative to residential care or remaining in the family home, including: shared supported housing, adult placement, low cost home ownership, private sector rental and social housing rental. Thus in Halton the balance of provision is focused on supporting people in their own homes; moving away from residential care and this is reflected in the high numbers of people supported to hold their own tenancy. To ensure continuation of this approach the following specific developments are being progressed:

Residential Care: Work is underway with two independent sector residential homes to develop a support model that will offer current residents greater choice and control.

Out of Area Placements: Halton has 28 people placed out of borough and has committed to bringing 8 people back over the next two years. Appropriate local support will need to be in place and this will be developed both in-house and in the independent sector. The proposed Positive Behaviour service will be key to this succeeding (see below).

Note: both the residential care and out of area placement proposals are part of the NW Demonstration Site for the NDTi project around Social Inclusion.

Model of Care: In collaboration with Knowsley, St Helens and Warrington local authorities, together with NHS Knowsley, NHS Halton and St Helens, and NHS Warrington a Model of Care has been adopted to support the development of a more effective range of community support services to enable people to remain at home and avoid hospital admissions and, where this is not possible, to provide a fair, personal, effective and safe in-patient service.

Positive Behaviour Service: This will form one element of the model of care. The service will be established by 2011 and will operate across NHS Halton and St Helens footprint and provide for all ages. Many people requiring the service will have a diagnosis of autism. Objectives are to:
i) Support mainstream services working with people whose behaviour is a significant challenge
ii) Work directly with people whose behaviour presents the greatest level of challenge

7.3	**What percentage of your market is:**	%
	In house	36

Voluntary	33
Public sector	31

7.4 Do you plan to change these percentages?

☐ Yes ☉ No

8 Employment

8.1 Please use the data from your Adult Social Care Combined Activity Return (ASC-CAR) for NI 146 (see Appendix E for blank table) to show the numbers and percentages of working age learning disabled people known to local authorities who are in paid employment (including being self-employed) at the time of their latest assessment or review, against the NI 146 categories.

Please give actual figures and percentages	Total	%
Working as a paid employee or self-employed (30 or more hours per week)	0	0
Working as a paid employee or self-employed (16 to less than 30 hours per week)	0	0
Working as a paid employee or self-employed (4 to less than 16 hours per week)	0	0
Working as a paid employee or self-employed (more than 0 to less than 4 hours per week)	8	100
Working regularly as a paid employee or self-employed but less than weekly	0	0
Total	8	100
Working as a paid employee or self-employed and in unpaid voluntary work	3	15
In unpaid voluntary work only	17	85

8.2 Please also state the number of people in paid employment who work for:

The NHS	Not available
A local authority	15

8.3 **How many people known to services are not working?**

423 - 28 = 395

8.4 **How many people known to services who currently work less than 16 hours a week are known to want to work 16 hours a week or above in the future?**

9

8.5 **Do you have an up-to-date local employment strategy for people with learning disabilities in line with *Valuing Employment Now: real jobs for people with learning disabilities*?**

● Yes ☐ No

9 Advocacy and leadership

9.1 **Has your Partnership Board developed a clear plan for working with and supporting all communities of people with learning disabilities and advocacy groups in the ways outlined in the *Valuing People Now* Delivery Plan?**

● Yes ☐ No

9.2 **Can your Partnership Board show how it has invested in, and supported, self-advocacy and peer advocacy leadership so all people with learning disabilities are represented on the Board and have become real partners in local planning and decision-making processes through this representation and via strong links to work programmes?**
This should include leadership and representation from all ethnic communities and the inclusion of people with more complex needs.

The Partnership Board has for many years funded and worked with the local self-advocacy group. Recently this group have been commissioned to establish the People's Cabinet. Ministers were nominated to represent people from a range of services and across all age groups and the Chair is Joint Chair of Partnership Board.

Ministers have been trained in how to conduct meetings and to be truly representative by canvassing other people's views and feeding back to them. The role of individual Ministers is being further developed to take a lead on the Valuing People Now Priorities. Portfolio holders will meet with lead officers for the Valuing People Now work streams to convey these concerns and influence plans and decisions around service developments.

The Regional Family Forum have worked with the Partnership Board to strengthen engagement with local families and in addition to the family

The Partnership Board has for many years funded and worked with the local self-advocacy group. Recently this group have been commissioned to establish the People's Cabinet. Ministers were nominated to represent people from a range of services and across all age groups and the Chair is Joint Chair of Partnership Board.

Ministers have been trained in how to conduct meetings and to be truly representative by canvassing other people's views and feeding back to them. The role of individual Ministers is being further developed to take a lead on the Valuing People Now Priorities. Portfolio holders will meet with lead officers for the Valuing People Now work streams to convey these concerns and influence plans and decisions around service developments.

9.3 What is the combined local authority and NHS spend on advocacy?

£ 88,051

10 Family carers

10.1 Has your Partnership Board developed a clear plan for working with and supporting all family carers of people with learning disabilities in the ways outlined in the *Valuing People Now* Delivery Plan?

● Yes ☐ No

10.2 Can your Partnership Board show how it has invested in, and supported, family leadership so *all* family carers are represented on the Board and have become real partners in local planning and decision-making processes through this representation and via strong links to work programmes?

There is regular carer representation (including carers of people with learning disabilities) on the Carers Reference Group co-ordinated by Halton Carers Centre and the Learning Disabilities Carers Local Implementation Team (LIT) Sub Group.

The purpose of the LIT Sub Groups (for carers) is to oversee the performance and development of services across all service areas, including Learning Disabilities. On an annual basis the LIT Sub Groups are allocated Carers Grant funding and the members of the LIT Sub Groups allocate it out to teams/organisations for the provision of services, dependent on where need is identified.

The groups are responsible for providing feedback and making recommendations to the overarching Carers Strategy Group. The Groups

There is regular carer representation (including carers of people with learning disabilities) on the Carers Reference Group co-ordinated by Halton Carers Centre and the Learning Disabilities Carers Local Implementation Team (LIT) Sub Group.

The purpose of the LIT Sub Groups (for carers) is to oversee the performance and development of services across all service areas, including Learning Disabilities. On an annual basis the LIT Sub Groups are allocated Carers Grant funding and the members of the LIT Sub Groups allocate it out to teams/organisations for the provision of services, dependent on where need is identified.

10.3 How is the Partnership Board engaging with the mainstream carers' work arising from the National Carers Strategy* work at a local level, and what outcomes have there been for family carers of people with a learning disability, including people with learning disabilities who are carers in their own right?

*Carers at the heart of 21st-century families and communities: *A caring system on your side. A life of your own.*, HM Government (2008)

During 2009 a 3 year Joint Carers Commissioning Strategy was developed in conjunction with NHS Halton and St Helens. The strategy built upon the aims, objectives and activities outlined in the 2008/09 Carers Strategy, but was written as a practical document, including an action plan, to support services in Halton move towards a more focused way of commissioning services for carers over the next 3 years.

The content of the commissioning strategy takes account of the aims and objectives of National Carers Strategy published in June 2008, by focusing commissioning intentions on:-

a) Integrated and Personalised Services
b) A Life of Their Own
c) Income & Employment
d) Health & Wellbeing
e) Young Carers

The main objectives of this Commissioning Strategy is not only to move towards a process for the commissioning of services but it will continue to assist in the identification of hidden carers and improve information and access to support services.

The LIT Carer Sub Groups and the multi agency Carers Strategy Group undertake monitoring of the implementation of the Commissioning Strategy and associated action plan.

Having a more focused approach to the commissioning of services and having carers involved in this process has meant that services

During 2009 a 3 year Joint Carers Commissioning Strategy was developed in conjunction with NHS Halton and St Helens. The strategy built upon the aims, objectives and activities outlined in the 2008/09 Carers Strategy, but

10.4 How many carers' assessments were provided in the last year?

186(no double counting)

10.5 How many carers with learning disabilities are known to the local authority?

We don't measure this

10.6 How many family carers have benefited from regular short breaks?

110

10.7 What is the percentage of carers of people with learning disabilities receiving a needs assessment or specific carers' service, or information and advice (NI 135)?

26 %

11 Parents with learning disabilities

11.1 How many parents with learning disabilities are currently receiving services in your area?

2

11.2 Is there a joint planning process with children and family services to support parents with a learning disability?

● Yes ○ No

11.3 Are materials to support all parents produced in accessible formats?

● Yes ○ No

12 Transition

12.1 How many young people with learning disabilities *aged 13 -17* are there within your area?

29

12.2 **How many of those young people are placed out of area?**

2

12.3 **How many of those young people have had person centred reviews and have a person centred transition plan?**

25

12.4 **Are these reviews/plans focused on paid employment as an outcome?**

● Yes ☐ No

12.5 **What total percentage of young people with person centred reviews have you achieved by 31 March 2010?**

78.3 %

13 Personalisation

13.1 **Does the Partnership Board have a current strategy to embed person centred planning and a check on the quality of person centred plans?**

● Yes ☐ No

How does this inform commissioning?

There is a Project Management Structure and Project Implementation Document for the transformation of Adult Social Care with several dedicated work streams, to ensure services are developed under the personalisation agenda. There is a comprehensive training and development programme, provided through Helen Sanderson Associates. Halton have a support planning and care manager's programme; training staff, across service areas in support planning. Halton have begun to roll out support planning with in-house providers also. Halton have had a dedicated six-day external provider programme, to enable providers in Halton to make sure the changes that are required to deliver personalised services and Individualised Service Funds.

Halton have held a strategic 'review process design day' where we agreed to use the Department of Health's outcomes focused reviews with some minor amendments. Halton will be rolling out outcome focused training regarding this, to all relevant staff but will have 30 staff in the first rung of training, including our existing Person Centred Review trainers.

Halton have began Planning Live Training, where individuals are able to develop their own support plan live. People have been given an indicative allocation and support to develop their support plan. It involves people who

There is a Project Management Structure and Project Implementation Document for the transformation of Adult Social Care with several dedicated work streams, to ensure services are developed under the personalisation agenda. There is a comprehensive training and development programme, provided through Helen Sanderson Associates. Halton have a support planning and care manager's programme; training staff, across service areas in support planning. Halton have begun to roll out support planning with in-house providers also. Halton have had a dedicated six-day external provider programme, to enable providers in Halton to make sure the changes that are required to deliver personalised services and Individualised Service Funds.

13.2 Are person centred plans being re-focused on getting a paid job as a goal?

(●) Yes ( ) No

13.3 How are you making sure that groups who might be left out (e.g. people from black and minority ethnic groups, older family carers, people with complex needs) are fully included and that person centred approaches reflect culture, age and specific communication needs?

Within the support plan/person centred plan using the 7 criteria developed through Helen Sanderson Associates we will ensure that person centred approaches reflect culture, religion, age and specific communication needs. The panel process will ensure these are addressed.

Halton commissioned a DVD to be created when undertaking specific work with a traveller which successfully met this lady's cultural needs. Halton will continue to address individuals needs as we build upon our expertise in this area.

13.4 How are people with learning disabilities involved in co-production in transforming adult social care?

An event was held in June 2009 with service users and carers themed 'Taking Control of Our Lives'. Halton involved an external consultancy called Future Cafe, who used an exciting way of helping people to plan and co-produce changes using a process called 'building common ground'. It was very informal and relaxed and helped people to think about what works well now, what may improve things and what they may look like in the future.

Following the Future Cafe event 29 people said they would like to be involved in a transformation Steering Group. Halton decided to hold a first event to develop and design materials in particular the information people may need regarding self-directed support.

Other people with learning disabilities are involved in development of sharing their stories.

An event was held in June 2009 with service users and carers themed 'Taking Control of Our Lives'. Halton involved an external consultancy called Future Cafe, who used an exciting way of helping people to plan and co-produce changes using a process called 'building common ground'. It was very informal and relaxed and helped people to think about what works well now, what may improve things and what they may look like in the future.

Following the Future Cafe event 29 people said they would like to be

13.5 How many person centred plans include employment and accommodation?

All plans

13.6 What is the number (and percentage) of people in receipt of direct payments and personal budgets (NI 130)?

150 (as of October 09) | 25 %

14 Workforce development

14.1 Does the Partnership Board have an up-to-date workforce plan?

☐ Yes ● No

14.2 Can you give details of the workforce which supports people with learning disabilities in your area (from the Skills for Care National Minimum Data Set for Social Care (NMDS-SC), the Integrated Local Area Workforce Strategy (InLAWS), the Social Services Staffing Collection (SSDS001) and other sources)?

Briefly describe what progress you are making on:

- learning disability awareness training for the workers in mainstream services
- involving people with learning disabilities and family carers in all workforce issues
- promoting human rights and Valuing People Now principles in all learning
- preparing the workforce for personalisation
- developing the workforce locally to support all people with learning disabilities, including people whose behaviour challenges services, people with complex needs, people from black and minority ethnic communities etc

The Adults with Learning Disabilities Workforce Plan is currently in draft form and a consultation process has taken place. The consultation will involve independent providers, service leads from the Borough Council, people with learning disabilities and their families and carers. The final

The Adults with Learning Disabilities Workforce Plan is currently in draft form and a consultation process has taken place. The consultation will involve independent providers, service leads from the Borough Council, people with learning disabilities and their families and carers. The final Workforce Plan will be agreed and in place from April 2010.

A questionnaire requesting workforce details was distributed to independent learning disability service providers. This information was collated to establish a picture of the learning disability workforce in Halton. Some headlines are:

a) The Local Authority employs more than half the learning disability workforce in Halton
b) 16.7% of the Learning Disabilities Services workforce is male
c) 52% of staff work part-time (33% of men and 56% of women)
d) Almost half of the Learning Disabilities Services workforce is between the ages of 30 and 50.

In terms of the National Minimum Data Set - Social Care, The Partnership Officer has access to reports which indicate the providers that have uploaded and/or updated their workforce details onto the database. The providers themselves can access their own details and produce reports from this.

During 2009, the Joint Training Partnership (JTP) continued to provide a programme of training, which focused on learning disability awareness. The JTP aims to make a positive difference in the lives of people with learning disabilities, primarily through providing them with a committed, trained and developed workforce who is able to support and assist them in achieving their highest potential.

In securing better outcomes for people with learning disabilities, the JTP has linked into Halton Speak Out to help the JTP understand current and future workforce needs and act as partners in improving outcomes.

During April to November 2009 the JTP delivered 17 training courses focusing on learning disability awareness with a total of 284 training places offered in:

a) Understanding Learning Disabilities
b) Autism Awareness
c) Epilepsy & Risk Management
d) Eating & Drinking Skills
e) Health Action Planning
f) Signing
g) Essential Communication Skills
h) Making Information Easier to Understand

The Adults with Learning Disabilities Workforce Plan is currently in draft form and a consultation process has taken place. The consultation will involve independent providers, service leads from the Borough Council, people with learning disabilities and their families and carers. The final Workforce Plan will be agreed and in place from April 2010.

A questionnaire requesting workforce details was distributed to independent learning disability service providers. This information was collated to establish a picture of the learning disability workforce in Halton. Some headlines are:

a) The Local Authority employs more than half the learning disability workforce in Halton
b) 16.7% of the Learning Disabilities Services workforce is male
c) 52% of staff work part-time (33% of men and 56% of women)
d) Almost half of the Learning Disabilities Services workforce is between the ages of 30 and 50.

In terms of the National Minimum Data Set - Social Care, The Partnership Officer has access to reports which indicate the providers that have uploaded and/or updated their workforce details onto the database. The providers themselves can access their own details and produce reports from this.

During 2009, the Joint Training Partnership (JTP) continued to provide a programme of training, which focused on learning disability awareness. The JTP aims to make a positive difference in the lives of people with learning disabilities, primarily through providing them with a committed, trained and developed workforce who is able to support and assist them in achieving their highest potential.

In securing better outcomes for people with learning disabilities, the JTP has linked into Halton Speak Out to help the JTP understand current and future workforce needs and act as partners in improving outcomes.

During April to November 2009 the JTP delivered 17 training courses focusing on learning disability awareness with a total of 284 training places offered in:

a) Understanding Learning Disabilities
b) Autism Awareness
c) Epilepsy & Risk Management
d) Eating & Drinking Skills
e) Health Action Planning
f) Signing
g) Essential Communication Skills
h) Making Information Easier to Understand

The Adults with Learning Disabilities Workforce Plan is currently in draft form and a consultation process has taken place. The consultation will involve independent providers, service leads from the Borough Council, people with learning disabilities and their families and carers. The final Workforce Plan will be agreed and in place from April 2010.

A questionnaire requesting workforce details was distributed to independent learning disability service providers. This information was collated to establish a picture of the learning disability workforce in Halton. Some headlines are:

a) The Local Authority employs more than half the learning disability workforce in Halton
b) 16.7% of the Learning Disabilities Services workforce is male
c) 52% of staff work part-time (33% of men and 56% of women)
d) Almost half of the Learning Disabilities Services workforce is between

14.3 What are the key workforce challenges in your local authority?

Successfully delivering the personalisation agenda is predicted to present a number of challenges to the Learning Disability Service workforce. As part of the workforce planning initiative which is being led by Halton Borough Council, a range of providers across the Borough (including the Local Authority) was asked to consider these challenges. Examples given included: changing job roles to carry out brokerage and advocacy; interpreting national and local strategy into policies which work for local organisations; development of individualised budgets to maximise quality service provision; involving service users in planning services.

Halton Borough Council has been preparing for these challenges and supporting independent providers to do the same through a programme of training and peer support. A Joint Training Partnership meets regularly and aims to identify and provide training in subjects which may be too expensive for organisations to access independently. This joined-up approach to the commissioning of staff development will enable greater numbers of employees to benefit from a wider variety of training opportunities, ensuring that service users receive high-quality support.

Halton has established a Transformation Team to support the implementation of the personalisation agenda, and a range of development opportunities are already available to staff. For more details of the comprehensive training available, please see section 14.2.

Halton Borough Council has signed up to the North West Personal Assistant web-based recruitment tool which allows people interested in becoming Personal Assistants to register their interest. Halton Borough Council recognises that the likely increase in service users employing their own support staff may present challenges in terms of balancing risk with

Successfully delivering the personalisation agenda is predicted to present a number of challenges to the Learning Disability Service workforce. As part of the workforce planning initiative which is being led by Halton Borough Council, a range of providers across the Borough (including the Local Authority) was asked to consider these challenges. Examples given included: changing job roles to carry out brokerage and advocacy; interpreting national and local strategy into policies which work for local organisations; development of individualised budgets to maximise quality

15 Hate crime

15.1 Number of hate crimes/incidents reported against people with learning disabilities

2 in 2008/09

15.2 What progress have you made in strengthening the link between the Board and your local Crime and Disorder Reduction Partnership?

The Safer Halton Partnership's membership includes representation from the Strategic Director from Health and Community and Police representation from the Halton Strategic Partnership equalities Engagement and Cohesion Group and the Community Tactical Officers Group. The Sergeant responsible for Hate Crime reporting sits on the Tactical Group. It has been agreed that both these groups will look at community tensions and develop a set of indicators which will then report back to the Board. The Strategic Director from Health and Community also chairs the Safeguarding Adults Board whose membership also includes the Police and members of the Partnership Board.

The Safer Halton Partnership Board received a presentation regarding Valuing People Now with an emphasis on disability Hate Crime to raise awareness and discussion. "No Secrets" and Hate Crime accessible leaflets have been developed in support of this.

15.3 Has your Board discussed the Cross-Government Hate Crime Action Plan* (launched in September 2009)?

● Yes ☐ No

*Hate Crime - The Cross-Government Action Plan, HM Government (2009)

16 Quality assurance and monitoring

16.1 How are you including people with learning disabilities and family carers in assessing the quality of care and support in social and health care?

On behalf of the Partnership Board the self advocate support group have established a tenants forum where people can consider the support they have and share any concerns. It is intended when developed, this group will take on a service inspection role.

A Quality Improvement Team of self-advocates and family carers monitors day activities across a range of venues in the Borough and reports findings to managers for action.

Examination of person centred support plans will highlight areas that individuals are unhappy with and through an aggregation day any specific themes will emerge that commissioners need to address. The person centred support plan review process will be strengthened and this will be a priority in 2010/2011 in Halton.

16.2 Does the Partnership Board receive reports from the Adult Safeguarding Board?

- [x] Yes
- [ ] No

16.3 Is the Partnership Board informed of poor performance by local providers (e.g. from Care Quality Commission reports)?

- [ ] Yes
- [x] No

16.4 Have you done an equality impact assessment, in relation to people with learning disabilities and their families, covering:

- gender
- disability
- race
- age
- sexual orientation
- religion or belief

- [x] Yes
- [ ] No

If so, how has this informed service development and commissioning?

The Regional Learning Disability Programme Board has set Friendships and Relationships as the priority for the North West region. In Halton, at the Valuing People Now Launch people felt they were being denied opportunities to develop relationships and this would also inhibit them exploring their sexuality. A lead officer has been tasked with looking at this to consider how support providers can take this forward and change working practices. In order to progress work in this area, a presentation was taken to the People's Cabinet in January to seek the views and

The Regional Learning Disability Programme Board has set Friendships and Relationships as the priority for the North West region. In Halton, at the Valuing People Now Launch people felt they were being denied opportunities to develop relationships and this would also inhibit them exploring their sexuality. A lead officer has been tasked with looking at this to consider how support providers can take this forward and change working practices. In order to progress work in this area, a presentation was taken to the People's Cabinet in January to seek the views and opinions of the Ministers around what help and support they would like in order to establish and maintain relationships and friendships. From discussions at the People's Cabinet meeting it was clear that the self advocates were wishing to have more opportunities to meet with friends but to also socialise with friends independently without support staff or parents imposing on this time. Ministers also asked for more help and support to explore how to establish relationships and explore having a physical relationship with their girlfriend/boyfriend without having to ask their parents for help and advice with this. This information was fed back to the Partnership Board and it was agreed that this work will be ongoing and will

16.5 How have people with learning disabilities and family carers been involved in this annual report?

A number of events have been held during the year which have given useful feedback on Partnership Board actions and the local issues that the Board needs to act on. This report has been presented to people with learning disabilities and family carers at two separate events. Many of the participants were those who had attended the previous events and thus in a position to evaluate how the Board has addressed the issues they raised.

16.6 Has this resulted in improved outcomes?

● Yes ☐ No

17 Commissioning

17.1 Do you have a joint commissioning strategy?

● Yes ☐ No

17.2 What improvements have been made in commissioning services for people with learning disabilities?

The Partnership Board 2009/10 work programme highlighted a number of commissioning priorities and progress against these is summarised below:

The Partnership Board 2009/10 work programme highlighted a number of commissioning priorities and progress against these is summarised below:

(1) Review how more people can become active in developing policy locally and regionally:

The People's Cabinet works alongside the Partnership Board to ensure Valuing People Now is being progressed locally and the Cabinet's work is helping shape services within the Borough.
The Regional Family Forum have worked with the Partnership Board to strengthen engagement with local families and in addition to the family representation on the Board, there is now a register of people willing to engage with the Board and the regional Network to influence policy development and set the direction for commissioning.

(2) Transition

Joint Commissioning arrangements operate through the Complex Needs Panel, which is composed of senior managers from education, health and social care. This arrangement plans for individual cases. Strategic joint commissioning arrangements operate through the Children's Trust Structure.

Commissioners sit on the Strategic Transition Group. The Adults with Learning Disability Commissioning Plan includes the identification of young people moving through transition over a five-year period from age 14+. This is a five year plan and is updated annually and information is aggregated to inform the Joint Commissioning Plan for young people going through transition. The needs of young people are assessed and costed annually and additional funding is requested through a growth bid in the annual budget setting cycle. To-date these growth bids have always been approved.

(3) Access to and improvements in healthcare:

NHS Halton and St Helens have increased capacity through the appointment of a Senior Commissioning Manager to lead on implementation of Healthcare for All, take forward policy relating to Adult Safeguarding and facilitate Health Promotion for people with learning disabilities. A key area being progressed is access to annual health checks for adults with learning disabilities mostly through GP practices or via Learning Disability Nurses for those people not registered with a participating practice.

(4) Increase range of housing and support options:

The Partnership Board 2009/10 work programme highlighted a number of commissioning priorities and progress against these is summarised below:

(1) Review how more people can become active in developing policy locally and regionally:

The People's Cabinet works alongside the Partnership Board to ensure Valuing People Now is being progressed locally and the Cabinet's work is helping shape services within the Borough.
The Regional Family Forum have worked with the Partnership Board to strengthen engagement with local families and in addition to the family representation on the Board, there is now a register of people willing to engage with the Board and the regional Network to influence policy development and set the direction for commissioning.

(2) Transition

Joint Commissioning arrangements operate through the Complex Needs Panel, which is composed of senior managers from education, health and social care. This arrangement plans for individual cases. Strategic joint commissioning arrangements operate through the Children's Trust Structure.

Commissioners sit on the Strategic Transition Group. The Adults with Learning Disability Commissioning Plan includes the identification of young people moving through transition over a five-year period from age 14+. This is a five year plan and is updated annually and information is aggregated to inform the Joint Commissioning Plan for young people going through transition. The needs of young people are assessed and costed annually and additional funding is requested through a growth bid in the annual budget setting cycle. To-date these growth bids have always been approved.

(3) Access to and improvements in healthcare:

NHS Halton and St Helens have increased capacity through the appointment of a Senior Commissioning Manager to lead on implementation of Healthcare for All, take forward policy relating to Adult Safeguarding and facilitate Health Promotion for people with learning disabilities. A key area being progressed is access to annual health checks for adults with learning disabilities mostly through GP practices or via Learning Disability Nurses for those people not registered with a participating practice.

(4) Increase range of housing and support options:

The Partnership Board 2009/10 work programme highlighted a number of commissioning priorities and progress against these is summarised below:

(1) Review how more people can become active in developing policy locally and regionally:

The People's Cabinet works alongside the Partnership Board to ensure Valuing People Now is being progressed locally and the Cabinet's work is helping shape services within the Borough.
The Regional Family Forum have worked with the Partnership Board to strengthen engagement with local families and in addition to the family representation on the Board, there is now a register of people willing to

17.3 How have these resulted in improved outcomes for people with learning disabilities?

Commissioning actions have resulted in the following outcomes for people with learning disabilities:

Transition:
Young people with complex needs and their families now have information, guidance and support to help disperse any anxiety and uncertainty about what happens next and are reassured that Children's and Adults services are working together to make this a positive experience.

Access to improvements in healthcare:
100% of adults with learning disabilities known to social care now have access to an annual health check if they desire one.

Following the health check, an updated health action plan will be in place so people know what they need to do to maintain their health and remain independent.

Development of a more community-based model of care has reduced the need for admissions to specialist bed based services. Length of stay for those who do need to be admitted has decreased as a result of more effective community support on discharge.

Increase range of housing options:
People in two residential settings are now aware of the choices they have around where and how they wish to live and with support of an advocate will be able to move this forward as the services are redesigned.

"Six ways to get a home" enabled an officer to raise future accommodation with a group of families and this has now moved on to these families, self advocate support, and officers working together to support a group of young women to explore options for moving from the family home and

Commissioning actions have resulted in the following outcomes for people with learning disabilities:

Transition:
Young people with complex needs and their families now have information, guidance and support to help disperse any anxiety and uncertainty about what happens next and are reassured that Children's and Adults services are working together to make this a positive experience.

Access to improvements in healthcare:
100% of adults with learning disabilities known to social care now have access to an annual health check if they desire one.

Following the health check, an updated health action plan will be in place so people know what they need to do to maintain their health and remain independent.

Development of a more community-based model of care has reduced the need for admissions to specialist bed based services. Length of stay for those who do need to be admitted has decreased as a result of more effective community support on discharge.

Increase range of housing options:
People in two residential settings are now aware of the choices they have around where and how they wish to live and with support of an advocate will be able to move this forward as the services are redesigned.

"Six ways to get a home" enabled an officer to raise future accommodation with a group of families and this has now moved on to these families, self advocate support, and officers working together to support a group of young women to explore options for moving from the family home and living together.

Three people living together whose health needs had deteriorated have been able to stay together and move to more suitable accommodation allowing them to maintain their level of independence and avoid admissions to residential care.

Including Everyone:
People with profound and multiple learning disabilities are more in control of what they do and how their paid carers support them.

Support staff delivered palliative care to an individual enabling the person to remain and die with dignity at home.

Opportunities to participate in leisure services:

Commissioning actions have resulted in the following outcomes for people with learning disabilities:

Transition:
Young people with complex needs and their families now have information, guidance and support to help disperse any anxiety and uncertainty about what happens next and are reassured that Children's and Adults services are working together to make this a positive experience.

Access to improvements in healthcare:
100% of adults with learning disabilities known to social care now have access to an annual health check if they desire one.

Following the health check, an updated health action plan will be in place so people know what they need to do to maintain their health and remain

18 Future plans and targets

18.1 Have you agreed a local delivery plan for at least the next year?

● Yes ☐ No

18.2 Does it include numerical targets where relevant around the following headings?

● Yes ☐ No

If so, please set out against the headings below:

Health	376 plans (80%)
Where people live	maintain performan
Employment	10 new people
Advocacy and leadership	maintain membersh
Family carers	2 on Partnership Boa
Transition	100% have person c
Personalisation	102 clients (Direct Pa
Workforce	Complete plan by M
Including everyone	100% BME to receive

19 Key success or best practice

19.1 **Have you any particular achievements or good practice you would like to highlight that others can learn from?** We are particularly keen to hear about successes in employment.

Norton Priory museum situated in Runcorn is a monastery with walled gardens dating back over 400 years. Country Garden Catering a Day Services inspired business providing home cooking now employs staff with learning difficulties in the refectory. The refectory provides work, which is paid at permitted earnings rates for 10 people with learning disabilities. The success of the service has provided further opportunities to cater for fetes and larger corporate occasions creating further profits with which to pay more people.

As a result of the partnership we are now developing a microbrewery at Norton Priory. It is anticipated that up to 12 jobs will be created. Some tasks are ideally suited to people on the Autistic Spectrum, a group that will be specifically targeted for this scheme.

Funding from the Learning Skills Council (Sept 09-July 2010) will be used to identify more options for young people with learning disabilities in Halton who are about to leave school. The project is called Transforming Transition. Halton Speak Out, a self advocacy charity, will conduct a person centred assessment and review with each young person targeted. A copy of the assessment and review will be sent to colleges the young person wishes to be considered for. A broker from Halton Speak Out will look at the assessment and person centred review to identify what can be offered to the young person, in relation to work, college or social and leisure activities.

In 2008 with the assistance of Dr Sandy Toogood and his system of positive action techniques, Day Services staff have made a significant improvement to the lives of people with challenging behaviour living in supported accommodation. The approach is to be rolled out to other services supporting people with profound disabilities.

In Day Services with the support of the 5 Boroughs Speech and Language team intense and detailed work with ten individuals recognised to have profound learning disabilities has resulted in meaningful schedules of daytime activities. The DVDs and profiles used to create a person centred plan for each person has meant providing a service that is actually wanted by the individual.

Norton Priory museum situated in Runcorn is a monastery with walled gardens dating back over 400 years. Country Garden Catering a Day Services inspired business providing home cooking now employs staff with learning difficulties in the refectory. The refectory provides work, which is paid at permitted earnings rates for 10 people with learning disabilities. The success of the service has provided further opportunities to cater for fetes and larger corporate occasions creating further profits with which to pay more people.

As a result of the partnership we are now developing a microbrewery at Norton Priory. It is anticipated that up to 12 jobs will be created. Some

20 Declaration

We confirm that the data and information given in this report are accurate (as far as is known) and that this report has been agreed by Board members.

Chair of Partnership Board	Councillor Anne Gerrard
Co-Chair of Partnership Board	Andrew Telford
On behalf of members with learning disabilities	Leah Jones
On behalf of family carers	Mr David A Hines
Date	9 Mar 2010

REPORT TO: Health Policy & Performance Board

DATE: 8 June 2010

REPORTING OFFICER: Strategic Director, Adults and Community

SUBJECT: Traveller Transit Site

WARD(S): Daresbury

1.0 PURPOSE OF REPORT

1.1 To advise the Board of the budget outturn for the Traveller transit site at Warrington Road, Runcorn following its first full year of operation, and in turn to inform a review of the present charging levels.

2.0 RECOMMENDATION

That the Board considers the contents of the report and forwards any recommendations to the Executive Board Sub Committee for consideration.

3.0 SUPPORTING INFORMATION

3.1 At its meeting on the 27th May 2010, the Executive Board Sub Committee referred the report to the Healthy Halton PPB for its consideration.

3.2 On the 24th September 2009 the Executive Board Sub Committee received a report setting out the running costs for the transit site after the first six months of operation, so that the Board could determine whether or not the daily charge rate was appropriate. Given there was still some uncertainty about some of the costs the Board resolved:

(1) to review the current charging arrangements in respect of the transit site;

(2) a feasibility study to extend the site be undertaken;

(3) a further financial report be submitted to the Sub-Committee when the winter data was available; and

(4) a further update report be submitted to the relevant Policy and Performance Board.

3.3 After a full financial year of operation there is now greater clarity about the running costs for the site, although there will always be variations year to year due to fluctuations in occupancy rates. For the year 2009/10 an overall occupancy rate of 69% was achieved (excluding the

Warden's pitch), and the resulting budget outturn is shown in the Appendix.

3.4 The column headed 'budget' includes the revised budget estimate reported to Board on the 24th September 2009, which at that time was based on an anticipated occupancy rate of 60% and forecast a deficit of £1,723. This is compared to the actual for the year, which shows a small surplus of £1,451. It is therefore proposed that the charge rate remain at £11 per day for the coming year.

3.5 In accordance with the Board's wishes, the feasibility and cost of extending the current site has been explored, and it is considered there is potential to create a further 4 pitches at an estimated cost of £170,000. However it is suggested that any decision to expand the site be deferred for the present due to the following:

a) As a transit site the present facility is meeting demand, with occupancy of the transit pitches averaging 62% during 2009/10. There is therefore no need for additional transit pitches. The facility is also breaking even financially.

b) As provision for permanent residential occupation, the present site lacks adequate provision for individual washing/bathing facilities, and extra cost would be incurred over and above the figure quoted in 3.5 to provide these, in the region of £30,000.

c) The draft proposed target for Halton was to provide 45 new pitches between now and 2016, although the partial review of the NW Regional Spatial Strategy has not yet finalised the targets for new residential pitch provision for each local authority. If the finally determined target is anything approaching this figure, then larger sites will be needed.

3.6 The Policy & Performance Board should consider whether an inflationary uplift on charges should be applied and this should be considered at the next meeting of the Executive Sub Committee.

4.0 POLICY IMPLICATIONS

4.1 There are no implications arising from this report.

5.0 OTHER IMPLICATIONS

5.1 Since the site opened in February 2009, with the exception of the unauthorised use of privately owned land at Daresbury, there have been just 4 very short term unauthorised encampments, the last being in November 2009. This represents a significant saving to the Council in staff time and eviction/clean up costs compared to previous years. The improving position has been welcomed by local businesses on the industrial estates that were historically most affected, and Halton's approach has been praised by the Police and neighbouring authorities.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The Council's Traveller Education Consultant regularly visits the site to arrange temporary local schooling, helping to maintain an educational environment for the children of families using the site.

6.2 Employment, Learning and Skills in Halton

None.

6.3 A Healthy Halton

Arrangements are now in place for families using the transit site to access dental and medical services, with visiting health staff and temporary registrations at local GP surgeries. These services will help to reduce the inequality of service access that Travellers normally encounter.

6.4 A Safer Halton

Roadside encampments are inherently unsafe, and the reduction in unlawful encampments achieved through the provision of the transit site has reduced that risk.

6.5 Halton's Urban Renewal

None.

7.0 RISK ANALYSIS

7.1 N/A.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The provision of a well managed, safe, sanitary site to accommodate transient Travellers is consistent with the Councils equality and diversity policy.

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

None under the meaning of the Act.

APPENDIX

	Budget 2009/10	Actual 2009/10
EXPENDITURE		
Electricity	6,963	6,536
NNDR 2009/10	2,595	2,595
Warden	13,000	13,000
Cleaning Materials	250	475
Empty Septic Tank	4,900	3,500
Water	2,844	8,002
Maintenance	1,000	239
Refuse Collection	3,076	3,076
Annual electrical safety check	500	0
Insurance	71	71
Telephone	100	146
TOTAL	**35,299**	**37,640**
INCOME		
Rent	31,636	36,532
Electric prepay cards	1,940	2,559
TOTAL	**33,576**	**39,091**
NET EXPENDITURE	**1,723**	**-1,451**

REPORT TO: Health Policy and Performance Board

DATE: 8th June 2010

REPORTING OFFICER: Strategic Director Adults and Community

SUBJECT: Telecare Strategy 2010-2015.

Ward(s) Borough Wide

1.0 **PURPOSE OF REPORT**

1.1 To present the local Telecare Strategy for 2010-2015.

2.0 **RECOMMENDATION**

That

(1) PPB comment on the draft Strategy; and

(2) PPB comment on the implementation plan

3.0 **SUPPORTING INFORMATION**

3.1 Introduction

The Griffiths report in 1988, into community care, placed a strong emphasis on the importance of establishing services to help people live in their own homes and retain independence, dignity and choice with an emphasis on early intervention and prevention. Since then a number of policy documents have reinforced this approach. The use of technology has been increasingly identified within the policy framework as one of the services, which is effective in maintaining people's independence without the need for intrusive costly care where it is not needed.

3.2 Local Authorities continue to be faced with the challenge of making best use of resources and evidencing value for money in frontline service delivery.

As the population of older people continues to rise, it is likely that this will have an impact on the number of people with additional health and social care needs requiring, care, treatment and support. The current resources available will be unable to meet this rise in demand, we therefore have two alternatives:

- Raise the threshold of when we offer care and support to people.
- Identify alternative and innovative ways of providing more for

less.

3.3 The most likely way that Local Authorities can release monies for future investment is to reduce the proportionate spend on residential care. This has been happening nationally and locally at a steady rate over the past 5 years.
Residential care does provide an essential environment for people to receive the care and support they need, however by developing an appropriate range of community services to support people to remain at home for as long as possible, at a lower cost than residential care, we can continue to provide the level of care and support people needs effectively. One of these alternatives is telecare services.

3.4 Within the strategy a number of best practice case studies have been described, which support the direction of travel in mainstreaming telecare provision to achieve better outcomes for users and value for money for the local authority.

3.5 Telecare provision in Halton has been developing since 2005, as an enhanced service provided by the Community Alarm Service, this has resulted in an increase in the numbers of people supported year and year. The service is currently operating at full capacity.
A recent evaluation of the service has demonstrated value for money and positive outcomes for service users.

3.6 A number of case studies have been identified as demonstrating best practice in the area of numbers on the service and efficiencies achieved; these have been identified within the strategy.

3.7 The most powerful case study to date is the North Yorkshire service; this service has also been highlighted in a number of Department Of Health Documents, as providing a service to a large number of people and achieving positive outcomes for people.

We have therefore used this case study to benchmark the current service capacity in Halton, and to establish a target number of users we should be aiming to support.

The population in Halton is 13% the size of North Yorkshire, adjustments on targets have been made accordingly.

*North Yorkshire provides an active telecare service to 12,265 people, at level 1, 2 and 3.
*Of these 20% receive a level 2 or 3 service

Based on comparisons with North Yorkshire, Halton should therefore provide a service to:

* 1,594 active telecare users (1,2 and 3),
* Of these 353 at level 2 and 3.

Currently we provide an active telecare service to **1765** people (1,2 and 3), however we only provide an active level 2 and 3 service to **70** people, to achieve a similar level of service as North Yorkshire Halton need to provide a service to an additional 283 people a year.

3.8 In addition Halton provide a telecare service within the Supported Housing Network, initial efficiencies of £49,260 have been achieved.

To expand on this initiative it is recommended that we initially evaluate the current service, and review the benefits to service users and address any risks to further implementation of this approach.

4.0 POLICY IMPLICATIONS

The strategy is consistent with current Health and Social Care policy direction, to support people to live as independently as possible in their own homes earlier, with dignity and choice in how they live their lives.

5.0 FINANCIAL/RESOURCE IMPLICATIONS

5.1 Within the strategy we have evidenced that the current telecare services have saved £690,494 over the last 4 years, when compared with traditional care provision. This has enabled us to meet the needs of more people for the same resource. This is particularly important when we consider the increasing older population, and the potential that public services will not receive growth funding in the near future to meet this challenge. These decisions will be taken during the coming budget process.

5.2 The use of telecare can defer or delay people needing longer-term services (the biggest single efficiencies can be made from reducing use of residential care) and creating better community-based services delivering better outcomes.

5.3 The strategy is based on an invest to save approach, by increasing the number of service users able to benefit from the service:

- The cost of increasing the service is £144,408 and once the service is fully operational will reduce community care costs by £444,932 annually. These efficiency targets have been reviewed and validated by the Department of Health CSED.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITES

6.1 **Children and Young People in Halton**

None identified.

6.2 **Employment Learning and Skills**

None identified

6.3 **A Healthy Halton**

Investment in Telecare to support vulnerable adults can impact positively on their health and well being, one example is the use of falls monitors which can reduce the impact of the fall on the person.

6.4 **A Safer Halton**

The use of Telecare can enable people to remain in their own homes and feel safer and more supported.

6.5 **Halton's Urban Renewal**

None identified.

RISK ANALYSIS

7.1 This strategy outlines the key risks and issues for the Local Authority in relation to an increasing older population and the financial implications, which we will face if we do not find an alternative way to provide care services, and support people to maintain independent living for as long as possible.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 A Community Impact Review & Assessment (CIRA) will be completed on the final strategy.

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

None.

HALTON BOROUGH COUNCIL

Adults and Community Directorate

TELECARE STRATEGY

2010- 2015

DRAFT : 15.05.10

CONTENTS

Section	Title	Page
PREFACE		3
SECTION ONE	Introduction	4
Telecare in Context	What is Telecare?	4
	The National Context	6
	The Local Context	9
	Population Needs Analysis	12
SECTION TWO	Introduction	13
Current Provision	Staffing Establishment	14
	Capacity	15
	Equipment	16
	Evaluation of Current Provision	18
	Case Study	18
	consultation	19
SECTION THREE	Introduction	21
Future Provision	Benchmarking	21
	Efficiencies	22
	Proposed Service Model	24
	Training	28
	Performance Management Framework	29
SECTION FIVE	Introduction	31
Implementing the Strategy	Recommendations	31

APPENDICES	
1. Evaluation 2009	
2. Finance Model	
3. Development Model for Telecare	
4. Training Plan	
5. Telecare Strategy Action Plan 2010 - 2015	

PREFACE

The Authority is committed to providing a range of care and support options, for all the citizens of Halton that values them as individuals and enables them to actively contribute to society. Care and support should promote citizens autonomy, self-determination, safety and well–being. The Authority believes that telecare has a small but significant role to play in promoting this independence and well-being through addressing concerns about safety, security and risk taking where physical and mental health issues compromise the individual's abilities to meet their own needs.

Telecare complements a range of other care services in the community and we advocate the use of such technology as part of the existing policies and procedures for the assessment of need within health, social care and housing provision. The clear ethical frameworks explicit within these policies and procedures supports person centred practice in relation to choice, protection, risk management and consent.

This Strategy therefore explains more about what Telecare is how it is operated and how we plan to develop these important services further.

Dwayne Johnson
Strategic Director
Adults & Community Directorate

SECTION ONE: TELECARE IN CONTEXT

INTRODUCTION

National policy is directed towards meeting the housing, health and social care needs of older people and adults with a disability in their local community and, where possible, within their own home. This is to be achieved through the commissioning and development of a range of services from the statutory, voluntary and independent sector that maximise independence and self care, reduce and manage risks, provide timely and appropriate care and health interventions and, promote social inclusion. The emphasis is to increase the opportunities for citizens to be active participants within their local community.
The exploration and development of technologies for the delivery of community engagement and the provision of health and social care have created new and innovative ways that people can access the services they need. Telecare is one area of technological developments promoted by central government.

There is now a growing evidence base that, in tackling the crucial social, economic and organisational challenges we face in the future provision of health and social care, telecare offers a set of low cost options, not yet adequately mainstreamed, which can reduce avoidable pressures in the system, releasing financial and human resources to be deployed elsewhere.

WHAT IS TELECARE?

> Telecare is care provided at a distance using information and communication technology (ICT).
>
> *Telecare is the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living. (DH 2005c)*

Telecare includes equipment such as detectors or monitors e.g. fall or motion detectors, which are connected to community alarm systems, this in turn triggers a warning at a control centre that can be responded to within specific timescales. It is worth considering that technology is constantly developing and there is likely to be more varying types of equipment available in the future with increasing availability of mobile and wireless technology.

Telecare is designed to enable people to remain in their own home; it helps to support increased safety, confidence and independence. As Telecare increases in use and quality it will be increasingly used as part of a care package with other related services. In it's practical sense Telecare sensors can help reduce risk to a service user in three key ways:

- Lessening the impact of a known hazard e.g. shutting off a gas supply or putting on a light at night when someone gets out of bed.

- Lessening the impact of an incident that has happened e.g. a user falls and breaks a hip; a falls monitor will detect it and reduce the time elapsed before treatment is received.
- Recognising behaviour that could present a risk to the user e.g. wandering

Furthermore, Telecare can reduce the fear associated with risks and thus promote independent living.

Housing and Telecare

As part of the strategy for telecare we need to consider how future housing provision will incorporate technology. This will include any new builds, extra care housing, sheltered accommodation, and residential and nursing homes. Technology will make a huge difference in the level of independence that people can experience at home as well as potential resource savings across all parts of the sector.

Telecare and the wider health, housing and social care agenda

Much of the Telecare technology has been developed with a close link to community alarm systems. These long-established alarm systems typically include telephone handsets and pendants linked to a control centre. A strong research base in the UK and around the world has developed and evaluated products from simple smoke and heat sensors to complex telemedicine monitors, allowing clinical activities to be carried out without the Clinician and patient actually meeting. Specifically within in the field of community care for long term conditions, systems for monitoring vital signs at home, known as “Telehealth technology”, are proving to be especially effective in improving outcomes for patients and saving resources for the NHS, (mainly the Primary Care Trust).

This research base has demonstrated that Telecare can make a significant difference in a variety of environments and links to a range of health, housing and social care initiatives. Telecare is making the transition from protecting ‘property’ to protecting ‘people’. Sensors are now becoming more reliable and smarter in their performance. In time they will be able to support a wide range of service users in a variety of environments.

Recipients

International and national evaluations and research suggest that Telecare is notably relevant as an adjutant to the assessment, care and support of older people and adults with health and social care needs. This includes older people with physical frailty, long-term conditions and mental health issues and younger adults with acquired and congenital impairments.
Significantly Telecare can also support carers through providing monitoring and responsive support that reduces both carer anxiety and burden. In addition, a variety of Telecare applications have the potential to provide lower level and preventative support to individuals not actively known to health or social care but at risk in the community.

Telecare in Learning Disability Services

Alongside the transformation in service delivery that is being driven through the "Valuing People Now" initiative, Telecare is proving to be an excellent tool for giving greater independence to service users with a Learning Disability. This success in relation to service users themselves is enhanced by the positive impact on the lives of carers as well, who find that they too gain independence that they never thought they would experience again. Finally, the professional staff involved are also discovering that they can use their skills more effectively, focussing on improving outcomes for people, rather than guarding them against risk.

THE NATIONAL CONTEXT

A number of key policy documents have described the need to shift the way we deliver health and social care services, from reactive crisis support to a more planned approach to early intervention, prevention and support in the persons own home. This approach will deliver improved outcomes for the people with an emphasis on independence; choice, dignity and respect, balanced with ensuring the services we offer demonstrate value for money.

The provision of effective telecare services is integral to this policy shift, and has been highlighted in a number of recent policy documents:

- **The Green Paper – Independence, Well-being and Choice; Our Vision for the Future of Social Care for Adults in England (2005)** where the vision is of high quality support meeting people's aspirations for independence and greater control over their lives, making services flexible and responsive to individual needs.

  'Telecare has the huge potential to support individuals to live at home and to complement traditional care. It can give carers more personal freedom and more time to concentrate on the human aspects of care and support and will make a contribution to meeting potential shortfalls in the workforce'.

- **Our Health, Our Care, Our Say (2006)** The White Paper, published in January 2006, sets out the reforms intended to develop modern and convenient health and social care services. Telecare is identified as a key element of these reforms.

  'So for people with complex health and social care needs, we plan to bring together knowledge of what works internationally, with a powerful commitment to new assistive technologies to demonstrate major improvements in care….
  For example, remote monitoring enables people to have a different relationship with the health and social care system. It enables people to feel constantly supported at home, rather than left alone, reliant on occasional home visits or their capacity to access local services'

- **The Wanless Report – Securing Good Care for Older People (2006**) identified that the cost to the public purse is greater when services are focussed on intensive interventions to manage complex health and social

care needs, and that it is cost effective to shift the focus to prevention and the promotion of good health, supporting people in the community and reducing reliance on residential and acute hospital care.

This report supports the move to Telecare and the Government policy shift identified.

'Enough pilot studies have now achieved positive results for telecare to be moved into the mainstream when planning long term care for the elderly. Funding should be deployed to realise the potential net value of telecare'

- **Putting People First (2007)**
  Reports on the changing face of social services with the personalisation of services through initiatives such as Individual Budgets says:

  'Person centred planning and self-directed support to become mainstream and define individually tailored support packages. Telecare is to be viewed as integral not marginal'.

- **Lord Darzi (2008) "High Quality Care for all",** builds on the direction set in "Our Health, Our Care, Our Say", and highlights the need to improve prevention, deliver services as locally as possible, and deliver patient choice and personalisation.

  Including the value of introducing technology into supporting community health and social care:

  'Improved technology is enabling patients that would once have been hospitalised to live fulfilling lives in the community, supported by their family doctor and multi-professional community teams. Where patients were once confined to hospital, Wireless and Bluetooth technologies allow their health to be monitored in their own homes. For instance, a thousand people in Cornwall are having simple-to-use biometric equipment installed in their own homes, enabling them to monitor their own blood pressure, blood sugar and blood oxygen levels. This information helps to prevent unnecessary hospital admissions. This is better for patients and their carers, delivers improved outcomes, and is a very efficient way of using NHS resources. An even bigger factor in the shift from hospital to home is the up-skilling of a wider range of staff, and the removal of barriers to more independent working in the patient's interest.'

- **National Dementia Strategy**

  The strategy "Living Well With Dementia", identifies 17 key objectives, which when implemented, largely at a local level, should result in significant improvements in the quality of services provided to people with Dementia and should promote a greater understanding of the causes and consequences of dementia. This strategy should be a catalyst for change in the way that people with dementia are viewed and cared for in England.

  This strategy has multiple references to telecare and a dedicated objective.

The aim of the strategy is to ensure that significant improvements are made to dementia services across three key areas:

1. Improved awareness- we need to ensure better knowledge about dementia and remove the stigma that surrounds it
2. Earlier diagnosis and intervention- we have to ensure that people with dementia are appropriately diagnosed
3. Higher quality of care- we must develop a range of services for people with dementia and their carers which fully meet their changing needs over time.

Objective 10 Housing and telecare for people with dementia:

Considering the potential for housing support, housing related services and telecare to support people with dementia and their carers.

The needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services.

- **Building a National Care Service**

It is important to note that telecare is embedded throughout the document, not just confined to one section:

- Importantly telecare is included in the definitions of adult care and community care
- Newham telecare case study is featured in the case for change- *"Jill now has a pendant, a heart detector in the kitchen and a radio pull cord in the bathroom"*
- Telecare is included in the Vision for NCS and Delivering the Vision sections- "*Telecare gives greater independence, before telecare my family would come round and check on me every night. Having telecare has given me independence and my family peace of mind"*

The report clearly supports the intervention of telecare:

"Where it is shown that an intervention works and is affordable, we want local authorities to ensure that everyone can benefit from it quickly". Adding later: "When someone's care plan is designed, prevention services, such as telecare will be a fundamental part of their package, wherever they live"

Telecare in Newham

Ex nurse Jill, 77 years old, is registered blind and has a frail physique from childhood polio. As a result, she is prone to falls.
Though she has a carer who comes in twice a week to help her around the home, a concern for her is being at home alone, if she has an accident with nobody there to help her. In 200 she had 2 falls at home which prompted her to seek an alternative solution.
Jill now has a pendant she can press if she needs assistance, a heat detector in the kitchen to warn of high temperatures, and a radio pull in cord in the bathroom.
She said, " Because of my nursing experience I was thrilled to hear these things were being developed to help protect vulnerable people and help them maintain their dignity so they can feel like they are still capable of carrying on themselves. Now I can have a bath on my own, I feel safer and it helps me to retain my independence".

THE LOCAL CONTEXT

The Borough of Halton has a challenging agenda to improve the lives and wellbeing of its citizens. Indices of health and deprivation, demographic changes and inward investment suggest that Halton will have a population that has moderate to high rates of people with long term health conditions in the 55+ age group, an increase in the proportion of people in the older age groups and limited resources on which to draw to support these groups. Halton's resident population is 119,500 (2006).

Older People

Halton mirrors the national picture of an ageing population, with projections indicating that the population of the Borough will age at a faster rate than the national average. In 1996 12.9% of the population were aged 65 and over by 2006 this had increased to almost 14% and by 2015 this is projected to have increased to 17%, which will have a significant impact on Health and Social Care services and resources.

One of the largest growths (up by 19%) will be seen in potentially the most frail and dependant group of over-85's. On average older people are more likely to report lifestyle limiting illness, to live alone, live in poverty and to rely on public services and informal carers for support.

Dementia is most common in older people, with prevalence rising sharply amongst people over 65 years. It is also one of the main causes of disability in later life. The number of people with dementia is forecast to increase by 55% between 2010 and 2025 rising from 1085 to 1683

Adults with disabilities or a limiting long term illness

In Halton the number of adults living with a limiting long-term illness is higher than the national average at 22%. Increases in the prevalence of diabetes and the incidence of heart disease are increasing as a consequence of obesity rates in Halton.

People with a learning disability

It is predicted that the population of people with learning disabilities will grow by 6% by 2011. Of further significance is that people with a learning disability are living longer. Adults with learning disabilities have poorer general health than the wider population and have more difficulties in accessing mainstream health services. Since 2002 there has been a significant shift in the way services are delivered, to supporting more people in the community as an alternative to residential type services.

Carers

Carers provide a significant proportion of community care as services target provision on those with highest need.

There are as many as 13,531 carers in Halton and 3,696 provide over 50 hours unpaid care a week. 14% of carers in Halton state that they are in poor health, and as the population ages there is predicted to be a steady increase in the number of older carers. All these factors indicate an increased demand for services to support carers in Halton.

Key Local Strategies/Developments

A number of local strategies/developments within Halton, have been developed to support the strategic shift from crisis management of ill health to one of early intervention and prevention, the provision of Telecare Services are integral to the implementation of these strategies:

- **Joint Commissioning Strategy for Dementia 2009**

  The Joint Commissioning Strategy for Dementia addresses all of the recommendations of the National Dementia Strategy and sets out a broad programme of development for the boroughs that is intended to address public health issues, raise awareness, combat stigma, facilitate the development of peer support, and provide comprehensive early assessment, care and treatment to all who need it.

- **Enablement Services**

  Enablement has an essential role in meeting the Health and Social care needs of individuals to prevent unnecessary admission, expedite appropriate hospital discharge and avoid premature admission to care homes. Older people are particularly vulnerable at transition points in care, so services need to work together and share responsibility for meeting people's needs through access to appropriate care, in the right place, at the right time, first time.

The enablement function will enhance the appropriateness and quality of care for individuals and help adults to realise their full potential as well as regaining their health. Enablement services will also have a significant impact on the health and social care system as a whole by making for effective use of capacity and resources, the provision of a telecare and telehealth are integral to this overall approach.

- **Early Intervention, Prevention strategy 2010**

Halton Borough Council and NHS Halton and St Helens have drawn up this strategy to establish a clear framework and rationale to support an increased shift to improving preventive and early intervention services in the Borough. The document is a local response to the national documents “making a strategic shift to prevention and early intervention- a guide department of health 2008, Our health Our Care Our say 92006), Putting people first (2007, Transforming Social Care (2008) and High Quality for all (the Darzi report, 2008).

- **Joint Carers Commissioning Strategy 2009 - 2012**

The Joint Commissioning Strategy has been developed via ongoing consultations and contributions from stakeholders who provide services to carers as well as carers themselves. We have listened to what carers have told us about the help and support that they need and have responded by addressing the issues throughout the Strategy.
The Strategy is written as a practical document, including an action plan, to support services in Halton move towards a more focussed way of commissioning services over the next three years

POPULATION NEEDS ANALYSIS

The figures in the tables below clearly demonstrate the projected increase in the population over 65. Halton is projected to have an increase of 63% in the older population and this compares to an increase of 52% nationally.

In addition there is a 66% increase in the number of older people who will be living alone across Halton.

The figures also illustrate a 3% fall in the number of people aged 18-64 with a learning disability, however there is an anticipated increase of 64% in people over 65 with a learning disability.

National figures

Total population over 65 living in England (projected)

	2009	2015	2020	2025	2030
65-74	4,381,500	5,201,100	5,449,700	5,473,000	6,135,700
75+	12,470,500	14,227,900	15,676,300	17,702,200	19,623,500

Projected number of older people living alone in England

	2009	2015	2020	2025	2030
65-74	1,105,160	1,311,020	1,374,130	1,379,050	1,546,300
75+	2,031,500	2,237,501	2,515,366	2,995,216	3,300,667

% of people over 65 living alone (projected)

	2009	2015	2020	2025	2030
65-74	25.2%	25.2%	25.2%	25.2%	25.2%
75+	16.3%	15.7%	16.0%	16.9%	16.8%

Halton Figures

Total population over 65 living in Halton (projected)

	2009	2015	2020	2025	2030
65-74	9,700	12,200	13,600	13,500	14,200
75+	24,500	28,800	32,600	37,500	41,600

Projected number of older people living alone in Halton

	2009	2015	2020	2025	2030
65-74	2,500	3,080	3,440	3,400	3,600
75+	3,677	4,091	4,600	5,835	6,656

% of people over 65 living alone in Halton (projected)

	2009	2015	2020	2025	2030
65-74	25.8%	25.2%	25.3%	25.2%	25.4%

75+	15.0%	14.2%	14.1%	15.6%	16.0%

% of people 18 – 64 & 65+ predicted to have a learning disability

	2009	2015	2020	2025	2030
18-64	1,847	1842	1821	1,795	1,791
65+	355	426	484	534	583

Conclusions

Due to the changing population and more older people will be living alone you can see that there is an increased need to consider innovative and cost effective solutions to support people in their own home. If numbers in residential and nursing care accommodation were to increase at the same rate as the projected population growth then the implications on both resource and capacity would be far reaching. The use of technology in the form of telecare is one solution that could support the shift to a more preventative approach and help to support more people in their own home.

SECTION TWO: CURRENT PROVISION

INTRODUCTION

Halton Borough Council and partners in the NHS have been developing the use of Telecare since October 2005, with a range of equipment and service responses being piloted. The service was initially funded through the Vulnerable Adults Taskforce, followed by funding available through the Preventative Technology Grant and Access and Systems capacity Grant, in addition to supporting people funding for the basic lifeline service.

Mainstream funding was identified to continue the telecare Implementation Officer role.

The service is delivered as an integrated provision with the councils Community Alarm Service, which is provided by the contact centre and the community warden service. The Contact Centre manages referrals and call handles alarm triggers. The Community Wardens provide demonstrations, installation and maintenance of the equipment and the mobile response for the service.

There are three levels of service provided:

- Level 1- is the traditional community alarm service, the user is provided with an alarm pendant and usually a smoke detector if required. A warden response is provided when the alarm is activated.

- Level 2- is the traditional community alarm service, plus up to two pieces of additional equipment. A warden response is provided when the alarm is activated.

- Level 3- is the traditional community alarm service plus a number of complex pieces of telecare equipment. A warden response is provided when the alarm is activated.

The service is available 24 hours a day, seven days a week.

STAFFING ESTABLISHMENT

- 0.5 WTE principal manager
- 1 WTE assistant manager
- 16 WTE community wardens
- 1 WTE Telecare implementation officer
- A telecare installation officer (0.8 WTE) (partnership with Age Concern)

The current Community Alarm Service has in excess of 1765 service users registered with the service (Level 1). Of those 1765 service users approximately 128 people have received an active telecare service during 2009/2010 (Level 2 & 3).

Since 2005 343 service users have benefited from receiving a level 2 or 3 telecare service in Halton, and there has been a steady increase in the number of people referred year on year.

Budget

The total gross budget for the current Community Alarm Service is £622,450.

Based on the current charging framework the total income for the service is £588,070 and community care contribution of £34,380.

Financial Benefits of the Current Service

The potential financial savings from level 1 service provision have not been calculated

From 2005 to 2010 A total of 343 people have received a level 2 or 3 service.

The total net savings have been calculated at £690,494, compared with the estimated cost of traditional care provision.

Table 1 shows the year by year savings achieved, the savings have been calculated by comparing the package during connection of telecare with the package that would have been required if telecare was not available, Appendix 2 outlines a detailed snap shot of the financial model used.

CAPACITY

The capacity of the service is identified by the number of active service users the service is able to manage at any one time.

Although this is approached flexibly, on average the Current Community Alarm service has an overall service capacity of approximately 2,000 users, (levels 1, 2, and 3).

The existing capacity for level 2 & 3 service users is between 70 and 80 people.

Learning Disability Service

Halton Community Alarm Service also provides a service to the Halton Supported Housing Network. Telecare services are used to support 12 people in 8 properties. This service has been used to replace the traditional use of “staff sleep ins”, releasing an overall saving of £49,260 on the staffing budget. There is further scope to increase this support, however an evaluation of the current provision is required.

With the use of technology as an alternative to traditional “sleep ins” the service package can be designed to meet the individual needs of the service user and improve independent living, rather than the traditional one service fits all approach.

Stand Alone Equipment

This system can be used onsite, without the need for activations to go to the community alarm service, but can be used for an “on site” response, either by staff or family and carers. This system has been used for a number of people. However, this service needs to be evaluated before recommendations can be made for further use.

Charges

The current service is a chargeable service, which is funded through supporting people.
Charges apply to each service level provided.

An enablement approach has been built into the service, whereby any service user requiring level 2 or 3 services are not charged for the first two weeks, this is to ensure that the correct level of service is assessed and provided.

Service charges include the response and equipment element of the service.

EQUIPMENT

Equipment costs have been calculated on the stock items available within service level 2 and 3 but exclude the cost of the base alarm unit and smoke alarm supplied within service level 1 (current cost £176.80).

For the period April 09 February 2010 a total of 125 people have been connected to the service:-

- 60% (75) are currently active
- 40% (50) have been disconnected

A total of £21,100 worth of equipment has been installed which averages to £168.80 per installation.

The majority of the equipment is reusable however items such as bed sensor pads, chair sensors pads and carbon monoxide detectors need to be replaced at set intervals and therefore this on cost needs to be considered.

Telecare peripherals are supplied with a two-year manufacturer's warranty however the bulk of the stock held at present was purchased with the Preventive Technology Grant and therefore is out of this warranty period, this will require additional funding.

As the range and availability of Telecare equipment has increased, the current charging framework is no longer able to cover all the costs, in particular at the complex end, level 3.

EVALUATION OF CURRENT PROVISION

In January 2010 an evaluation of the current service was completed. This evaluation provided us with a baseline of the current provision.

Since the introduction of telecare in 2005, the number of people referred to the service has increased year on year. During 2009/2010 there has been a 25% increase in the number of users on the service. The data also indicates a yearly increase in level 2 and 3 services provided. 76% of all service users have received support around falls and wandering, with the majority of service users being in the 75+ age range.

The full evaluation of the current Telecare service is attached in **Appendix 1.**

A number of recommendations were identified from the service evaluation, and will be implemented as part of this strategy:

- Improve logging of referrals and assessments.
- Further development of training (Develop the Telecare Training group.)
- Implement improved quality and performance measures.
- Increase the use of more sophisticated Telecare platforms.
- Ensure Telecare is included in partnership plans to support people at home.
- Ensure system compatibility problems are addressed.
- Upgrade Tracking via Reviews.
- Extend the use of Virtual sensor technology.
- If there is local demand for an enuresis detector, then HBC will approach PCT for funding to expand into this new area of service.
- HBC will provide a ‘best practice’ Telecare service, (Telecare Services Accreditation).

CASE STUDY

Mrs D is 96 years old who lives independently with support at home. She has occasional episodes of confusion and has been known to wander during the night/early morning. She has very good family support and spends most daytimes with her granddaughter but returns home in the evening. Neighbours had alerted granddaughter that Mrs D had been seen out in the late evening/early morning in her nightclothes. Granddaughter approached SS. Mrs D referred by social worker for Telecare equipment to monitor possible instances of wandering at night/early morning.

Following a home assessment Mrs D had a property exit sensor installed in March 07. The system was set to monitor between 22.30 - 06.45 and was to alert if Mrs D left the property during this time and did not return within 3 minutes.

Since this time there have been 2 instances of wandering detected.

At 01.50am one day the equipment activated and the local community warden response service were dispatched to check on her. On arrival Mrs D was found not to be at the property and the local police and her Next Of Kin were informed, a speedy search of the area was undertaken and Mrs D was located in a neighbouring street and returned home.

At 06.08 am one morning a call was received at the control centre indicating the Mrs D had wandered. The local community warden response service was dispatched to check on her. On this occasion Mrs D was found not to be at home but was quickly located at neighbours. On this occasion Mrs D did not want to return home and was left in the safety of her neighbours and her Next Of Kin were informed.

Outcome

Mrs D has been able to remain at home safely. Her family have the reassurance to know that should she wander, it will be detected at an early stage. Data from the system will enable possible trends in patterns of wandering to be detected and early intervention to be given.

CONSULTATION

As previously stated telecare was first developed in Halton from 2005. At this time a full consultation exercise was completed, feedback and comments from this exercise have been included in the development of this strategy.
This consultation exercise included:

- A letter to approximately 1100 Halton residents, using Halton OPEN and carers centre mailing lists. This provided local people with a brief outline of the function of telecare and invited them to make an appointment to visit the Intermediate Care Bungalow for a demonstration of telecare applications and sensors. A feedback questionnaire was completed to ascertain people's thoughts and opinions on the use of telecare.
- A press release was sent to local free papers, this further widened communication/consultation and gave the wider community the opportunity to attend the demonstration and feedback their views.
- All HBC staff were also invited to attend the demonstration sessions. In addition updates were provided at team meetings and the Older Peoples LIT
- Primary Care Trust, local GP's and Primary Health Care Teams.- an email was sent to all PCT managers and staff were invited to attend the demonstrations, an information leaflet was also circulated.
- Acute Trusts- Managers and senior clinicians have been informed of the developments and encouraged to cascade to staff.
- Local Councillors- Article in information bulleting, in addition Local Councillors were invited to attend the demonstrations.

During the development of this strategy we have also consulted with:

- Older People's LIT
- Halton OPEN
- The Early Intervention and Prevention steering group (Multi agency)
- Health Policy and Performance Board
- Senior management team, Adults and Community

In addition we have used information from Service user feedback to support the development of the strategy:

- Information from service user questionnaires on the quality of the service provided
- Feedback from professional staff who use the service.

- Focus Group studies. The purpose of the focus groups was:

  - To invite and explore the opinions of Halton's Telecare users (some of whom were carers) who had been using telecare for a period of a few months to 18 years and non users (as a comparative control)

  - To provide qualitative evidence that telecare supports Halton residents to live as independently as possible in their own homes

- Seek ways in which services may be improved as part of a telecare strategy.

The main recommendations from the focus groups were:

- Publicity and information needs to be enhanced to make the available services better known.
- More time should be spent during assessment discussing and demonstrating the available sensors and how they work
- The benefits of telecare for carers needs to be further explored
- Telecare must be promoted more widely, particularly among vulnerable people with carers
- Clarity on charges needs to be established

As part of the implementation of the strategy for consultation and engagement with a number of service user groups will be completed.

SECTION THREE : FUTURE PROVISION

INTRODUCTION

Following the Department of Health's guidance *Building Telecare in England and the Preventative Technology Grant arrangements (2006-08),* a number of Local Authorities across *the* country have been expanding their Telecare services and making wider use of the assistive technologies available to support people to remain in their own homes. However in most Authorities this has been a steady approach.

Where it has been offered the outcomes for people who use the services have been positive and the Authority has evidenced efficiency savings.

The actual expenditure on telecare services is still very modest when compared with the total health and social care expenditure and the pattern of Telecare implementation since 2006 has not been sufficient to keep pace with the growing numbers of people who may benefit from it. This is why a new approach to mainstreaming telecare services is being discussed and implemented nationally.

Appendix 2 Examples of Good Practice from Other Local Authorities.

BENCHMARKING

Comparing the current provision in Halton with some of the best practice examples, in relation to the number of people we support with telecare will provide us with a means of estimating the number of people we should be aiming to provide with a telecare service. To do this we used the North Yorkshire County Council (NYCC) example:

Comparator	**NYCC (POPPI data 2008)**	**HALTON (POPPI data 2008)**	**%**
Population 65+	115,800	17,100	14.8
Population 75+	55,300	7,400	13.4
Population 85+	16,000	1,800	11.3
Number of new clients assessed per month	5,205	1,085	20.8
Number of people admitted to permanent residential/nursing care	845	108	12.8
Number supported in residential/nursing care	4,068	505	12.4

These figures indicate that Halton is approximately 13% of the size of North Yorkshire and doing comparatively well in terms of demand for residential or

nursing care, with rates of residential and nursing care admissions and placements being approximately 12.5% of the North Yorkshire rates.

As at June 30th, 2009, North Yorkshire had 12,265 telecare users, (levels 1, 2 & 3), of these approximately 20% were receiving level 2 and 3 services, therefore, using the same "13%" comparator Halton should have 1,594 telecare users, of these approximately 353 should receive level 2 and 3 services.

In Halton currently we have 1765 telecare users (Level 1,2 and 3), based on benchmarking with the North Yorkshire Service Halton have an additional 171 users.

However, when we compare the number of people on the level 2 and 3 services Halton should have 353 users per year, currently we have approximately 70 per year. (Dependant on the length of stay on the service).

Halton will need to increase the numbers of people on the level 2 and 3 services by an additional 283 people to achieve the level of success in the provision of telecare services as North Yorkshire and other good practice sites referenced.

EFFICIENCIES

To calculate the efficiencies achieved from the current service provision the finance team, working in conjunction with the community Alarm service and Care Managers, completed an assessment of the 343 people who have received a level 2 and 3 services since 2005. The efficiencies that have been achieved were calculated by estimating the costs of the provision of a traditional service against that of a telecare service. (Table 1). (Appendix 3)

The Department Of Health (CSED) have worked with us to verify the efficiencies identified, and using their evaluation tool on the data provided from Halton they have estimated a similar level of efficiencies.

Table 1

The actual net annual efficiencies made are detailed below: -

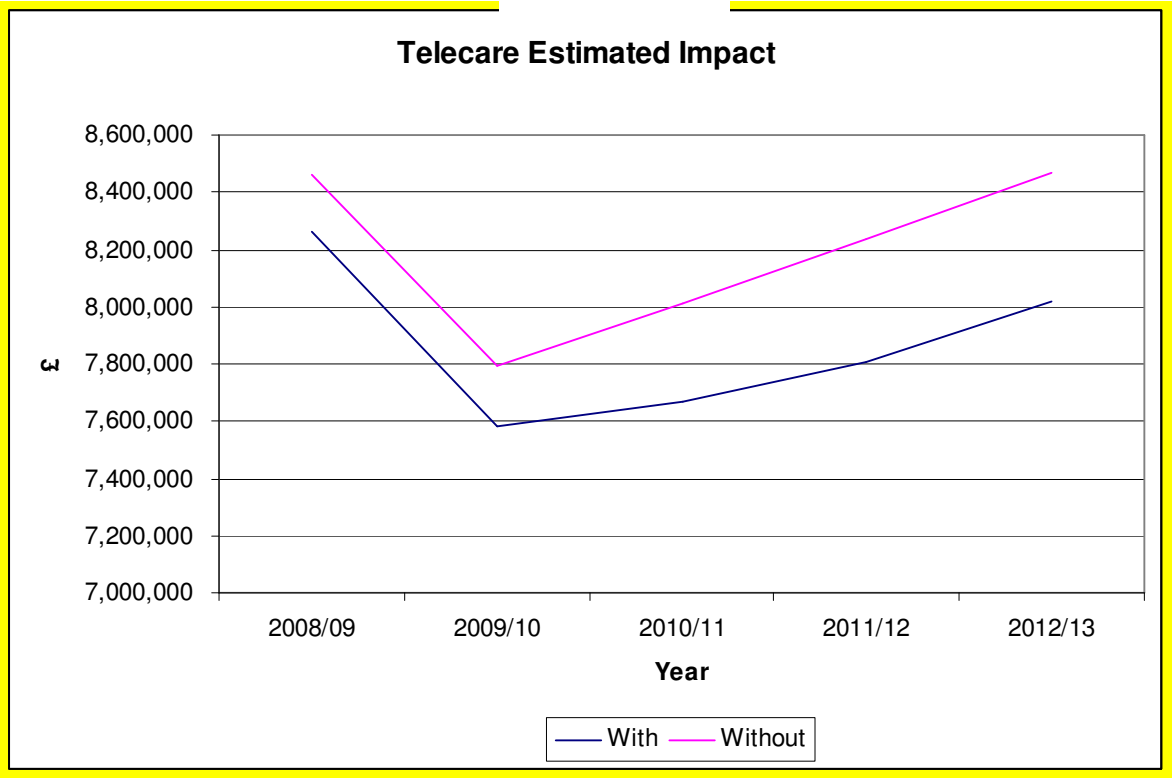
	Annual efficiencies				
Description	**2005/06**	**2006/07**	**2007/08**	**2008/09**	**2009/10**
Non Dementia Closed Cases	11,533	61,366	107,636	59,464	20,254
Non Dementia Average for Open Cases		18,294	34,709	132,406	180,829
Total Non Dementia	**11,533**	**79,660**	**142,345**	**191,870**	**201,083**
Dementia Closed Cases	1,457	30,010	37,488	21,212	10,718
Dementia Average Open Cases		2,507	5,465	6,287	25,581
Total Dementia	**1,457**	**32,517**	**42,953**	**27,499**	**36,299**
Overall Total	**12,990**	**112,177**	**185,298**	**219,369**	**237,381**
Estimated efficiencies with 10% Risk	**11,691**	**100,959**	**166,768**	**197,432**	**213,643**
Actual Clients per year	24	116	121	120	170
Estimated Savings if 353 clients					**444,932**

This work has also demonstrated that a more personalised service, that better meets assessed need has been delivered as a result of this new approach. This is borne out by the fact that in 24 of the cases, the "actual package cost" was greater than the "would have cost" package reported, but the client has clearly been able to stay at home where they would prefer to be. So not only is the service providing significant efficiencies, but it is also better meeting the needs of the clients and carers involved.

The graph below shows the trend line for the spend on the community care budget due to an increasing population of older people, and compares this with the impact on the spend with the implementation of mainstream telecare services.

The graph shows a dip from 2008/09 to 2009/10 due to a home care re-tender and in the main clients transferring to Continuing Health Care. This trend is not anticipated to continue with an expectation that community care expenditure will increase due to an ageing population.

The trend line without shows the likely impact Telecare will have when the service gradually expands in 2010/11 to 353 active clients.



The mainstream use of telecare has been evidenced nationally and locally in achieving efficiencies compared to the use of traditional care services, in particular the reliance on long term residential care. If Halton do not implement the recommendations within this strategy the impact on spend within the community care budgets will not be affordable, particularly with the current financial pressures.

There are also some examples of Local Authorities using telecare to provide additional support for people living in the community, rather than having staff available 24 hours a day.
In Halton this approach has been used in the Supported Housing Network (In-House current provision section 2), this approach has released £49,260 net efficiencies.

PROPOSED SERVICE MODEL

The current service model has been established for the telecare service built on the community alarm infrastructure, this model of provision has recently been evaluated (Appendix 1) and identified as an effective model, therefore it is proposed that we maintain the current service with the addition of a dedicated telecare team (Table 2). This will support the proposed increase in service capacity to provide a service to an additional 283 people annually on the level 2 and 3 service, in line with the best practice evidence available and the recommendations of this strategy.

The service will be continue to be available 24 hours a day 7 days a week, the community alarm service will continue to deliver the assessment, installation, response and review element of the service.

The dedicated team will be established based on the details in table 2, at a cost of £144,890. It is proposed that this funding is provided from the existing community care budget, in line with the predicted efficiencies.

Table 2 Recommended Staffing Establishment

	Current	**Cost**	**Proposed**	**Additional Cost**	**Comments**
Staffing	Telecare Implementation Officer (HBC 6) Installation officer- Partnership with Age Concern (0.8 WTE)	£37,702 £20,000	Telecare Manager (HBC 9) Installation Officer - Partnership with Age Concern (1.4 WTE) Telecare officers x 4 (HBC 4)	£13,463* £20,000** £94,427	Redesign of an existing post **Increase in current establishment
TOTAL				**£127,890**	
Equipment	Within existing budget		Telecare Specialist kit Replacement costs Maintenance contract	£3,798 £830 £5,372 £2,000	
TOTAL				**£12,000**	
Marketing & Publicity	Within existing budget		Public re - launch of service Service leaflets Information packs Media Broadcast (4 weeks)	£5,000	
TOTAL				£5,000	
Training	Within existing budget		Tunstall Telecare Manager/ Officers	Existing	
Performance Framework			ICT systems and hardware	Existing	
TOTAL				**£144,890**	

The dedicated team will operate 9-5, 7 days a week, and focus on levels 2 and 3 services only, to complete assessments, installations and review.

In addition this team will be responsible for implementing a training and awareness raising across the whole system, to ensure telecare is a mainstream option for people.

Appendix 4 describes the Service Model

Enablement

The service will continue to provide an initial enablement period of 2 weeks, which is free of charge, to all people referred for level 2 and 3 services.

In addition further expansion of the enablement approach will be explored within the implementation of this strategy.

Service Capacity

The increase in capacity will be for level 2 and 3 services.

Service capacity will be approximately 353 service users annually.

Budget

The total gross budget for the proposed service will be £767,340. This includes the additional £144,890 for the dedicated telecare service.

Financial Benefits

The estimated net efficiencies attributed to the increase in the service at level 2 and 3 is £444,932 annually.

Learning disability services

The service will continue to provide support and further development to the supported housing network, including an evaluation of the current provision.

In addition further work on “stand alone” systems will be progressed. The dedicated telecare team will ensure we have the capacity to provide specialist support to this area of work.

The dedicated team will ensure we have the capacity and expertise to provide support, advice and training within the housing sector, including extra care developments.

Telehealth Services

The potential for the rapid development of a teleheath service alongside the telecare service remains part of the overall plan. This element is waiting further joint working with NHS Halton and St Helens before being progressed beyond the planning stage.

Charges

In light of the service development a review of the charging framework will be completed, to reflect the enhanced service options at level 2 and 3.
The current service is funded through the Supporting People framework, however level 3 services are providing a care service, and as such the review of the charging framework will include a recommendation for level 3 services to be included within the Community Care Framework.

Equipment

Charges for equipment provision are currently included in the overall service charge. However due to the increasing availability and use of more complex equipment the current charging framework will not cover the costs, and therefore requires reviewing.

Additional equipment provision

Future developments in the range of telecare options will be explored within the new service;, including;

- **Epilepsy/Enuresis (equipment costs circa £165 - £310)**

Although the cost of equipment for epilepsy and enuresis sensors are comparative to equipment currently within service level 3 the response required for these types of situations is likely to impact on other services.

- **Gas Escapes (equipment costs circa £600 + installation costs)**

In order to monitor and support issues relating to natural gas escapes installation of this equipment needs to be undertaken by qualified gas and electrical engineers. This may be an area of partnership working which could be developed with local RSL.

- **Medication Dispensers (equipment costs £135 - £200)**

As with epilepsy and enuresis monitoring the management of this sensor is likely to impact on other services. However the potential cost benefit that may be achieved using this sensor in preference of care visits needs to be calculated.

- **Hearing Impairment (equipment costs £20 - £400 + installation)**

Further technological support could be offered to people with hearing impairments in the event of environmental issues such as fires and floods. A range of equipment is available, visual call beacon, vibrating pagers vibrating pillow alerts. Installation in some cases will need to be undertaken by qualified electrical engineers.

TRAINING

Training is central to the continued development of Telecare Services in Halton. This will require a whole system approach, to bring about a culture change and support to develop telecare as a mainstream option for supporting people to live independently in the community.

In all of the successful telecare development projects to date a key success factor has been the commitment and support of the senior management team to the project. This has included both Executive officers as well as Local Councillors. Therefore it is essential that a programme is in place to ensure that all senior leaders and their management teams are confident and "on board" with the telecare initiative.

In addition all "front line" staff, across the whole system will be trained and confident in the application of telecare services. All frontline staff need to be knowledgeable and confident about telecare services so as to be able to recommend and endorse their use as part of an appropriate individual care package.

Appendix 5 contains details of the training plan

PERFORMANCE MANAGEMENT FRAMEWORK

Key performance standards and outcomes are clearly established, for the Community Alarm Service, through the Telecare Services Association's (formerly the Association of Social Alarm Providers (ASAP)) Code of Practice and The Supporting People Quality Assessment Framework.

Telecare Services Association Code of Practice

For the community alarm service key performance standards and outcomes are clearly established through the Telecare Services Association's (formerly the Association of Social Alarm Providers (ASAP)) Code of Practice.

Part 1 of the Code of Practice gives recommendations for the planning, construction, facilities and operation of Centres receiving calls from social alarm and telecare systems.

The key performance indicators for the operation of alarm services are around the time taken by the Centre to answer calls – 80% of calls to be responded to within 30 seconds; 98.5% within 60 seconds.

The Code of Practice states that "managers of alarm receiving centres should identify, set and monitor performance indicators determining the effective delivery of their services and service values and the customer experience of their service. Such indicators should include but not be limited to call answering, call rejection and customer satisfaction. "

To meet the requirements of the Code, Centres must produce an annual performance report.

Part 2 of the Code of Practice addresses practice for marketing, supplying, installing and maintaining alarm services to individual service users.

Part 3, which relates to mobile response, was issued in October 2005.

Performance indicators for the mobile response element must include but not be limited to:

- Number of planned visits achieved as a % of planned visits contracted to provide (Service providers expected to achieve 100% taking account of voids, service users in hospital or on planned absences to assess the % of achieved visits)
- Number of emergency visits made within one hour of the decision to deploy mobile response staff as a % of the total number of emergency visits undertaken. (Service providers expected to achieve target of 100%)
- Service user satisfaction -service providers to have procedures in place to measure customer satisfaction
- Service user complaints – service providers to have procedures in place to measure customer complaints.

Supporting People Quality Assessment Framework

The Quality Assessment Framework (QAF) sets the standard in the delivery of supporting people services. As well as setting these standards, the QAF also identifies methods of evidencing their achievement and is a tool for ensuring continuous improvement. It is used by Supporting People Administering Authorities as a means of ensuring that providers deliver services to high standards and in accordance with contractual expectations.

The Community Alarm Service (including telecare) needs to ensure that the standards outlined in the QAF are integrated into their approach to service delivery

The QAF has 17 service objectives, which describe good practice in delivery of housing related support. There are 6 core and 11 supplementary objectives

QAF Core Objectives	
C1.1	Assessments of needs and risks are carried out for all service users
C1.2	Service users have up to date support plans in place
C1.3	The security, health and safety of all individual service users staff are protected
C1.4	Service users have the right to be protected from abuse and this right is safeguarded
C1.5	There is a commitment to the values of diversity and equal opportunities and the needs of BME service users are met
C1.6	Users, carers and other stakeholders are made aware of complaints procedures and how to use them

Supplementary objectives relate to empowerment, rights and responsibilities, the service and its organisation and management

The QAF Lite is used to assess community alarm services. The criteria cover needs and risk assessment, support planning, health and safety, protection from abuse, fair access, diversity and inclusion and complaints.

Further development of performance management framework is required in light of the proposed service developments:

- The development of outcome-focused targets and measures to reflect the impact the service has on user's lives.

- Development of an integrated performance management framework, which incorporates the requirements of both the Telecare Services Association and Supporting People

Health Related Performance

Further work is required to ensure the service monitors the impact on Health services, this will help inform future Whole System implementation of the strategy. This will need to include:

- Hospital admissions avoided
- Facilitated Hospital discharge
- Ambulance call outs avoided.
- Falls prevention

SECTION FIVE: IMPLEMENTING THE STRATEGY

INTRODUCTION

A telecare implementation steering group will manage the implementation of this strategy. Membership of the group will include stakeholders and partners, linked to the existing early intervention and prevention steering group.

The steering group will complete a review in 2011, to include a cost benefit analysis to ensure that the service is meeting its desired outcomes.

Technologies develop quickly as manufacturers and suppliers appreciate more fully the way that Telecare Services can assist in empowering people and helping their support and care needs. Such changes and growth in service provision will mean that it is necessary to keep the service under constant review.

RECCOMENDATIONS

1. Establish a dedicated telecare team
2. Implement the training plan as identified in appendix 3
3. Review the current charging framework to reflect the service changes
4. Review the current policies and procedures to reflect the service changes
5. Review the performance management framework to reflect the service changes
6. Review the range of equipment available
7. Further develop the partnership approach to the provision of holistic telecare and telehealth services as an integrated package.
8. Review the partnership arrangements with the Registered Social landlords
9. Ensure continued consultation with users of the service and their carers
10. Achievement of efficiency targets

Attached at A**ppendix 6** is the Telecare Strategy Action Plan 2010-2010

HALTON BOROUGH COUNCIL

Health & Community Directorate

Telecare

Service Evaluation

Dec 09, 2009

CONTENTS

Contents	Page	Paragraph
Introduction	3	**1.0**
Telecare Technology Defined	3	**2.0**
Key Drivers – Living Longer with Greater Expectations	5	**3.0**
The Political Context – National and Regional and Agendas	6	**4.0**
Telecare In Halton – Partnership Agreements	7	**5.0**
Training	8	**6.0**
Concerns, Strengths and Weaknesses	9	**7.0**
Target Audiences for Telecare Services	10	**8.0**
Procurement and Choice Issues	10	**9.0**
Financial Outcomes – The Halton Charging Policy	11	**10.0**
The Assessment Process and Installation	12	**11.0**
Dealing With Risk	15	**12.0**
Monitoring and Measuring Performance	15	**13.0**
Future Developments	28	**14.0**
Summary	21	**15.0**
Recommendations	24	**16.0**

Appendices	Page	Number
Halton Lifeline Assessment Form + Client Amendment Sheet	27	1
Halton Lifeline Service User Support Plan (Risk Assessment)		2
Halton Lifeline Service User Contract		3
Community Warden Service Installation & Induction Checklist		4
Keysafe Consent Form		5
Assessment Data 2007 – 2009		6
Lifeline Level 1 Post-Installation Review (2-6 weeks)		7
Halton Lifeline Review Form		8
Annual Survey Questionnaire for Service Users		9
Telecare Alarm Service Pathway		10
Suppliers on NHS Framework Agreement		11

Section 1

1.0 Introduction

Telecare is a set of electronic sensors installed in a person's home. These include: temperature sensors, fall detectors, smoke alarms, motion detectors, a personal alarm pendent and a 24 hour 7 days a week emergency response service. When coupled with an appropriate support plan Telecare helps individuals to live more independently and safely at home. Once installed, it can reduce risk by providing reassurance that help will be summoned quickly if a problem occurs. Telecare in Halton comprises three components: an emergency response, environmental monitoring and lifestyle monitoring (see section 2.0).

Telecare has been operating successfully in Halton for over 3 years and as this document shows there is clear and substantial evidence that it is broadly welcome and is making a difference to individuals, their carers and to the delivery of health and social care as a whole. It is helping to improve people's independence and confidence by allowing them to remain at home longer. There is also clear evidence that it can relieve stress on informal carers and can improve clinical and care outcomes, by significantly delaying hospital and care home admissions. As a consequence, Telecare has resulted in substantial pre-admission savings of over £0.4 million in the period 2007-2009.)This figure is based on a current average cost of residential care in Halton of £456.00 per week.)

2.0 Telecare Technology Defined

Thanks to rapid developments within electronics, computing, engineering and telecommunications, over the past few years a number of new technologies have arisen. Many of these can be used to support or maintain independence at home and are commonly known as assistive technologies. Generally an Assistive Technology (AT) can be defined as any product, system or service that enables a person to:

- Improve their independence
- Improve their quality of life
- Increase their likelihood of being included and participating in society through recreational, educational and work-related activities.

The technology is manually activated by the person, by using an alarm button. Alternatively, activation can occur automatically when a home-based sensor's parameters have been exceeded. Accordingly, as a form of assistive technology, Telecare tends to be categorised into the following three distinct generations:

- ***First generation*** Telecare refers to user activated (push button, pendant or pull cord) alarm calls to a Control Centre where a call handler organises an appropriate response by contacting a neighbour, relative or friend who is acting as key holder.
- ***Second generation*** Telecare represents a step beyond the basic Community Alarm service with the addition of specific sensors such as smoke and flood detectors. Second generation also includes sensors that are designed to monitor the home environment, vital signs, physiological measures and lifestyle. They can collect and transmit information continuously about door opening, bathwater running, the use of electrical appliances and movement within and from the house. All Telecare at HBC is 2nd Generation.
- ***Third generation*** Telecare stems from improvements in wireless, audio-visual technology and the increasing availability of broadband. Together these enable virtual or actual tele-consultations between the service user and the appropriate health professional (doctor, nurse, support worker…etc). In this way it can significantly reduce the need for home-visits or hospital appointments. It can also lead to increasing opportunities for people (particularly those who are housebound) to visit libraries, shops and maintain regular contact with extended family and friends.

Telecare is the generic name for advanced community alarm services, which use the telephone network and associated assistive technology to provide a combination of environmental and lifestyle monitoring services to vulnerable people in the own homes. In this way, Telecare can be used as an additional aid to service users and responsible others by helping them to manage identified risks.

Within Halton, Telecare offers a personalised mix of environmental and lifestyle-monitoring sensors all of which can be added to a basic community alarm unit (Lifeline 400, Lifeline 4000+ and Lifeline Connect+). This unit comes with a call button (pendant) which can be worn by the individual who can then summon help from anywhere in the home or garden. Service users can also wear sensors capable of detecting if they have had a fall. If any of the sensors in the house or on the person detect an event they send a wireless signal to the base unit. This automatically dials through to the contact centre where an appropriate response is triggered. Hence, Halton currently offers a combination of 1st and 2nd generation devices, but is moving into the third.

The base unit is able to provide details 24-7 on screen at a control centre. Lifeline (both 400, 4000+ and Connect +) units have a powerful loudspeaker and sensitive microphone. These allow a hands-free two-way conversation between the service user and the control centre operator. If the alert is an emergency, or if the contact centre operator cannot contact the person at home, then the individual support plan protocol is triggered and the response activated by the Contact Centre and underpinned by the Warden Service.

3.0 Key National Drivers – Living Longer with Greater Expectations

As far back as 1999, the Royal Commission on Long Term Care predicted that the cost of providing long term health and social care for older people in the UK would double to £12 billion per annum by 2025 and double again by 2050. Such projected costs were considered unsustainable using the then current approaches to older peoples care. They were also compounded by changes in the structure and expectations of society. These have led to:

- People living much longer into retirement. Over the next 50 years, the population of over 65s is expected to rise from the current 9.3 million to almost 17 million, with an estimated 90% of people wanting to live in their own home with whatever support is available to them.
- An increase in the number of people living alone and outside family networks.
- More expensive healthcare interventions, particularly for lengthy stays in hospital and care homes. By 2020, around 20.5 million people are expected to suffer from long-term conditions and the World Health Organisation predicts it will become the 'biggest killer. Hence, the number of individuals requiring community-based health and social care support will increase considerably.
- People and their families have much higher expectations regarding quality and choice in care delivery. As a consequence of this, a shift towards care in the wider community, patient empowerment and self-care is already well established.

(Data from E-Health Media Ltd, (2007))

These trends, coupled with an expected decrease in the numbers of informal carers and capacity strongly limits the system as costs continue to rise. All of this points to Telecare becoming a dominant influence as we progress towards 2020. Hence the role of councils such as Halton is to raise awareness by showing how the technology can: help mitigate risk while the person remains in their own home, improves their functionality and offers a level of prevention from physiological, environmental or lifestyle problems that are likely to occur, in the course of their daily lives (see also 9.0)

Over the past few years, the accepted approach has been two-fold: changing the way in which care is delivered with the emphasis on home-based care and making more use of enablement and assistive technology (ICT and communication in the form of Telecare and Telehealth) to assist in such care.

This assistive technology enables an individual living at home to: achieve a greater level of independence, enhance their quality of life and reduce their social isolation by helping them to participate in recreational activities with others.

Telecare services in the UK reflect the changes that have occurred as public resources have shifted from secondary to primary health care. Support services associated with community alarms have expanded to include more people with health care and medical support needs within the community. The

result has been a convergence of health and social care. Cost and capacity are fundamental drivers here. Data in the 'Telecare Service Strategy for Wrexham' (2006) showed that community based care is more than £10,000 less per person per year, than the cheapest institutional care!

Telecare is currently undergoing intense expansion and considerable research. It's early beginnings some 20 years ago were as a first-generation product offering a personal response without intelligence. This has evolved into the second and third generation systems we have currently and which are being developed, that can automatically detect and generate alerts calls. During the next few years, the expectation is that Telecare will be available to all those who need it, be personalised and able to meet the important requirement of predicting acute situations before they actually occur.

4.0 The Political Context – National Regional and Agendas

The Department of Health's report on The Expert Patient (2001) stressed that the era of the patient as a passive recipient of care is being eroded by a new approach in which health professionals and those they are caring for are genuine partners in which the use
of home-based technology would enable the recipients of health care to monitor the progress of their disease.

Halton's Corporate Plan (2006-11) stresses the need for partnerships in service delivery and especially the importance of consulting with those who will be using the services offered. A joint commissioning framework and pooled budgets have been established with the PCT. All of these will enable service development to continue in such areas as mental health, learning and disability and older people services.

Halton's strategy for Older People places emphasis on a variety of objectives such as: enhancing the engagement and participation of older people, tackling ageism, age discrimination and age stereotyping. To achieve all of these, collaborative links between transport, sport and leisure, neighbourhood renewal, health care, education, citizenship and community engagement have been forged.

The overall image of the future in Halton is that individuals are involved and have a direct say in all community activity to the extent that all of Halton's services are triggered from the ground up, rather than from the traditional, more distant and less effective, top-down paternalism.

Within this picture Telecare and Telehealth are seen as crucial in supporting people's choices for the kind of social and health care they want at home. The government's recent 'Personalisation Agenda' was created to ensure the person is kept centre-stage in their own home, where they prefer to be and where medical evidence shows they recover better from illness, due to support from their own social and community network. Telecare and future developments in Telehealth are tailor made for this approach.

In Lord Darzi's (2008) review and 10-year vision of the future Health Service, he stressed that the NHS will not be confined to hospitals, health centres or GP surgeries. It will also be available on-line in people's homes. Also, where previously people were once confined to hospital, Wireless, Bluetooth and digital technologies will allow health to be monitored at home.

A key component in Darzi's vision was the role that good quality accessible housing, education, employment, local transport and recreational facilities play in the health and wellbeing of the population. Darzi's review highlights the following 5 key areas of which Telecare/Telehealth and housing are crucially important:

- Prevention
- Empowering service users
- Quality of care
- Integration of services
- Innovation

It is clear from Darzi's review and various visions for future health and social care across much of the developed world, that Telecare and Telehealth will have prominent roles to play. The challenge for commissioners and providers is to realise their importance and adopt them even when the evidence base to support them may be far from risk free!

5.0 Telecare In Halton – Partnership Agreements

The successful implementation and delivery of Telecare requires a 'whole systems' approach and it is vital that all partners are fully engaged at an early stage. Halton is a Unitary Authority and therefore the involvement of a number of departments including: housing and social services is necessary to deliver the Telecare agenda. Similarly, early engagement with the voluntary sector in their role of service user representatives is also required.

In addition, the Widnes Practice Based Commissioning (PBC) Consortium, Halton and St Helens Primary Care Trust (PCT) and HBC are currently commissioning a community based integrated care service known as the 'Virtual Ward.' This will actively support the most vulnerable individuals and those with long-term conditions at home, in order to reduce unnecessary hospital admissions.

An important component part of the Halton's Virtual Ward concept will be its planned use of Telehealth devices to support self-management and the close monitoring of physiological observations. Telecare could have a significant role monitoring such long-term conditions as: Hypertension, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Coronary Heart Disease (CHD) and Dementia. The incidences of all of these conditions in various Halton practices, significantly exceed the national average. The important outcome in this respect would be to reduce hospital lengths of stay among those people with complex histories, due to emergency admissions.

Halton is also developing an 'Early Intervention / Prevention Strategy.' This will focus on individual dignity, independence and equality in order to reduce social isolation while enhancing reablement. An important component of this overall strategy will be assistive technology in the form of Telecare / Telehealth, the supporting people agenda and greater control through direct payments and individual budgets.

HBC are partnered with Age Concern. During the initial assessment the person is asked whether they would like an Age Concern Stay Safe Check. This is helpful as a means of identifying potential danger zones in the home that would carry a high risk of a fire or fall. They also provide additional advice. HBC arrange the Stay Safe Check and Age Concern carry it out.

6.0 Training

Training is central to the continued development of the current Telecare service. For all Community Warden staff it occurs on induction to the service or as new products are made available. Currently, training is delivered by the Telecare Implementation Officer and involves a PowerPoint presentation and product demonstration. Staff also have the opportunity to address any training issues as they arise and Wednesday each week is set-aside for this.

In addition, training has targeted other staff from health and social care, the independent and voluntary sectors. This also takes the form of a presentation and product demonstration. Such sessions usually last fro 2-3 hours to a half-day. The emphasis is to highlight how Telecare forms an integral part of a support plan. Currently 112 people (averaged over 17 dates in 2008-9) have received this training. These were staff from: Alzheimer's Society, the Supporting People Forum, Community Extra Care, Halton Multiple Sclerosis Group, Cheshire Fire Service, all sector groups and Private Reablement Providers.

Future training plans will be linked to the level of training required for staff who are directly involved in the assessment process. Such high-level training (see section 8.5) will be commissioned through the training section.

A 'Telecare Training Group' (TTG) has been set up led by Steve Kelly to drive forward the training agenda. This progresses the introduction of new Continuing Professional Development (CPD) training modules and actively promotes take-up of these new training opportunities by professional staff engaged in the assessment of those with potential long-term care needs.

The TTG also progresses the development of training courses to meet the needs of staff within the service and referrers who will use the service (Telecare handlers /responders and more generally those involved in equipment installation). The TTG also give advice to service users and their carers on how to use the equipment.

7.0 Concerns, Strengths and Weaknesses

In their article 'Brave New World' Miskelly and Mickel (2009) stress a number of factors that can act as a barrier to making Telecare happen. Those who are generally supportive see it as an important means of helping vulnerable individuals to maintain a level of independence. At the same time, Telecare offers a means of significantly reducing healthcare costs, by enabling vulnerable people to remain at home.

Those who are less supportive, view it as a cost-cutting substitute that is more about "replacing human contact rather than complementing it." They cite: finance, attitude, inefficient structures, inappropriate prescriptions, inadequate training and poor response services as major barriers to change. However, the government's recent Green Paper " Shaping The Future of Care Together" firmly positions Telecare within it's forward looking prevention strategy:

> "*We will continue to support Telecare so that people feel more confident about staying in their own home*."
> (p. 51)

Nonetheless, the very real and documented fear that an increase in Telecare can result in vulnerable people having fewer human contacts and feeling more isolated as a consequence, remains a cause for concern (Percival & Hanson, 2006). As they point out, a health professional making regular contacts can observe subtle changes in a person's condition – "little things that can be missed … that you can't quantify." Such contacts allow the less accessible emotional, psychological and motivational issues to be dealt with, in additional to the more usual practical tasks. Bowes and McColgan (2002, 2003) observed that people with Telecare reported feeling less safe and received fewer GP visits, than a comparative group without it. Such findings support Graham and Wood (2003) who concluded that digital technology and automated surveillance can encourage less human intervention and increase levels of anxiety.

A corollary of this frequently expressed by professionals is that local authority budget constraints could lead to staff being withdrawn, as Telecare becomes perceived as the less expensive option. However, as Percival and Hanson (2006) point out, rather than being a threat to the professional's livelihood adequately staffed backup services are necessary for effective Telecare provision. The challenge for professionals is to be able to respond within a 24-hour situation. In this respect, Lyall (2005) has pointed out that Telecare as a support tool is only as effective as the speed of response of appropriate services.

In addition, specialist training would be required enabling staff to respond effectively in cases of falls and to the needs of people with sensory and cognitive impairments.

8.0 Target Audiences for Telecare Services

Telecare is needs based and once it has been embedded into current health and social care systems, it acts, not as a replacement, but as an additional support to professional care staff. In particular, it can help to avoid a loss of independence and reduce the frequency and likelihood of admission to hospital or residential care.

Within Halton, Telecare is used as an electronic means of supporting the following vulnerable individuals:

- Those recently discharged from hospital who can be assisted to live at home in order to avoid the need for re-hospitalisation.
- For older people living alone Telecare offers a means of passive risk-management that serves to increase self-esteem and individual confidence in relation to accidents and security.
- People with dementia – reminders and sensors to detect dangerous situations.
- People with a learning disability – provides opportunities to maximise independence through electronic aids and emergency detection.
- People with physical disabilities (including auditory and visual) – remote control devices with risk management to provide easier access to emergency services in the event of an accident.
- People with increased frailty

9.0 Procurement and Choice Issues

There is considerable interest and enthusiasm for Telecare within Halton. The current service is well integrated with other support services (section 2.5 shows the variety of service referrals). Further, a key aspect of the service is the relevant person's ability to choose the level of service that suits them best. This best fit approach is tailored to the individual's needs and aspirations and can be extended or reduced accordingly as the person's support plan changes.

NHS Purchasing and Supply Agency (PASA) negotiated a four year national framework agreement covering Telecare equipment, installation, maintenance, monitoring and response services in support of the Department of Health's vision to build a strong Telecare infrastructure. The agreement went live on 30 June 2006 and will runs until May 2010. Regular product and pricing reviews are undertaken to ensure that the suppliers continue to offer cost effective solutions.

The framework covers 1st and 2nd generation Telecare systems (including remote vital signs monitoring equipment). It enables the development of consortia, as a means of taking advantage of price bands in which major savings can be made without the need to undertake expensive and time-consuming tendering processes. Currently only the UK's largest Telecare suppliers (Tunstall and Initial) have been accepted onto the PASA framework.

Like many councils HBC has tended to opt for a single supplier (Tunstall). This has a number of significant advantages - it simplifies: stock control, installation procedures and training requirements. In addition, Tunstall are the current market leaders in R & D and technical support

However, as personalised budgets for health and social care become common-place, individuals are needs assessed and Telecare /Telehealth devices are more readily available, people will be likely to choose whatever appeals rather than just being HBC led. Essentially they have three options under Personalisation: (1) purchase their own equipment and come to HBC for a response; (2) Purchase the whole package from HBC; (3) Not come to HBC at all.

10.0 Financial Outcomes – The Halton Charging Policy

The three service levels are charged every 28 days (4 weeks) in arrears as follows:

Service Level 1 - £5.42 (weekly) - this is the Community Warden Service. The charge is applied from the connection date. This level of service consists of a base alarm unit, with a pendant and smoke alarm. Private individuals pay the full amount, whereas those who are eligible are funded by the Supporting People Team.' Weekly charges to housing associations and trusts vary from £3.09 to £3.17.

Service Level 2 - £6.49 (weekly) – this is the Telecare (Environmental Monitoring) Service. There is an initial 2-week assessment period that is charged as for Service Level 1. After assessment, the charge is weekly as above. In addition to the base unit, pendant and smoke alarm, two further environmental sensors may be fitted. Examples of these are: Extreme Heat or Cold, Flooding, Carbon Monoxide and natural gas.

Service Level 3 - £8.65 (weekly) – this is the Telecare (Lifestyle Monitoring) Service. There is an initial 2-week assessment period that is charged as for Service Level1. After this the charge is weekly as above. In addition to the Environmental monitoring offered in Service Level 2, this service also provides a selection of Lifestyle Monitoring sensors. These detect motion (or lack of it) e.g. if someone has stopped moving, fallen, has gone outside, is in bed or sitting in a chair, for a prolonged period when they would normally be active.

All three service level costs above can be maintained at moderate levels year-on-year due to partial recycling. Base units and sensors such as: smoke alarms, fall, movement, carbon monoxide and door entry detectors can all be used many times over.

11.0 Objectives, Assessment and Installation

Service Objectives:

- To provide 24 hour response to an alarm call.
- To provide reassurance to individuals using the service and carers.
- To contact emergency services such as ambulance, fire or police on behalf of the service user.
- To reduce admission to hospital, residential or nursing home care.
- To assist in the early discharge of people from hospital.
- To provide a quality, cost-effective service that matches the individual needs of each service user.

Strategy Objectives:

- Promote assistive technology as a means of supporting independent living.
- Raise public awareness of Telecare within Halton.
- Maximise the time people are able to manage their long-term conditions at home.
- Promote home safety and security.
- Develop partnership agreements to facilitate Telecare.
- Improve the social and medical support to vulnerable people in order to reduce social isolation.

Currently some 1600 people are using the emergency response (Lifeline service) and of these around 70 have additional Environmental and Lifestyle devices installed. The Telecare and Lifeline service team is based in Widnes. It consists of 14 Community Wardens (a further 2 are currently on secondment) who operate a shift pattern, a dedicated team support officer, a technical specialist (Telecare Implementation Officer), a Telecare Installation officer, a team manager and a principal manager. The installation officer position is a shared by two individuals in a partnership agreement with Age Concern.

The team's principal role is to provide a 24 hour 365 day a year Telecare alarm service that is split into the following three levels by the cumulative addition of extra monitoring devices:

1. A Community Warden Emergency Response
2. Telecare Service Environmental Monitoring
3. Telecare Service Lifestyle / Environmental Monitoring

All of the above services rely upon the Level 1 emergency service being in place.

Telecare equipment will automatically activate a sensor when a certain critical threshold (e.g. temperature) has been reached, or if movement is no longer detected.

Referrals for a Telecare assessment can come from a wide variety of sources including self referral, family, GPs, other health professionals, social work staff, housing staff police and other community workers who may come into contact with a vulnerable person who could benefit from the service. The service is also beneficial to:

- People with Clinical /medical conditions such as MS.
- People with epilepsy, heart conditions, diabetes, dementia.
- People with Hearing, visual, speech or learning disabilities.
- Those living alone or with another vulnerable person.
- Those living with a carer or carers where the service is essential to maintain care arrangements.
- Carers who require support to alleviate some of the difficulties they experience in caring for a dependent.
- Families where a child may be at risk due to the medical condition of their carers.
- Families where there is a history of domestic violence and the partner is vulnerable when living alone.

The service is available to anyone of any adult (aged 18+) who would like to feel safer, more protected and independent in their own home. Within HBC referrals to the service generally come from the following teams:

Rapid Access & Rehabilitation Service - RARS
Older Peoples Team Widnes - OPW
Older Peoples Team Runcorn - OPR
Physical & Sensory Disability Team - PSD
Adult Hospital Team - AHT
Community Psychiatric Nurse - CPN
Adults With Learning Disabilities - ALD
Extra Care
Oakmeadow
Community Warden Service - CWS
Falls Service
Reablement
Next of Kin / Self
Community Mental Health team
Community Matron Service

The Referral Pathway: The Telecare alarm service pathway is outlined visually in Appendix 10. When an assessment has been completed (via Team or self) and the need for Telecare becomes clear, then the service user is informed and appropriate options are discussed. A referral is made to the Contact Centre (CC) and the appropriate Referral Proforma is completed. At this point, relevant information is passed to the Team Administration, who then contact the referrer to arrange an assessment. At this meeting a lifestyle assessment is carried out the type of service required is identified and appropriate parameters and responses are set. Consent for all responses is obtained and a contract is agreed with the service user.

At this point the CWS passes all information to the Contact Centre staff. Normally the CC becomes the first professional point of contact for the SU. However, this is flexible and the SU may choose to have others in this role (generally family member, partners or close friends).

The CC continues to monitor the installed system 24/7. As the person's activity patterns become apparent, the CC will ensure response protocols are adjusted appropriately. At the end of each of the first two weeks, both the CWS and the referrer will review the service to ensure it is meeting the appropriate need. If this is the case after discussion with the Service User and carers and agreement is reached, then after week two Telecare is continued.

Charges are applied according to which package (1,2,or 3) is adopted and the CWS take over as the key worker. The service is reviewed annually or after there has been a significant change in the person's care needs.

If at any point Telecare is no longer required CWS will remove the equipment. At this stage certain equipment will be identified as suitable for recycling as a means of off -setting future costs.

The Assessment Process and Installation

Halton Community Alarm Service Assessment Version 4 (revised Jan. '09) is the assessment tool (Appendix 1) currently used. The assessment is carried out in the person's home and details of: the type of dwelling (e.g. whether a sheltered flat, house, bungalow…etc), personal and financial information, form part of the assessment document. In addition, health needs such as any current illness and a detailed inventory of the care and support that is required, plus any equipment or individuals who are available to assist with specific tasks. It also includes: any help with medication, specific communication needs and details of visiting health professionals such as a Community Nurse and GP.

Details of all devices to be fitted are logged along with appropriate responses for each. If for any reason, agreed protocols cannot be met then the CWS must respond and notify next of kin should an event occur. At level 1 (Community Alarm) it is important to establish contact with the person. If this is not possible, CWs are despatched, next of kin are made aware of the situation (lack of contact or a smoke detector triggered) and the fire service contacted. At Levels 2 and 3 (Telecare) each sensor has an appropriate response. For example if the absence alarm for a bed sensor has been triggered, it is important to establish contact with the person as soon as possible. If voice contact is not possible, then the CWS will operate the appropriate response protocol.

Any additional response protocols agreed with the individual, or their next of kin…etc, are included along with a detailed physical description of the person, an agreement slip for a digital image to be taken to help identification if the person is found wandering.

12.0 Dealing With Risk

At any time the person or their representative can contact Telecare service to have their support plan updated. This reviews the risks and the interventions required to manage each in order to meet the person's needs (Appendix 2).

For all three service levels any appropriate response is always agreed with the service user / and or significant others. This is important, because Telecare is not a form of imposed surveillance, but incorporates a carefully agreed set of responses that enable previously identified risks to be managed efficiently and safely. Its overall aim is to highlight potential problems before they become crises. By targeting such difficulties quickly, the person will inevitably feel safer, knowing that the kind of assistance they require will soon be on its way.

13.0 Monitoring and Measuring Performance

The flowchart on page 20 shows how evidence on performance is collected, for either the Community Alarm Service or Telecare and by whom. Shortly after installation (typically 1 -2 weeks) all new users of Telecare are asked to provide comments on the effectiveness of the service they are receiving (Appendix 9). This is known as an installation review and provides the user with an opportunity to individualise the system to meet their behaviour, need and level of activity.

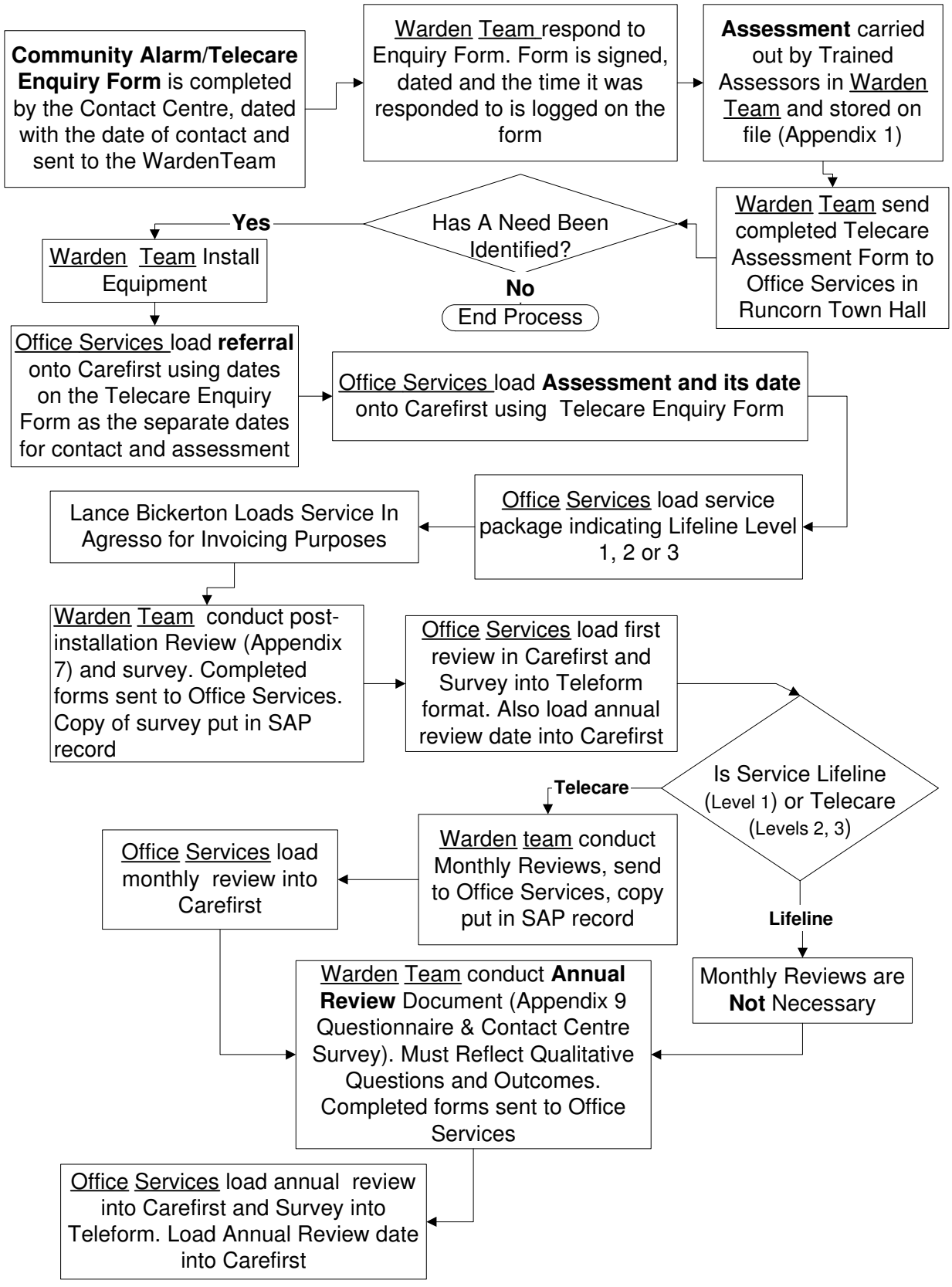
In addition, levels of satisfaction with the service are recorded on a monthly basis by the Community Warden team and all documentation placed in the SAP record. The Community Warden team also conduct an annual review of the service by questionnaire (Appendix 9). Data from this are uses to provide a qualitative analysis of the service, plus outcomes. Throughout (Installation review, monthly reviews and annual review) the Community Warden team deals with any issues that are raised by Telecare users.
All installed Telecare equipment is evaluated and reviewed to ensure it meets a user's individual needs and their support plan outcomes. Statistical information on outcomes delivered is also collated The flowchart below shows how and by whom evidence of outcomes is obtained.

The qualitative question set (Appendix 7) used at the initial and later annual review will be a separate document that reviewers take out with them. This will be forwarded to the IT systems Team in Runcorn Town Hall as this will enable outcome data to be collated and analysed using 'Teleform.' When this process is established there will be no further need for the Contact Centre to continue asking new Community Alarm Service /Telecare users to provide qualitative /outcome information.

The current Telecare Document (August 2009) can be consulted for the following:

- How the Commencement and Termination of the Telecare Service is notified to: the supporting People, Financial Services and Performance Monitoring Teams.
- The CareFirst procedure for connecting Telecare
- Annual Reviews on CareFirst
- How a Telecare account is closed by the Administrative Officer using the Aggresso System
- The CareFirst procedure for disconnecting Telecare

Flowchart Showing How Evidence for Lifeline (Level 1 Service) and Telecare (Level 2 or 3 Service) is Obtained.



14.0 Future Developments

In Halton, consultation is viewed as a central component in evaluating any of its services. This allows the service user to have a direct role in service planning, ensuring it is targeted accurately and meets all relevant needs.

Future consultation will involve monthly and annual reviews. The intention is that all consultation data will be accessible via CareFirst. Over time this will accumulate as a valuable service user resource, detailing personal profiles, specific individual Telecare preferences, problems and solutions. It is the intention that this database will inform all future development of Telecare within Halton.
The infrastructure for Telecare services includes the equipment needed to enable communications to be made rapidly and reliably between: sensors, disperse alarms, a monitoring centre and emergency responders. It also includes the methods employed to include access to appropriate services, assessments and provision of equipment.

The present Call Handling System at the HBC contact centre has been operating since February 2007. A new system upgrade (Tunstall PNC5) will be introduced to handle all calls from the autumn of 2009. This will slightly enhance the ability to take calls and will make it easier to pull off reports and provide more scope for the development of Telecare in Halton.

To date the main focus of Telecare has been on (1) home safety and security monitoring and (2) lifestyle monitoring and risk management, within a reactive mode approach where an alert triggers a response from an appropriate service. In general, the use of Telecare employs a small selection of standardised devices.

To meet future needs Telecare will have to be developed on a larger scale and involve many more sensors and devices. It must be capable of being personalised to individual user need, fully integrated into the care system and predictive in order to allow observation of longer-term trends and earlier intervention.

For example, future changes in demography and developments in policy will continue to transform the way services are delivered in Halton. As separate initiatives two aspects of Telecare are being proposed within the Halton business case: Telecare will be included as a component part of the standard social care assessment; those individuals who are over 85 will be entitled to free Telecare. In order to ensure quality social care, related primary care and support services to people, all those involved in providing the service, will need to work beyond their traditional organisational boundaries, structures and systems.

Future Training and service reporting needs to demonstrate that the structure of Telecare in Halton is meeting the needs of all its service users. It should emphasise the importance of delivering a quality service that is outcomes

focused. In this sense, any future qualitative analyses (annual reviews…etc) that are proposed, need to be able to demonstrate that:

- Individuals using the service are happy with its quality and accessibility (questions: 1 – 12 Appendix 7).
- Levels of individual self-management have increased (question 13: b, d, e)
- Positive changes in behaviour have occurred (questions (a, d, g).
- Fewer symptoms are being reported (c, f).

Increase the use of sophisticated Telecare platforms such as 'Community Alarm Service Connect+.' This makes it possible to monitor a set of additional sensors prior to raising a specific alarm. For example, a person may be out of bed at a time that is outside agreed parameters, but active elsewhere in the house as detected by PIR movement sensors. This would typically result in a delayed or cancelled alarm (if the person got back into bed). This type of passive alarm would reduce the number of unnecessary alarms and also allow the individual greater independence to behave in a way that is outside previously agreed conditions yet nonetheless perfectly normal.

Expand Halton's third area of focus (see 1.2) – 'vital signs monitoring' – as a cost-effective means of monitoring remotely and assisting individuals to manage long-term conditions such as diabetes at home. The monitoring would be done via the PCT with HBC in a supportive role providing the necessary Telecare/Telehealth units. This would also be a useful precursor to developments currently under way such as the Virtual Ward. In this respect, Widnes based GP surgeries are interested in piloting Telecare /Telehealth within the Virtual Ward concept. This will result in an increase in referrals for current Telecare sensors as well as a possible installation and technical support service for

Telehealth applications.

At an early stage in Telehealth planning the following would need to be looked at:

- Response protocols for any alarms triggered by the various Telehealth applications must be clearly set out.
- Storage, installation, de-installation, decontamination and maintenance procedures will need to be developed and put in place.
- There will be a need to train all call handlers and installers.

The implementation of Telehealth could significantly reduce the need for home-visits or hospital appointments. The technology fully developed has the potential to enable those who are housebound to have a virtual presence in libraries and shops and maintain contact with friends and relatives as well as professionals.

Keeping Track of Upgrades. Some service users move between different levels of the Lifeline, upgrading to a higher-level service when required and then later downgrading. Such movement cannot be tracked by the present data capture system, as the Community Alarm Service upgrading is not

separately recorded on CareFirst. For example, there are currently 25 individuals on the Level 2 package and 39 on Level 3 – many have been upgraded from Level 1, but exactly how many cannot be ascertained. Clearly, this difficulty needs to be looked at in any future monitoring and data capture procedures.

Currently there are a number of sheltered housing providers within the Borough who use their own Telecare systems. It is important to ensure that these are compatible with current and planned future systems in order to avoid duplication and potential confusion for the user. By establishing regular quarterly management meetings with sheltered housing providers, it will be possible to determine the level of compatibility and the potential for clear and effective response protocols. As growth area they would commission HBC as a response service.

Telecare is one component in a multi-agency health and social care approach. The principal aim is to provide the necessary professional back up to enable the individual to maintain their independence at home for as long as possible. The principal challenge for Halton in caring for its ageing population is to improve the care of long-term conditions. In order to take care of its frailer older people with continuing health problems, it must focus on better support for them at home (together with support for carers). It needs to develop early recognition and management (at home) of new or increasing health problems in order to avoid admission to an acute sector bed. It naturally follows that better communication across agencies would be beneficial (see 6.7).

Halton is currently (September 2009) in the process of developing its Early Intervention / Prevention Strategy which will stress the importance of Individual dignity, independence and equality. The overall purpose of this strategy is to reduce the likelihood of social isolation while enhancing reablement. It is the intention that Telecare will offer a means of achieving this kind of personal control and dignity for those with long-term conditions, especially when combined with Halton's direct payments facility and individual budget s.

Also, the capacity and structure of the call-handling system needs to be flexible enough such that all data collected can be shared with appropriate others in a common format. To this end the Halton contact centre has already upgraded to the Tunstall PNC 5 Call Handling System. This will enable reports to be produced and shared more quickly.

As their needs change, individuals at home may benefit from some form of activity monitoring. This comes under the umbrella term Activity of Daily Living Monitoring (ADL) and can reduce the number of visits required from carers and GPs. Connect + carries out a 'Just Checking' which can work well with individuals who have Dementia. At present families may purchase this system privately, but Halton are looking at the implications of adopting such a system as it would allow those with dementia or memory loss to maintain their independence.

The system monitors the person's movements at home and produces a chart of their activity at intervals throughout the day and night. Thus this kind of system can provide reassurance to family /carers and professionals that an individual with early onset dementia can maintain their usual living pattern without undermining their independence of movement. Being able to target early-onset dementia in such a way might make adopting such a system more acceptable financially.

Telecare – A Glimpse of the Future in Halton. Telecare is already a success story in Halton, but in the immediate future:

- The hope is that it will be more widely understood and accepted by service users, carers and health and care professionals alike. Local members and political leaders will appreciate what it can do for their constituents and actively promote its use.
- All housing providers will be active partners in implementing care solutions based on Telecare and Halton's housing strategy will actively promote Telecare solutions for vulnerable people.
- The boundaries between health and care services will become far less rigid as the technology helps to redefine roles, options and more efficient working arrangements. These will be geared toward consultation reflecting the person's desire to remain independent and at home for as long as possible.

Looking further ahead:

- In the short-term through an established Personalisation Agenda service users and their carers will be able to request and purchase directly Telecare based services as part of a broader package involving elements of health care monitoring and response. Telecare and Telehealth (remote health care) will be widely recognised by individuals and their carers as the way to greater independence and quality of life.
- In the longer term all new homes both public and private will be fitted with the capacity for care and health services to be provided interactively via broadband from day one of occupation.
- In the short-term, remote condition monitoring from home for extended periods will be the norm.
- Those receiving care services in Halton within a care home or hospital environment, will in future be able to benefit from Telecare at home.

15.0 Summary

Telecare in Halton has three principal areas of focus:

1. Information, advice and support – being able to demonstrate that as a form of support it has had an impact on clinical or care outcomes for vulnerable people with specific conditions.
2. Safety and security monitoring – being able to demonstrate that Telecare has enabled vulnerable people to feel safer and more secure at home.
3. Vital signs monitoring – putting a case for funding Telehealth as a cost-effective means of monitoring and assisting individuals to manage their diabetes at home.

The last of these has an important role in future plans to expand the service and will be dealt with under 1.14 (Recommendations) and more fully in 18.0 (Future Service Propositions). The other two are dealt with below.

Since its introduction in 2005, the number of individuals who have been referred for and subsequently had Telecare packages installed, has been increasing. The following table shows cumulative annual data from October '05 to November '09.

Cumulative Telecare Packages (Levels 2 & 3) Installed in Halton

	Oct '05 Mar '06	Apr '06 Mar '07	Apr '07 Mar '08	Apr '08 Mar '09	Apr '09 Nov '09	Totals
Active from previous yr.		22	48	46	72	
Referrals	25	102	111	131	83	**452**
Assessments	25	102	106	99	77	**409**
New Connections	25	95	74	76	40	**310**
Connection Removed	3	69	76	50	38	**236**
Active	**22**	**48**	**46**	**72**	**74**	

Falls and wandering issues have accounted for 76% (07/08) and 73% (08/09) respectively of these referrals (Appendix 6). There is also evidence to suggest an increasing trend year on year in the number of individuals connecting to a Level 2 or Level 3 Lifeline package as shown by the **Active** data.

The increase in the number of Telecare packages has impacted on the response element of the service. The following table aptly demonstrates this:

Callout Data For Telecare in Halton

	Apr '07 Mar '08	Apr '08 Mar '09	Apr '09 Nov '09
Total Active for period	122	122	112
Total Callout	920	1067	625
Monthly Av. (mean)	77	89	78

However, there are currently (09/10) almost 25% more people in receipt of Telecare than the previous year (08/09). Consequently, these data represent significant decrease in the number of callouts. This would seem to suggest that not only is the service becoming better known, but that confidence in its ability to manage risk is also growing among those who wish to maintain their independence at home.

Further, the number of new service users aged 65 and over, that have already been provided or are scheduled to be provided with 1 or more items of

Telecare level 2 0r 3 packages in their own homes (or an equivalent such as extra care /warden assisted housing) is expected to rise by some 8% (for adult social care alone) and 4% (Adult social care in partnership) during 09/10 (416 –450 and 7-10 respectively).

There are two important factors underlying this. First, people's general awareness of the service that is available has been greatly increased over the past two years. This has largely been due to: Halton Direct Link, the HBC website and word of mouth from current users, Community Wardens and health professionals. Secondly, as a consequence of people living longer, there is an underlying significant increase in the number of those developing dementia.

Such increasing levels of dementia year on year will undoubtedly result in annual increases on the number of future referrals received by the service and in the type of device selected by users and / or their carers. The majority of referrals have been for individuals with dementia and hence the most frequent devices installed are to detect falls and wandering.

Service users and their carers are becoming more aware of what the technology can achieve in terms of monitoring. Consequently, they have been more inclined to make use of environmental monitors such as heat, cold, water … detectors, as an additional safety blanket. To this effect there has been a 145% increase in environmental referrals, resulting in more of these being installed in the period 2008 - 2009.

When Telecare is coupled with an appropriate support plan an important outcome is that the individual is able to remain safely and independently at home for longer. Thus, safety and security monitoring is an important function of Telecare. As evidence for this, during the period 2007–2008, 17 service users eventually had to move into residential placements. However, prior to their residential move and thanks to the use of Telecare, 6 of these individuals remained at home for over a year and the remainder between one and 12 months. This represents a substantial pre-admission saving of approximately £240,000.

This suggests that people using the service with the right kind of equipment are able to be more independent. However, as the number of individuals connected to Telecare equipment increases, then so does the total number of activations and callouts. One way of reducing this would be for Halton to make use of Virtual Sensor technology.

Telecare has been a success, not only within Halton as evidenced above, but also nationwide. More people in Halton are transferring upwards from the basic Level 1 service as they develop confidence in its ability to minimise risk through its rapid response capability. This confidence is evidenced by the reduction in call-outs. In a sense, the past three years have been an experimental period: enabling the public to experience directly how supportive the technology can be and HBC to establish how daily living patterns can best be monitored, by whom, what new technology to employ and how the current

structure needs to evolve to accommodate an expansion of the service and the future implementation of Telehealth /Telehealth.

16.0 Recommendations*:*

The following recommendations stem from discussions with colleagues from: the Warden's Team (who lead on Telecare), Finance & Support Team (currently logging Telecare onto CareFirst), and Business / Policy Support (service quality). Service user comments have also been incorporated into the overall document.

At present logging of referrals and assessments is being carried out by one individual from the Finance and Support Team. This situation is recognised as not ideal and is likely to become less satisfactory as Telecare expands as a service and Telehealth becomes available. However, due to capacity limitations this situation is unlikely to change in the immediate future.

A Telecare Training Group (TTG) will inform the new Telecare /Telehealth agenda. All relevant staff will receive the new Telecare training as part of their normal continuing Professional Development. This would help improve awareness among staff of the current and future importance of Telecare. When capacity allows, training and procedures will be developed to enable the Warden's team to log all referrals and assessments.
The TTG could also drive forward the development and introduction of new training opportunities for all professional staff with the responsibility of assessing individuals with long-term needs. The use of 'Telecare Champions' within other referral teams would enable such teams to keep abreast of new Telecare developments and training opportunities.

The TTG will also continue to develop training courses to meet the needs of Telecare handlers /responders and more generally those involved in equipment installation and advice to service users and their carers on how to use the equipment.

Implement improved quality and performance measures as a means of evaluating the overall effectiveness of Lifeline, Telecare and Telehealth (when operational). These will take the form of: post-installation bedding-in checks/reviews to ensure operating parameters are appropriate, followed by monthly reviews in the case of Telecare and annual reviews in the case of both Lifeline and Telecare. This annual review will be structured as a teleform for automatic analysis.

Increase the use of more sophisticated Telecare platforms so as to allow delay or cancellation of alarms, depending upon the person's activity. This would greatly reduce the level of false alarms while allowing people to move around their house in whatever way is normal for them.

Widnes Practice Based Commissioning (PBC) in partnership with Halton and St Helen's MHS Primary Care Trust (PCT) have put forward a business case for a community based integrated care service. Part of this would involve

working in partnership with Halton Borough Council to deliver innovative solutions to support people at home with long-term conditions.

Such support would enable individuals, families, carers and professionals to communicate, coordinate and manage seamless care at home. This could include the use of Telecare devices as a means of supporting self-management and the close monitoring of physiological observations.

Any such future use of Telecare by the PBC would be advised by data from its current use in Halton. Hence HBC could supply relevant Telecare/Telehealth equipment that would support diabetes monitoring, where the monitoring is carried out by the PBC. Hence, it is important to ensure that the development of the 'Virtual Ward' concept, by the PBC will be closely linked to current and future developments in Telecare /Telehealth

There is a need to address system compatibility problems where Sheltered Housing providers have opted for different detectors from HBC. It is important in such circumstances to hold regular meetings with providers so that clear and unambiguous response protocols can be developed.

Currently there is no facility for tracking those individuals who opt to upgrade or downgrade their current Lifeline / Telecare system. This information is not currently recorded on CareFirst, but could be made available via monthly reviews for Telecare or at the post-installation inspections for Lifeline or Telecare by incorporating an appropriate question.

Virtual sensor technology is an important feature of the new Connect + base unit. This allows information to be combined from a number of sensors, thus enabling alarms to be delayed or cancelled, reducing the number of false alarms. For example, before an out of bed alarm is raised, the unit can be set to monitor other Telecare sensors that may be indicating that the user is active elsewhere in the house (they may have got up for a drink and will have triggered PIR sensors on the way to and in the kitchen). The unit can then react to this additional information by either delaying or cancelling the initial virtual out of bed alarm.

Enuresis is a common problem among older people. Telecare offers an enuresis sensor that Halton could offer as a new component in its Telecare service. The sensor provides a discreet and efficient means of detecting instances of enuresis the moment they occur. This enables carers to provide a higher level of service without the need for regular intrusion. This equipment is available and If there is a local demand then HBC will approach the PCT for future funding to expand into this new area of service.

There are currently some 1.75 million people in the UK who rely on Telecare. The Telecare Services Association (TSA) formed in 1995 represents service providers and those who commission Telecare services such as local government, housing associations, manufacturers, academics and others with a professional interest in Telecare. After taking part in a TSA consultation exercise in 2008, HBC is currently in the process of adopting the TSA Code of

Practice. This TCOP covers the whole Telecare system from referral to response and identifies the importance of each component along the way (e.g. profiling, service set-up, monitoring…etc). By adopting the TCOP and the recommendations of the TSA's independent inspection body (Insight Certification), HBC will ensure that its Telecare service is offering the best practice to service users, providers and commissioners.

Appendix 1

Health and Community Directorate –
Halton Community Alarm Service **Assessment Form**

Dwelling			
Tenure: Please Circle	Owner Occupied Private Tenancy Housing Association (Please state which one)		
Type: Please Circle	House Bungalow Sheltered Flat		
No. Bedrooms		Access to property	
Does client sleep upstairs/downstairs?		…….	

Personal Details		
Name:		D.O.B:
Address: Post Code:		Tel No: Alternate Number Telephone line Provider: Repair Line No:
Ethnicity:		Referred By:
Preferred Language:		
Do You Live Alone ?	YES / NO	C/First:

Service Provision		
Reason for Referral		
Service Type	Community Alarm	Telecare
Date Commenced……..		Month of Review…….
Model Type ……		Unit No……..

To be completed if service not provided

Reason …….

…….

Signature of service user:.....…….. Date:.....

Print Name:.....……

Carers/Advocate:…….. Date:…….

(Where Service User is unable to sign)

Warden(s):.....

Financial Details
Are you in receipt of: Housing Benefit Council Tax Relief Would you like a Council financial adviser to visit you to discuss any benefits you may be entitled to? YES / NO

Health Needs
Do you have any medical diagnoses or illness at present? Please describe   Do you have any infectious diseases?

Current Care and Support Needs	
Do you Require assistance with any of the below: Please Circle	
Washing	YES / NO
Dressing	YES / NO
Walking	YES / NO
Getting around your house	YES / NO
Getting in or out of bed / chair	YES / NO
Preparing food	YES / NO
Preparing a hot drink	YES / NO
Getting outside the house	YES / NO
Food shopping	YES / NO
General Shopping	YES / NO

Going out for social activities	YES / NO

Does anyone help you with the above? If yes what things do they help you with?
Do you use any equipment to help you with any of the above

Does a Community Nurse or other health professional visit you at home, If yes how often?	

Current Care and Support Needs

If you take medication do you have support with this?
Do you have any Communication Needs?
Referrals Made (e.g. Age Concern, Social Services)

Are you registered disabled? Please Circle	YES / NO

Other Occupants

Name	Relationship	Contact	DOB	Assessment Required

Relatives / Significant Others

Name	Address	Telephone	Relationship	Keyholder

General Practitioner	
Name:	
Address:	Tel No:

Home Environment	
Would client like a Stay Safe Check (Age Concern)	YES / NO
Keysafe Requested	YES / NO
Date for fitting of **Smoke/Keysafe**: ……. AM / PM Location Keysafe……..	
Do you feel safe in your property?	
Have you ever had a break in?	
Do you have an alarm? (Note number for PNC)	
Are there any environmental hazards? (i.e. Access Issues)	
Do you have any pets?	

Equipment Installed			
Unit installed into main Telecom socket?			YES / NO
Off Hook Test Conducted?			YES / NO
Unit Type	Serial Number	Location	
Smoke Alarm	Serial Number	Location	

Telecare (please indicate type of sensor, serial number, location and set parameters)

Type	Serial Number	Location
Type	Serial Number	Location
Type	Serial Number	Location
Type	Serial Number	Location
Type	Serial Number	Location
Type	Serial Number	Location

Warden Notes

Response Protocol

Protocol – <u>In all cases if agreed protocols cannot be met, Community Wardens Service to respond</u>

☐ Level 1 - Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue.
Smoke Detector if no voice contact dispatch Fire Service and CWs and notify NOK.

Level 2 & 3 Telecare

☐ Temperature Sensor - Always Active
Establish contact if no voice contact dispatch Fire Service and CWS and notify NOK.

☐ Carbon Monoxide Sensor – Always Active
Establish contact and notify NOK and/or landlord

☐ Flood Detector – Always Active
Establish contact if no voice contact, dispatch CWS and notify NOK

☐ Inactivity/PIR - Active……. Check for activity Every ……
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

☐ Bed Sensor - Active …… Absence Alarm……..
Establish contact, if no voice contact dispatch CWS and notify NOK if there is an issue

☐ Bed Sensor/Not in bed - Alarm ……..
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

☐ Bed Sensor/ Still in bed - Alarm ……..
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

☐ Chair Sensor - Active …… Absence Alarm……..
Establish contact, if no voice contact dispatch CWS and notify NOK if there is an issue

☐ Chair Sensor/Not in bed - Alarm ……..
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

☐ Chair Sensor/ Still in bed - Alarm ……..
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

☐ Floor Sensor – Always Active
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

☐ Universal Sensor – Active…….
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

☐ Wandering Client/Client - Wandered Active…… Absence Time……..
Establish contact, if no voice contact dispatch CWs and notify NOK if there an issue

☐ Wandering Client/Door left open Always Active Door left open……
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

☐ Fall Detector Always Active
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

Additional Protocols agreed with Service User/NOK/Significant others:

Client Physical Description	
Height	
Weight	
Build	
Eye Colour	
Hair Colour	
Distinguishing Marks	
Known Areas	

I the undersigned agree to have a digital image taken of the service user named on this assessment. This digital image may be used and shared with other agencies at the discretion of the Community Warden Service where they are concerned for their wellbeing.

Carer / Advocate Signature:…….. (Where Service User unable to sign)

I understand and agree with my arrangements and I agree to the information being held, used and processed by the Council for the purposes of the administration of the support service and other legal purposes of the Council. I also agree that the information may be shared with other agencies on my behalf and that my details will be held on a database.

Signature of service user:.....…….. Date:.....

Print Name:.....……

Carers/Advocate:…….. Date:…….

(Where Service User is unable to sign)

Warden(s):.....

For Office Use: **Loaded onto PNC** Name…….. Date……

Client Amendment Sheet

Date	Amendment	Signatures

HALTON BOROUGH COUNCIL

Appendix 2

Health and Community Directorate

Service User Support Plan, Halton Community Alarm Service

Care First No:

Title		**Ethnicity**		**Address:**
First and preferred names				**Phone no:**
Surname				

Overall Aim:

Date commenced Task No.	**Risks / Needs Identified**	**Interventions agreed with service user to manage risks identified and meet their support needs.**	**How will we know if we have been successful in managing the identified risk and meeting the needs?**	**Date of Review**

Service User Signature:			Date	
Carer Signature (where applicable)			Date	
Warden Signature			Date	
Date commenced Task No.	**Risks / Needs Identified**	**Interventions agreed with service user to manage risks identified and meet their support needs.**	**How will we know if we have been successful in managing the identified risk and meeting the needs?**	**Date of Review**
Service User Signature:			Date	
Carer Signature (where applicable)			Date	
Warden Signature			Date	

Date commenced Task No.	Risks / Needs Identified	Interventions agreed with service user to manage risks identified and meet their support needs.	How will we know if we have been successful in managing the identified risk and meeting the needs?	Date of Review

Service User Signature:	Date
Carer Signature (where applicable)	Date
Warden Signature	Date

Appendix 3

HALTON BOROUGH COUNCIL

Halton Community Alarm Service
Service User Contract

1.0 Background

This agreement forms a contract for the provision of Halton Community Alarm Service between Halton Borough Council of Municipal Building, Kingsway, Widnes, WA8 ("Halton Community Alarm Service") and …….(name) of

……

……..(address)

("the service user") on……..(date)

2.0 Halton Community Alarm Service Responsibilities

2.1 Halton Community Alarm Service will demonstrate equipment and provide written and verbal information prior to commencing the service.

2.2 Halton Community Alarm Service will undertake an assessment of the service user and provide a support plan at the commencement of the service. Copies of all documentation will be given to the service user.

2.3 Halton Community Alarm Service will own the equipment provided.

2.4 Halton Community Alarm Service will ensure that the equipment provided is of working order and meets the Telecare Services Association standards for Community Alarm and Telecare equipment and that it is installed as per the manufacturers instructions / guidance, using suitable fixings where required.

2.5 Halton Community Alarm Service will be responsible for the maintenance of all equipment provided in line with manufacturers instructions.

2.6 Halton Community Alarm Service will, at it's own expense, repair and / or replace any equipment that is found to have a fault or is outside of the manufacturers stated date of use.

2.7 Halton Community Alarm Service will ensure that the Contact Centre operates 24 hours a day, every day of the year. When the service user, or equipment activates an alarm, this is received by the Contact Centre. The call operator at the Contact Centre will respond in one or more of the following ways:

- Talk to the service user to ascertain what situation, if any, has occurred.
- Identify with the service user appropriate responses to situations and agree such responses.
- Contact an identified person as outlined in the assessment and agreed by the service user (2.2 above).
- Contact the emergency services where deemed appropriate.
- Dispatch a Community Warden to assist the service user where deemed appropriate.

2.8 Halton Community Alarm Service will ensure that the Community Warden Service operates 24 hours a day, every day of the year.

2.9 Halton Community Alarm Service will maintain records (paper and electronic) on all service users and in compliance with the Data Protection Act and the Freedom of Information Act.

2.10 Halton Community Alarm Service will review the provision of the service with the service user at least every 12 months from the date of commencement of the service.

2.11 Halton Community Alarm Service will only share such information it holds on individual service users with other agencies with the express permission of the service user.

2.12 Halton Community Alarm Service will, at it's own expense, make good any unintended damage to the service users property as a result of the installation and / or removal of equipment. This does not include unavoidable damage as a result of the installation of hardware where this has been explained to, and agreed by, the service user.

2.13 Halton Community Alarm Service will invoice the service user on a regular basis for the provision of the service.

2.14 Halton Community Alarm Service will record all telephone contacts from service users and keep records for a minimum of 12 months. All records will be destroyed within 24 months.

2.15 Halton Borough Council may at any time sub contract all or part of the service to other providers. One months' notice will be given to service users where this occurs.

3.0 Service User Responsibilities

3.1 The service user will pay Halton Borough Council the charge for the service on a monthly basis (in arrears). The charge may be varied by Halton Borough Council with not less than one month's written notice.

3.2 The service user will arrange access to their property for the provision of the service. Halton Community Alarm Service will not hold service user property keys unless in 'exceptional short term' circumstances. 'Exceptional short term' circumstances will be defined by Halton Community Alarm Service and agreed with the service user. Alternative access arrangements will need to be made at the end of this period.

3.3 The service user will test the equipment on an agreed basis and specified in the assessment and support plan documentation. Halton Community Alarm Service will undertake such tests where the service user is unable to do so due to physical or mental health impairment.

3.4 The service user will ensure the equipment is protected from damage and will report any damage to Halton Community Alarm Service.

3.5 The service user will be liable for any damage to equipment caused through intentional or reckless harm.

3.6 The service user will provide all information requested to the best of their knowledge to ensure the provision of the service as outlined in assessment, support planning, review and call out documentation.
3.7 The service user will ensure the provision of telecommunication equipment and electricity supply, pay for such services and report any malfunction to Halton Community Alarm Service.

3.8 The service user will permit Halton Community Alarm Service personnel reasonable access to their property for the purposes of delivery of the service. Service users should ensure that identification is confirmed prior to agreeing access to their property.

3.9 The service user will inform Halton Community Alarm Service when the property is to be vacant for more than 24 hours.

4.0 Period of Contract
4.1 This contract shall be deemed to have commenced on the date when the necessary equipment has been supplied, installed, tested, rested and found to be in working order.

4.2 This contract may be rescinded by either party by one month's notice in writing given to the other.

5.0 Liability
5.1 Halton Community Alarm Service will respond to any call for assistance with as much expedition as is reasonably practical having regard where appropriate to the degree of priority of the call.

5.2 Halton Community Alarm Service will not be responsible to the service user for any failure to respond to a call for assistance where:

5.2.1 the failure or delay is due to a malfunction of equipment, road vehicle, industrial action, or any cause beyond the control of Halton Community Alarm Service.
5.2.2 any delay in response to any call is an unavoidable consequence of the Halton Community Alarm Service policy for responding to calls for assistance as set out in the Halton Community Alarm Service and Community Warden manuals.

5.3 Halton Community Alarm Service will be liable for the replacement of any of the equipment required to operate the service where such equipment becomes faulty or is outside the manufacturers stated date of use. This does not include the telecommunication line and associated hardware that remain the responsibility of the service user.

5.4 Halton Community Alarm Service will not be liable for the replacement of any doors and or door frames that are damaged by the emergency services as a result of the activation of an alarm and where such action is taken to access the property, unless the service user can demonstrate that they had notified Halton Community Alarm Service of their absence and / or they have provided Halton Community Alarm Service with an alternative means of access, for example: a key safe number.

5.5 Service users will be liable to pay a monthly charge for the provision of the service. Halton Borough Council will take all reasonable steps to ensure that service users are advised on ways to maximize their income through welfare benefits. Halton Borough Council will pursue the recovery of debt in line with its' Debt Recovery Policy.

6.0 Previous Agreements.
6.1 This agreement replaces in whole any previous agreements for the provision of Halton Community Alarm Service services made between Halton Borough Council and individual service users.

7.0 Authorisation

Service User Signature……. Date ……

Print Name……

Carer / Advocate Signature…….. Date……
(where Service User unable to sign).

Halton Community Alarm Service Representative……
Date…… Print Name……

Position……..……..

8.0 Contact Information
Halton Borough Council 24 hour Telephone Contact Centre: 0151 907 8300

Appendix 4

HALTON BOROUGH COUNCIL

Community Warden Service
Installation/ Induction Checklist

Date of Referral:	
Date of Initial Visit /Demonstration:	
Installation Date:	
Referrer:	

Name:			
Address:			
Community Alarm Service No:		**Serial No:**	
Service Level	**Level 1**	**Level 2**	**Level 3**
HHT/ Private / Housing Association (delete as appropriate)			

☐ Explain how the alarm equipment operates and how it is connected to telephone network and power supply. After installing the alarm show the service user how to use both the alarm and the pendant. Put a test call through to the Contact Centre. This is to test the alarm unit has been installed properly and works but also shows new service users what actually happens when they press the alarm or pendant. This should encourage them to use the equipment in any emergency.

☐ Show the service user they can wear the pendant either around their neck or like a watch around their wrist if they prefer.

☐ Reassure the service user lots of people press their pendant by mistake. All they need to do is let the Contact Centre know the call is an accident.

☐ Advise the service user they should not unplug the alarm at any time, even if they go on holiday.

☐ Advise the service user to contact their telephone provider to let them know that a community alarm has been installed. Advise them to enquire about services such as BT's Total Care which ensures a rapid response to line faults.

☐ Explain the importance of self testing the alarm equipment on a monthly basis

☐ Advise the service user about the support planning process and make a follow up appointment with them to draft their support plan (see section 5D)

☐ Advise the service user that the Community Warden Service is unable to hold keys on a permanent basis and advise them regarding alternative arrangements for enabling access e.g. key holder, key safes.

☐ Advise that nominated key holders may be contacted at any time should it be deemed that this is the quickest option for gaining access in the event of an emergency call.

☐ Encourage user to have a HSA provided through Age Concern, if yes they will be contacted within a few weeks.

☐ Advise that if no key holder / key available access will be gained in an emergency via the Police. HBC are not liable for costs if damage is caused.

☐ Go through all sections of the Community Alarm Service Agreement to explain the service

☐ Explain charges and payment systems

Documentation Checklist

☐ Community Warden Service / Community Alarm Service Agreement (Agreement must be signed and dated by the service user and the community warden).

☐ Assessment Form (fully completed with service user's details)

☐ Key Safe Forms

☐ Financial forms (direct debit, etc .)

☐ Support Plan

☐ Leave Leaflets with Service User

☐ Wandering Client Physical description and digital photo taken (only for Wandering Client installed)

Service Users Signature - ……

Date - ……

Community Wardens Signature - …….

Date - ……..

Appendix 5

HALTON BOROUGH COUNCIL

Consent for a Key Safe unit to be fitted

I, ... (Please print full name)

of .....

Post Code:.....

Telephone Number:.....

1. Agree to the installation of a Key Safe Unit to the exterior of my home and understand that the cost of the Key Safe is £35.38, that I will be invoiced for this amount and that the Key Safe unit will then become my property and responsibility. ☐

2. Also understand that if I do not pay the invoice then debt recovery will commence to recover monies owing to Halton Borough Council. ☐

3. I understand that the Unit will be installed free of charge to me, but that I will have to make my own arrangements for removal of the Unit if I wish. ☐

4. I refuse to give permission for a Key Safe to be installed and will make alternative arrangements to enable care staff to gain access to my home. ☐

Please sign your name here .....……
Date.....

Career/Advocate.....……
Date.....
(Where Service User unable to sign)

Date requested for fitting:..... AM / PM

Location:…….
(where keysafe is to be fitted)

- **I would like a Halton Borough Council Community Warden to arrange to visit me to set my personal code on the Key Safe Unit. Please tick box**

  YES ☐ **NO** ☐

- **I would like my code to be stored securely at Halton Borough Council's Contact Centre**

YES ☐ **No** ☐

N.B If you have set the code to the Key Safe Unit yourself, and would like the code to be stored securely at Halton Borough Council's Contact Centre or have any enquiries concerning the Key Safe Unit, please ring the Contact Centre on 0151 907 8300

C/First No..... Referrer…… Team/Tel no……

Appendix 6

Assessments 2007-8

During the period 2007-8 there were 106 assessments. These led to a total of 74 connections plus 48 carried over from 2006-7. Of these (122), 76 were eventually disconnected leaving a total of 46 carried over to April 2008 - 9 (see Appendix 3).

The total callout for the year was 920 - a monthly average of 77.
Of the 106 assessments 89 (84%) were from RARS, OPW, OPR, AHT, ACD and CW service combined.

Assessments 2008-9

During the period 2008-9 there were 94 assessments. These led to a total of 76 connections plus a total of 46 carried over from 2007-8. Of these (122), 50 were eventually disconnected for various reasons: death of the S.U, hospital/care home admission or no longer required, leaving a total of 72 carried over to 2009 –10.

The total number of callouts for the year was 1,067 - a monthly average of 89.

Of the assessments 70 (75%) were from RARS, OPU, OPR, AHT and the Community Warden service.

		Falls	Wandering	Activity	Environment	Seizure	Totals
2007-8	Actual	54	36	10	11	7	118
	%	45.8	30.5	8.5	9.3	5.9	(100)
2008-9	Actual	51	41	5	27	1	125
	%	40.8	32.8	4.0	21.6	0.8	(100)

Total Referrals 2007-2009

Referrals have risen by 6.8% in the period 2007-8 → 2008-9.

Appendix 7

Community Alarm Service Level 1

Post-installation Review 2 – 6 Weeks

Name…….

Address:…….

C/First:……. Date:…….

For each question please write in the space provided or circle the appropriate choice.

1. How did you first hear about the Halton Community Alarm Service Service?

2. Did you find it easy to refer/apply for the Community Alarm Service service?

   Yes / No

   If **No**, please explain why?

3. How long did you have to wait between your referral/application and receiving the initial contact?

4. How did you feel about the installation process from the point we made contact to installation?

   Very Happy Fairly Happy Neither Happy nor Unhappy
   Fairly Unhappy Unhappy

   Could you tell us why you have answered this way?

5. Were you given enough information and support about the Community Alarm Service?

Yes / No

If **No**, please let us know what information/support would have been helpful?

6. Have you used the Community Alarm Service service since it was

installed

Yes / No

7. Is the alarm answered quickly after you have pressed the button

Yes / No

8. How do you feel about the response you received?

Very Happy Fairly Happy Neither Happy nor Unhappy

Fairly Unhappy Unhappy

Could you tell us why you answered this way?

9. Do you think the Community Alarm Service service meets your needs?

Yes / No

If **No**, how can this be improved?

10 Do you feel safer now Community Alarm Service is installed?

Yes / No

If **No**, can you tell us why?

11. If not happy with the service would you know how to make a complaint?

Yes / No

12. How would you rate the quality of the whole Community Alarm Service?

Excellent Good Adequate Poor

If answer is **Adequate** or **Poor** please explain why?

13. If you would like to make any further comments about the Community Alarm Service you are receiving then please do so in the box below:

Thank you for your comments and contribution to this review and if you wish to contact the Community Warden/Community Alarm Service service for any further information, contact details are as follows:

Chris Durr - Community Warden Manager **0151 907 8300** (Ext.: 4026)

Halton Borough Council
Community Warden Service
Catalyst House
Sankey Street
Widnes
WA8 0GH

I understand and agree with my current Community Warden / Lifeline arrangements. I also agree to the information I have provided being held on a database and used by the council (and other agencies in partnership with the council) for administrative, legal and statistical purposes.

Reviewed by:……. Date:……

Signature of Service user:…….

Appendix 3

HALTON BOROUGH COUNCIL

lucted by:……

Signed:……

Managers Signature:……

Date:……

Health and Community Directorate

Halton Community Alarm Service **Monthly Review** Form

User Information	
Name:	
Address:	D.O.B:
	Tel No: Ethnicity:
	Date of review:
C/First:	Method of review: BY TELEPHONE or IN PERSON

Current Community Alarm Service Services
Date commenced on service: ……..… Number of alarm activations in past 12 months?…….
Number of Community Warden call-outs in past 12 months? …….
Base Unit No:…… Sensors in situ:…….

Needs
Have any of the service users' needs changed over the past 12 months? Please state.
Reassessment to be undertaken? Yes / No
New Support Plan to be completed? Yes / No

Other Services	
Do you feel you need any help from Social Services other than Community Alarm Service:	Yes / No
Please Describe?	

Service Delivery	
Do you think the Community Alarm Service service meets your needs?	Yes / No
How would you rate the assessment process for receiving Community Alarm Service? Excellent Good Average Poor Very Poor	
Are you satisfied with the service you receive? If **No**, please explain why not?	Yes / No
Were you given enough information and support regarding the use of the Community Alarm Service equipment? If **No**, what further information and support would help you?	Yes / No
Have you had to ask the staff for assistance using the equipment? If **Yes**, were they friendly and helpful?	Yes / No Yes / No
Do you know how to get assistance via the Community Alarm Service if you need to?	Yes / No
Were you satisfied with the speed of the response of Community Alarm Service staff? If **No**, why not?	Yes / No
Do you think that the service is good value for money? Yes No N/A (Supporting People)	
If you were not happy with the service, do you know how to make a complaint?	Yes / No
Have you ever needed to make a complaint or suggestion? If so, did you receive feedback about the outcome? If you received a response, were you satisfied with the outcome?	Yes / No Yes / No Yes / No
Would you recommend the Community Alarm Service service to friends and family? If **No**, why would you not recommend the service?	Yes / No
Overall how would you rate the quality of the whole Community Alarm Service service? Excellent Good Average Poor Very poor	
Do you have any further comments about the service?	

Appendix 9

Telecare
Annual Review Questionnaire

Explaining Telecare

Telecare is a set of electronic sensors installed in your home. It includes equipment such as: temperature sensors, fall detectors, smoke alarms, a personal alarm pendent and a 24 hour 7 days a week emergency response service. Telecare coupled with your specific support plan will help you to live independently and safely in your own home. It offers you greater choice in how you want to live while at the same time provides all-important peace of mind for yourself, your family and your carers.

Who is it for?

- Vulnerable adults
- Older people
- People with a disability

Telecare technology enables health and social care workers to work together in a better way that deals with your care needs in your own home surroundings.

How you can help?

We are currently conducting a survey among services users to gain their views on their experience with Telecare.

What to do if you need help?

If you would like, you can ask a friend or relative to help you fill the questionnaire.

What to do if you have any queries or would like to obtain information on the results?

If you, or a friend or relative, have any questions you would like to ask about the questionnaire, please ring Chris Durr on 0151-907-8344.

Why you were selected?

Your name is just one of a number that have been selected at random from a list of Halton Telecare users in the last 12 months. We have selected you as a user of the Telecare service because we value your opinion and wish to consult your views on how effectively the service is operating.

What will be done with the results of the survey?

Your participation is entirely voluntary. All information collected will be anonymous and will be used to help us monitor the quality and effectiveness of Halton's Telecare service.

Confidentiality

Halton Borough Council acts in accordance with the Data Protection Act 1998, as well as an individual's rights to confidentiality and respect for privacy. All information is strictly confidential and staff are required and trained to respect their duty of confidentiality to you. We treat your private information with respect, it is kept secure and only Halton staff who are entitled to see it, have access to it. When we no longer have a need to keep your information we will dispose of it in a secure manner.

If a member of staff has helped you complete the questionnaire they are also required to keep the information confidential.

Returning the completed questionnaire

Once you have completed the questionnaire please return it to your Community Warden.

I agree to an assessment of my needs and agree to the information being held, used and processed by the Council for the purposes of the administration of the care service and other legal purposes of the Council. I also agree that the information may be shared with other agencies on my behalf and that my details will be held on a database.

Thank you for completing this questionnaire.

C/First No..... Referrer…… Team/Tel no……

Telecare Questionnaire (Service Users)

(For each answer, circle Yes or No or write in the space provided).

Date of Review:.....

1. How did you first hear about the Telecare Service?

   ……

   ……

2. Did you find it easy to apply for the Telecare Service?

   Yes No

   If no please explain why below.

   ……

   ……

3. Are you pleased with the Telecare equipment that has been supplied?

   Yes No

   If no please explain why below.

   ……

   ……

4. Were you given enough information and support regarding the use of the Telecare equipment?

   Yes No

   If no please let us know below what information and support would have been helpful?

   ……

   ……

Continued overleaf

5. Have any of your needs changed over the past 12 months?

No Yes

If Yes please let us know how we can improve the service to meet your present situation.

.....

.....

6. Overall how would you rate the quality of the Telecare service you have received? (Please tick the relevant category).

Excellent Good Adequate Poor

If you ticked Adequate or Poor to Q11 above, please explain why.

.....

.....

Continued overleaf

C/First No..... Referrer…… Team/Tel no……

The questions in the following table are about your feelings and whether Telecare helped you to maintain your normal lifestyle and independence at home (in response please write Yes or No in the box on the right) and any explanation in the space below.

7.

(**a**) Since the Telecare system was installed, do you feel more confident moving about and doing things around the house on your own e.g. housework and food preparation? If **No** please explain why:	
(**b**) Would you say that Telecare has helped you to feel more in control of your life? If **No** please explain why:	
(**c**) Has Telecare reduced your fears about your personal safety at home? If **No** please explain why:	
(**d**) Would you say that Telecare has helped you to maintain your independence at home? If **No** please explain why:	
(**e**) Would you say that Telecare has been a helpful addition to your daily life? If **No** please explain why:	
(**f**) Would you say that Telecare has helped reduce your fear of falling over and not getting help? If **No** please explain why:	
(**g**) In general would you describe yourself as feeling less stressed at home, especially at night, knowing that Telecare can get help should you need it? If **No** please explain why:	

Continued overleaf

C/First No..... Referrer…… Team/Tel no……

If you would like to make any further comments about the Telecare service you are receiving then please do so in the box below.

If after completing the questionnaire, you would like to discuss your experience of Telecare in further detail, please complete the following details. A member of the Telecare team will then contact you.

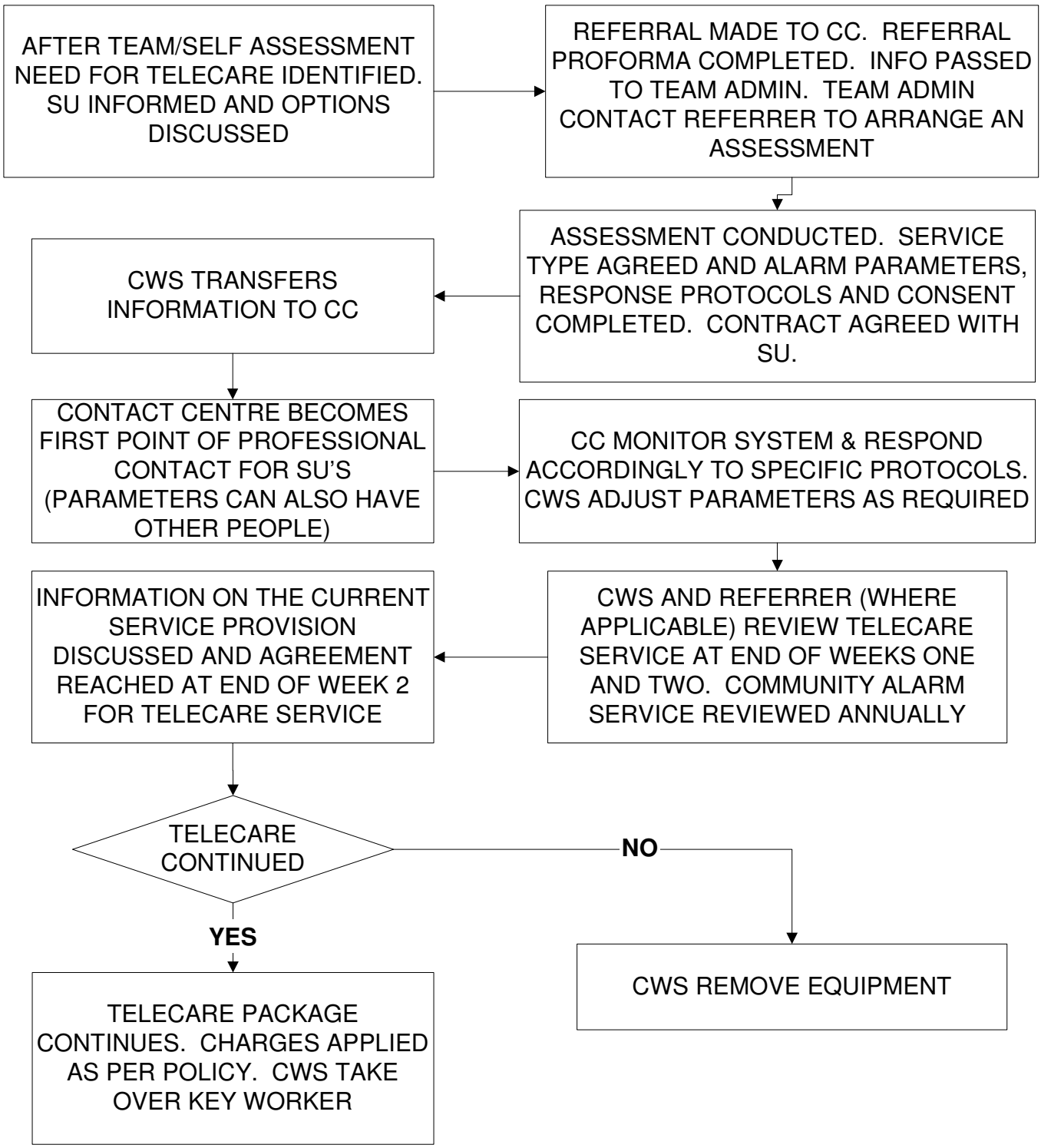
Full Name	
Contact Address	
Contact phone number	

Once you have completed, the questionnaire it will be collected by your Community Warden.

Thank you for your comments, and contribution to the survey, a summary of which will be given to you in due course.

Appendix 10

Current Telecare Alarm Service Pathway



Appendix 11

Suppliers on the NHS framework agreement

Following a full EU/OJEU compliant tendering process, fifteen suppliers were selected to participate in the national framework agreement, each providing a range of telecare equipment and/or services (including installation, maintenance, monitoring and response). Currently, the suppliers participating in the national framework agreement are (list updated 6 November 2008):

Supplier	**Suppliers' websites**
Chubb Community Care	www.initialattendo.co.uk/
Docobo	www.docobo.co.uk
Fold Telecare	www.foldgroup.co.uk
Invicta Telecare	www.invictatelecare.co.uk
Just Checking	www.justchecking.co.uk
Senior Link Eldercare LLP	www.eldercare.co.uk
Philips Medical	www.medical.philips.com/goto/motiva
Possum	www.possum.co.uk
RSL Steeper	www.rslsteeper.com
TBS GB	www.tbsgb.com
Tunstall Healthcare (UK) Ltd	www.tunstall.co.uk/pasa
Vivatec	www.vivatec.co.uk
Wealden and Eastbourne Lifeline	www.welbeing.org.uk

APPENDIX 2

TELECARE PROVISION – EXAMPLES OF GOOD PRACTICE FROM OTHER LOCAL AUTHORITIES

A number of recent evaluation and impact studies of local level telecare programmes have reported impressive results in terms of Cost savings: -

Essex County Council

For example has invested £4 million in telecare equipment and support, and offers new users aged 65 and over a completely free service for one year.

Telecare in Scotland

Outcome	Target-2007-2010	Actual- April 2007-septmenber 2007	Actual savings achieved
Hospital bed days saved by facilitating speedier hospital discharges	46,500	1,800	5,668 days. 517 discharges £1.7m
Reduced unplanned hospital admissions- bed days saved	Not available	Not available	13,870 days. 1220 admissions £3.34m
Care home bed days saved by delaying people being admitted	225,000	6,900	61,993 518 admissions £3.42m
Nights of sleepover care saved	46,000	1,250	£0.55m
Home check visits saved	905,000	107,000	£1.79m
Locally identified savings e.g. waking nights	Not available	Not available	£0.3m
Number of telecare users	13,505	6,005	7,902
Estimated verifiable savings as a result of the development	£43m	£2.9m	£11.5m

Source: York Health Economics Consortium at York University/Scottish Government final evaluation report January 2009.

Gloucestershire County Council

- Analysis of a two year project has revealed actual net savings of £405,088 across 55 users
- Extrapolating these average savings, the external evaluator shows potential health and social care net savings of £4.27m across 368 users.

Stockton on Tees Borough Council

- A draft evaluation was taken to the Adult care partnership board which showed that overall savings were estimate to be £300,199 net based on 300 clients
- The 13 month pilot directly supported the mainstreaming of telecare services in Stockton
- £400k funding over 2 years secured
  - £30k from the PCT
  - £100k social services
- 320 people using telecare (defined as 2 or more pieces of equipment. In addition there are 6,682 community alarm service users.

253 reviews (May 2009) had been completed at 6 weeks, a joint review with Social Work professionals stated that:

- 195 telecare installations will delay or have stopped a care/residential admission (77%)
- 38 telecare installations have resulted in no economic benefit (15%)
- 20 telecare installations have resulted in reduced domiciliary care hours (8%)
- 117 ambulance call outs saved

Northamptonshire County Council

- This project explored the use of telecare in the homes of people with Dementia.
- A published study compared results from the project with a control group, including 100 older people with Dementia.
- The technology was found to be very reliable
- In all but one of the scored items carer stress scale score was lower
- People in the control group were 4 times more likely to leave the community
- Net equivalent savings over 21 months was £1,504,773.

North Yorkshire County Council

The most powerful case to date, which has been highlighted specifically by the Department of Health as a thoroughly robust piece of work, is the North Yorkshire service, which estimates a sustainable 38% reduction in care packages where these packages are supported and enhanced by Telecare services.

The proportion of older people in North Yorkshire is increasing, as is the proportion with more complex care needs. If the County's previous model of care provision had remained unchanged, then costs would of increased by half by 2020.

North Yorkshire have estimated some savings by using telecare in place of traditional packages. Users rate telecare highly: 91% rate it as excellent or very good. The Council now has a target of including telecare in 15% of service packages.

As of June 30th, 2009, North Yorkshire had 12,265 telecare users, (levels 1, 2 & 3), of these approximately 20% were receiving level 2 and 3 services.

COMPARISON WITH LOCAL PROVISION

If we take some basic comparators as a means of comparing North Yorkshire County Council (NYCC) with Halton in simple terms, this will allow us to make some "broad brush" comparisons that will indicate the potential impact of telecare services impact on Halton.

Comparators

Comparator	**NYCC (POPPI data 2008)**	**HALTON (POPPI data 2008)**	**%**
Population 65+	115,800	17,100	14.8
Population 75+	55,300	7,400	13.4
Population 85+	16,000	1,800	11.3
Number of new clients assessed per month	5,205	1,085	20.8
Number of people admitted to permanent residential/nursing care	845	108	12.8
Number supported in residential/nursing care	4,068	505	12.4

These figures indicate that Halton is approximately 13% of the size of North Yorkshire and doing comparatively well in terms of demand for residential or nursing care, with rates of residential and nursing care admissions and placements being approximately 12.5% of the North Yorkshire rates.

As at June 30th, 2009, North Yorkshire has 12,265 telecare users, (levels 1, 2 & 3), of these approximately 20% were receiving level 2 and 3 services, therefore, using the "13%" comparator Halton should have **1,594 telecare users**, of these approximately **353** should receive level 2 and 3 services.

In Halton we currently have 1765 telecare users (Level 1,2 and 3), based on benchmarking with the North Yorkshire Service Halton have an additional 171 users.

However, when we compare the number of people on the level 2 and 3 services Halton should have 353 active users, currently we have 70.

Halton will need to increase the numbers of people on the level 2 and 3 services to achieve the level of success in the provision of telecare services as North Yorkshire and other good practice sites referenced.

APPENDIX 3

The table below shows a snap shot of individual cases of costs during telecare connection and the costs that Halton would have incurred if telecare had not been connected.

Clients who have had delayed residential placement

Package of Care complimenting Telecare (Per Week)	Cost During*	Costs Without Telecare **	Difference
28 x 30 mins Home care	4,310.46	5,586.46	1,276.00
14 x 30 mins & 9 x 45 mins Home care	2,723.24	2,889.92	166.68
14 x 30 mins, & 14 x 30 mins double handling Home care	17,344.92	10,410.28	- 6,934.64
14 X 30 mins Home care	2,018.46	7,218.10	5,199.64
14 x 30 mins & 7 x 30 mins Home care	2,598.19	3,415.36	817.17
14 X 30 mins Home care	1,328.96	2,988.44	1,659.48
19 x 30 mins Home care	8,125.36	14,088.36	5,963.00
9 x 30 mins Home care, plus 2 full days day care	17,883.19	22,626.76	4,743.57
21 x 30mins plus 7 x 1hr plus 7 x 30 mins Home care	2,350.45	1,871.88	- 478.57
35 x 30 mins plus 7 x 45 mins Home care	12,601.26	10,447.41	- 2,153.86
28 x 30 mins Home care	7,262.71	8,735.44	1,472.73
3 x 45 mins Homecare	1,292.11	6,042.56	4,750.45

* - Costs during include equipment and a 2hr Installation cost.

** - Costs without assume the residential weekly price is reduced by the maximum contribution from the client

APPENDIX 4

Development Model for Telecare Service		
	Community Alarm Service	Telecare Service
Scope	24 hrs per day 365 days per year Level 1	9-5 each day 7 days per week Level 2 & above
Function	Assessment Installation Emergency Response Reviews – Yearly Signposting	Assessment Installation – Additional Kit Testing/Monitoring Reviews 1-2 weekly/Monthly Training & Education Supportive Housing network/Virtual Sensors Sign posting
Staffing	1 WTE Manager 8 x 37 Hrs 2 x 37 Hrs 2 x 28 Hrs 2 x 24 Hrs 2 x 21 Hrs	1 WTE Manager 4 x 37 Hrs
	Installation Officer 1.2 WTE	
Joint Responsibilities Awareness raising Communication & Marketing Team Training TSA		

APPENDIX 5

Training Plan

Target Audience	Aims	Objective	How to be delivered	Venue	Responsible Officer/ Timescale	Outcomes
Service Users General Public Informal Carers	Increase awareness of Telecare within the borough	Promote a better understanding of Telecare and How to access the service.	½ day Road Shows Develop materials Leaflets Slide shows Produce or Commission a range training materials, which can be customised to meet local audiences. Tunstall DVD	Doctor Surgeries Service User Forums		The general public will be able knowledgeable about the benefits of telecare
Care Managers Principal and Practice Managers	To inform colleagues and raise awareness of the technology available which can help maintain people at home. How this technology can play a part in care packages and the importance of understanding the multidisciplinary approach to Telecare	Highlight potential cost benefits of Telecare. To enable care managers to monitor the use of Telecare within care packages Develop Telecare Champions within teams	1-2 hour PowerPoint Presentations On Induction to job Attend regular mangers meeting to keep updated Tunstall DVD	Corporate Training (not confirmed)		Increased knowledge of the Care Management Teams will result in increased referrals.

APPENDIX 5

Target Audience	Aims	Objective	How to be delivered	Venue	Responsible Officer/Timescale	Outcome
Social Work Teams Social Workers CCW CEC HBC Care Staff	To inform colleagues and raise awareness of the technology available which can help maintain people at home. How this technology can play a part in care packages and the importance of understanding the multidisciplinary approach to Telecare	Integrate Telecare into more care packages and develop Telecare Champions within teams By the end of the session delegates will be able to; Identify the range of equipment available Describe how we monitor potential changes in peoples behaviour and how we respond and deliver interventions Identify how their specific role contributes to Telecare Recognise the benefits of Telecare in relation to; Preventing delayed discharges Preventing Hospital Admissions Preventing Residential Placement Maintaining People at home Promoting Independence Managing Identified Risks	½ day PowerPoint Presentation Product Display On Induction to job Yearly Refresher Sessions Online Intranet Training Tool Tunstall DVD	Corporate Training Centre (not confirmed)		Increased knowledge of the Care Management Teams will result in increased referrals.

APPENDIX 5

Target Audience	Aims	Objective	How to be delivered	Venue	Responsible Officer/Timescale	Outcomes
Partner Agencies Private Domiciliary Providers Housing Organisations Health Sector	To inform colleagues and raise awareness of the technology available which can help maintain people at home. How this technology can play a part in care packages and the importance of understanding the multidisciplinary approach to Telecare	Work in closer Partnership and Develop Telecare Champions within teams By the end of the session delegates will be able to; >Identify the range of equipment available >Describe how we monitor potential changes in peoples behaviour and how we respond and deliver interventions >Identify how their specific role contributes to Telecare >Recognise the benefits of Telecare in relation to; Preventing delayed discharges Preventing Hospital Admissions Preventing Residential Placement Maintaining People at home Promoting Independence Managing Identified Risks	½ day Road Shows Product Displays 1-2 hour PowerPoint Presentations Tunstall DVD	Onsite Training sessions with Individual Organisations. Corporate Training (not confirmed)		Increased knowledge of the partner agencies will result in increased referrals.

APPENDIX 5

Target Audience	Aims	Objective	How to be delivered	Venue	Responsible Officer/Timescale	Outcome
Community Warden Service Community Wardens Installation Officer	The aim of this training will be to; Enable staff to identify Telecare as an option for support. Provide a knowledge base to effectively; program, setup and problem solve issues with Telecare equipment.	By the end of this session delegates will be able to; Program a number of Telecare Sensors Understand the importance of assessment. Identify how their specific role contributes to Telecare. Recognise the benefits of Telecare	On Induction to job ½ day PowerPoint Presentation 1-2 hour Yearly Refresher Sessions Assessment on Supervision Programming Guide Developed Equipment and Information Guide Developed Tunstall DVD	Corporate Training (not confirmed) Weekly Training Day at Catalyst House		Increased knowledge/awareness of the telecare range will support increased usage of the various applications.

APPENDIX 5

Target Audience	Aims	Objective	How to be delivered	Venue	Responsible Officer/Timescale	Outcomes
Call Handlers	To inform colleagues and raise awareness of the technology available which can help maintain people at home. How this technology can play a part in care packages and the importance of understanding the multidisciplinary approach to Telecare	By the end of The session Delegates will be able to ; Identify the range of Equipment available Understand the importance of screening alarm calls Describe how we monitor Potential changes in peoples behaviour and how we respond and deliver interventions Identify how their specific role contributes to Telecare Recognise the benefits of Telecare and Develop Telecare Champions within teams	On Induction to job ½ day PowerPoint presentation 1-2 hour Yearly Refresher Sessions Assessment on Supervision Online Intranet Training Tool Call Handling Training Manual has been developed. Equipment and Information Guide Developed Tunstall DVD	Corporate Training (not confirmed) Attending Team Briefs		Increased knowledge/awareness of the telecare range will support increased usage of the various applications.

APPENDIX 6

TELECARE STRATEGY ACTION PLAN 2010-2015

	Action	**Tasks**	**Lead/timescales**	**Outcomes**
1	Develop a Telecare Steering Group	• Agree multi agency membership • Ensure links with Prevention work • Governance arrangements	SWB August 2010	A whole system approach, with a clear governance framework
2	Establish dedicated Telecare Team	• Job descriptions • Change of establishment • Recruitment	SWB August 2010	Capacity available to meet service users n Capacity to support implementation of the training plan
3	Develop a telecare training group as a subgroup of the steering group	• Agree multiagency membership • Ensure links with prevention work • Governance arrangements	Steven Kelly September 2010	Expertise will be established to implement the training plan across the whole system
4	Implement Training Plan	Details in attached Training Plan	Telecare Training Group	Telecare will be a mainstream service option

			September 2010- September 2011	
4	Review current policies, processes and procedures	• Review existing • Benchmark • Develop revised • Review annually	SWB/ Steven Kelly 2010-2011	Improve current processes to improve efficiency and service users experience
3	Develop a performance management framework	• Agree Governance arrangements • Agree reporting mechanism • Review annually	SWB September 2011-2012	Performance of the service will be effectively managed and reported
4	Review the range of equipment available	• Research • Current availability • Cost	Steven Kelly 2012-2013	Improvements to the availability of equipment to support independence
5	Further develop the partnership approach to telecare and telehealth development	• Review current availability • Partnership approach with PCT	SWB 2012-2013	A holistic model of provision will be implemented
6	Review partnership arrangements with Housing		Steven Kelly	Improved approach to housing support

	providers		2012	
7	Review charging framework	• Map current • Benchmark • Fairer charging • Recommendations to SMT	SWB/ finance team 2011	Charging framework will reflect the cost of the service
8	Review implementation	• Numbers of people supported • Outcomes • Finance	2012	Recommendations for future development
9	Ensure continued consultation with users of the service and their carers	• Regular feedback on progress • Focus groups • Established groups e.g. OPEN, Halton speak out	2011-2015	All users will be fully engaged on future developments
10	Achievement of efficiency targets	• Map actual spend on the service • Utilise the DOH evaluation tool to map health and	2010-2015	Predicted efficiency targets will be achieved

		social care efficiencies		

Cllr Ellen Cargill
Chairman

ANNUAL REPORT
HEALTHY HALTON POLICY AND PERFORMANCE BOARD
APRIL 2009 – MARCH 2010

As Chair of the Healthy Halton Policy and Performance Board I would like to thank all the members of the Board for their contribution to the Board's work during this year. I would particularly like to thank Cllr Lowe for her support as vice chair to the Board. I would also like to thank all those who contributed to the work topics for their commitment and time. The Board has looked in detail at many of Halton's Health and Social care priorities during this period. As in the previous year this has been a busy and challenging period and a number of important consultations were undertaken during this year, particularly a proposal for Foundation Trust status for the 5Boroughs Partnership Trust. My thanks must also go to Audrey Williamson Operation Director for Adults of Working Age and her Team for all the support given to the Board Members over the year.

MEMBERSHIP AND RESPONSIBILITIES

During 2009/10 the Board comprised nine Councillors – Councillors Ellen Cargill, D Austin, R Gilligan, M Horabin, M Lloyd-Jones, J Lowe, G Philbin, E Ratcliffe, and P Wallace. LINk representation is through a co-optee Paul Cooke. The primary function is to focus on the work of the Council (and its Partners) in seeking to improve health in the Borough and to scrutinise progress against the aims and objectives outlined in the Council's Corporate Plan in relation to the Healthy Halton priority.

REVIEW OF THE YEAR

The Board met seven times this year; one meeting was a special meeting to consider transport to the hospitals. As in previous years there were full agendas for each of the planned meetings. The Board received reports and presentations on a wide range of Health and Social Care issues. These included:

Transforming Community Services

The Board received two reports on Transforming Community Services including one presentation from the Chief Executive of Halton and St Helens NHS. It was noted that Halton and St Helens NHS had recommended a number of services should be managed and transferred to the two relevant local authorities Halton and St Helens.

Transforming Community Services (cont'd)
At the time of writing this report, the Board awaits more details and ratification for these proposals from the Department of Health; once this is forthcoming the Board will seek to look at the proposed changes in more detail.

Halton Health Campus
The Board has taken a close interest in the Health Campus in Runcorn and has continued to receive regular reports on the development of services in Halton within the Health Campus, and will continue to do so in the forthcoming year. The Board recognises the importance of Halton Health Campus and the need to fully utilise the resource to improve the health of Halton residents, which remains a key priority for the Council.

Commissioning Strategies
The Healthy Halton Policy and Performance Board has increasingly prioritised the scrutiny of proposed commissioning strategies both from Health and Social Care. A number of draft strategies have been presented to the Board throughout the year for comment and amendment. These include:

- Dementia Strategy – Prediction of the increasing numbers of people in Halton suffering from dementia was noted. The plans to improve early diagnosis and support were particularly welcomed.

- Stroke Service – This has been of particular interest to members who are keen to ensure that good services at the earliest stage are available to people in Halton. It is expected that this Strategy will be further scrutinised in the forthcoming year.

- Dual Diagnosis Strategy – This was presented by the Halton and St Helens NHS Commissioner for Mental Health. The need for a Dual Diagnosis Strategy had been identified last year and the development of the Strategy will ensure that Halton residents with a mental health and drugs alcohol misuse problems will have their needs more fully met.
- Joint Strategic Needs Assessment – This has been refreshed 2009/10 and serves as the over-arching document to inform specific commissioning strategies. The Healthy Halton Policy and Performance Board recognised its importance and the need to scrutinise the refreshed document.

Learning Disabilities
Healthy Halton Policy and Performance Board received the 'Valuing People Now' National Three Year Strategy and noted the need to continue to enhance opportunities for people with learning disabilities to enter mainstream community life. Later in the year the Board also received a report on progress on the Ombudsman report. Halton, through the Learning Disability Partnership, has taken its responsibilities seriously in this area and both Health and Social Care work closely to ensure that the health needs of people with learning disabilities are met.

Adults Safeguarding Vulnerable Adults

A number of reports have been received throughout the year on this important area of work, including the Annual Report which gave detailed information on numbers of referrals, partnership working and outcomes for vulnerable people, and further information on the Anti-Bullying Policy.

Special Meetings

Healthy Halton Policy and Performance Boards held one special meeting in September 2009 to scrutinise the proposals from the North Cheshire Hospital Trust to implement bus charges on the shuttle bus between Warrington Hospital and Halton General Hospital. The Chief Executive from North Cheshire Hospital Trust gave a verbal presentation and a detailed discussion took place on potential implications for people on low wages or income support should they need to use the bus on a regular basis.

Joint Health Scrutiny Task Group – Burn Care Services

Councillors from Halton, Knowsley and St Helens came together as a Scrutiny Task Group to review NHS proposals relating to Burn Care Services nationally. If confirmed, the proposals for the North of England would have meant that the most major and complex burn care cases would have been transferred for part of their treatment to a 'supra-regional' centre intended for Manchester. This would have changed the status of Whiston hospital's well-regarded burns service covering Greater Merseyside, N Wales and beyond, which was scheduled to transfer to 'state of the art' facilities standing ready in the new Whiston hospital building.

Members' concerns, including what they saw as unconvincing evidence of the need for change, the loss of a valued local service, risks to complementary services, flawed consultation and option appraisal, the absence of a business case and the apparent duplication and waste of constructing new facilities in Manchester while Whiston's new facilities went under-exploited, were raised and considered by the Task Group in a series of evidence-gathering meetings.

This scrutiny review raised awareness and shone a critical light on the proposals, prompting the Strategic Health Authority (NHS North West) to conclude 'that there was no compelling evidence to demonstrate that the new supra regional service would improve on existing outcomes for those patients with the most severe burns'. Also, the proposals would only be re-examined if it could be demonstrated that the NW was achieving significantly lower survival rates for major and complex burns than other regions. Referring to the NHS North West conclusions, the Health Secretary commented: 'this statement draws a line under the recent debate and takes these proposals off the agenda'.

WORK TOPICS

The Board received two Work Topic reports this year. In April 2009 services for younger adults with dementia was presented and approved by the Board with a number of recommendations. The second topic Review of Adaptations for Disabled People was presented to the Board in March 2010 and subsequently taken to the Executive Board. This review was seen as an example of Best Practice within Healthy Halton Policy and Performance Board.

Forthcoming Work Topics 2010/11

The Healthy Halton Policy and Performance Board has prioritised one work topic this year in recognition of the need to scrutinise in depth a very wide ranging subject.

PERFORMANCE ISSUES

Healthy Halton Policy and Performance Board has received quarterly monitoring reports on Social Care performance, and also received the report on the Care Quality Commission rating on Halton. Halton Adult Social Care was judged to be excellent during this year.

Performance has continued to remain strong in many areas including the following:

- Joint Intermediate Care Services between Halton and St Helens NHS and Halton Borough Council
- Numbers of Older People and Adults continue to be supported at home
- Good shared service with St Helens for Emergency Duty Team offering emergency services to residents both in Halton and St Helens
- Numbers of carers receiving services to support in their caring responsibilities

WORK PROGRAMME 2010/11

Healthy Halton Policy & Performance Board has agreed one Work Topic for this year, which is wide ranging and recognises the importance of quality of services received by those people needing support.

- Dignity and Respect
  Our Dignity Champion has been appointed this year to promote quality in service delivery and including the rights to respect privacy and dignity in the care that they receive. The Terms of Reference have been agreed and members will be scrutinising dignity particularly in care in Halton. The Dignity Champion will provide officer support for this important topic.

Councillor Ellen Cargill
Chairman, *Healthy Halton* Policy and Performance Board

REPORT TO: Health Policy & Performance Board

DATE: 8 June 2010

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: Putting People First – Halton's Universal Information and Advice (& Advocacy) Strategy

1.0 **PURPOSE OF REPORT**

1.1 To present the "Putting People First", Halton's Universal Information and Advice (& Advocacy) Strategy for comment.

2.0 **RECOMMENDATION**

That members of the Health Policy & Performance Board comment upon the draft Strategy (Appendix 1)

3.0 **SUPPORTING INFORMATION**

3.1 Members will recall that every Council has to have in place a Personalisation programme and a framework has been circulated to all Councils as a guide.

3.2 The Putting People First programme has a number of key milestones:

i. By April 2010 "That every council has a strategy in place to create universal information and advice services".
i. By October 2010, "That the council has put in place arrangements for universal access to information and advice
i. By April 2011, "That the public are informed about where they can go to get the best information and advice about their care and support needs".

3.3 The Putting People First programme and various I&DeA documents relating to it include advocacy, along with information and advice, as a subject to be addressed to transform Adult Social Care.

3.4 The format of the draft Halton strategy reflects the Transforming Adult Social Care framework suggested as part of the work to support local authorities in developing the information and advice dimensions of Putting People First. The guidance offers some useful advice about content and development of the strategy, in particular:

- ***"Information and Advice, or more?***

The milestones relate to Information and Advice. As part of the preparation of this framework, we asked local authorities whether they would like to have sections on advocacy included as additional options. Two authorities preferred not to have Advocacy included, three definitely wanted it included, one wanted it dealt with as a stand alone section and one felt that they probably wouldn't include it but thought it should be an option for others. Therefore, Advocacy is included in this framework are as an option, should individual local authorities wish to include it, together with links to other interpersonal support functions including help to plan, choose, arrange and manage services and support.

- ***Work in Progress***

It is important to note that whilst there is an enormous amount of information, a lot of advice and some advocacy available in this country, this hasn't to date been planned and managed strategically. Therefore, this framework strategy prompts local authorities to analyse what they do have and to plan for how they develop both these services and indeed the service itself. For example, few, if any, have comprehensive analysis of the information and advice (and advocacy) needs of their populations and the strategy may well then be to develop this over the next year or so. In that context, some Local Authorities may wish to build in review and revision to the strategy".

3.5 The draft strategy currently reflects recognition of the advocacy agenda along with an intention to review how it is provided locally. Given the preceding advice it is optional whether to include or omit it at this stage.

4.0 **POLICY IMPLICATIONS**

4.1 The Universal Information and Advice Strategy is key to the delivery of the Putting People First milestones referred to in 3.2.

5.0 **FINANCIAL/RESOURCE IMPLICATIONS**

5.1 Delivery of the strategy is likely to have some minor financial and resource implications and will be subject to further reports once they have been further assessed.

6.0 **OTHER IMPLICATIONS**

6.1 None.

7.0 **RISK ANALYSIS**

7.1 Failure of adopting an Information and Advice Strategy would fail

the first milestone in the Putting People Fist programme.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 “Information and Advice are essential for all adults and their relatives and carers who need, or may need, services and support in order to lead their lives”. *(I&DeA* – Transforming adult social care: access to information, advice and advocacy)”

Health & Community Directorate

Transforming Adult Social Care

Information, Advice and Advocacy Strategy 2010 – 2015

DRAFT @ 9/4/10

Strategy details

Contents

1 Introduction and Context

2 Information and Advice (and Advocacy) Needs Analysis

3 Current Position

4 Developing and Delivering Information and Advice (and Advocacy) Services over the next five years

5 Commissioning and Resourcing the Strategy

1 Introduction and Context

1.1 “Information, advice and advocacy are essential for all adults and their relatives and carers who need, who may need, services and support in order to lead their lives.” *(Improvement and Development Agency [I&DEA] Transforming adult social care; access to information advice and advocacy report).*

1.2 In Halton the aims of personal wellbeing are underpinned in our strategic priorities:

- A Healthy Halton
- Halton’s Urban Renewal.
- Halton’s Children and Young People.
- Employment, Learning and Skills in Halton.
- A Safer Halton.
- Corporate Effectiveness & Business Efficiency.

1.3 This Information, Advice and Advocacy strategy lays out how we intend to develop these areas to enable our residents to participate in our local society, support the choices they want to make in their lives and assist in improving their wellbeing.

1.4 The strategy will recognise the changing face of social care, with greater integration with wider health and social wellbeing of individuals through accessing universal services.

1.5 It will also reflect the likely impact that Personalisation and Self Directed Support will have on the choices that people may want to make about the care they receive and other choices they want to make about how they live their lives.

1.6 A common and essential thread throughout will be the principles of Safeguarding Vulnerable Adults so that, whatever choices people make, they should have access to information and advice on how to remain safe and free from abuse.

Definitions

1.7 The terms in this strategy mean the following

- **Information: '**the open and accessible supply of material deemed to be of interest to a particular population. This can be either passively available or actively distributed.'
- **Advice:** 'offers guidance and direction on a particular course of action which needs to be undertaken in order to realise a need, access a service or realise individual entitlements.'
- **Advocacy:** 'the provision of support and encouragement, or representation of individuals' views, needs or rights. It is fundamental that advocacy recognises the centrality of the service user.'

1.8 Key local partners have been consulted in the development of this initial strategy, but this and the resulting actions will evolve as further consultation takes place. Key partners will be:

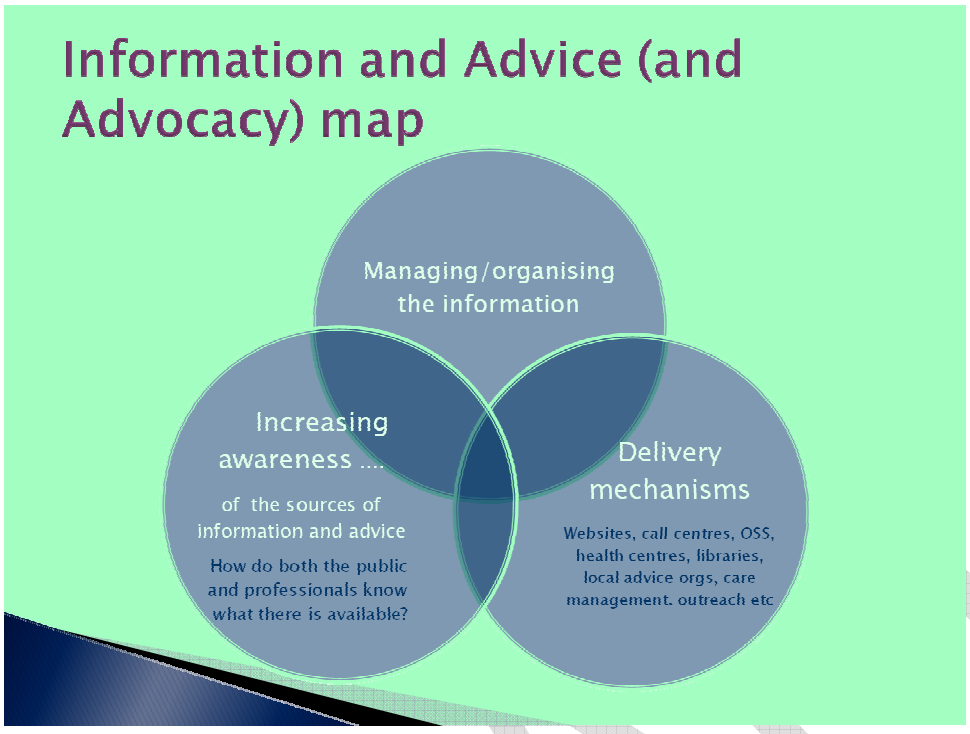
- Users, carers and the wider local population
- Various User Led organisations (including LINk)
- Halton Information and Advice Providers (HIAP) group
- Other Council service areas and Members
- Other local partners across all sectors

Focus of the strategy

1.9 The focus of the strategy will be on:

- **Managing information** – what information to hold, who owns it and how it is structured and accessed
- **Enhancing knowledge of how to access information, advice and advocacy** – so that people are aware of what is available to assist them.
- **Delivery mechanisms** – This will be through a range of traditional and less traditional outlets, recognising the role that friends, relatives and local communities often play in advising individuals. The aim will be to develop integrated and reliable resources all will be able to access.

Diagrammatically this can be represented as:



1.9 There is also a recognition that the strategy will need to be kept under review and evolve to reflect emerging practice as the personalisation and self directing support agenda develops.

2 Information and Advice (and Advocacy): Needs Analysis

The Halton area and its information needs

2.1 Although improving, Halton has relatively areas of high deprivation and low literacy rates. Although the proportion of people from ethnic communities in Halton is relatively low, there is a recognition that that may lead to greater isolation and the need to access support from outside of the borough.

2.2 Although Halton has a relatively young average age there will be an impact resulting from an overall aging population and their information, advice and advocacy needs.

2.3 In developing the strategy, there is a recognition that we need to address and meet the specific needs of various people in our area. These will include:

- **People with specific needs** - Older people, disabled people, mentally ill people, substance misusers, carers, young carers, people with sensory impairments and other vulnerable adults
- The need to recognise the need to produce information in **plain language** that people can understand
- People with **specific language or communication needs** and those with sensory or other impairments who may need information presented in an alternative format.
- People who have **specific cultural needs** (in the widest sense) and consider how they are will interact. This may include communities of ethnic minorities, people with disabilities, sexual orientation, age groups etc
- Addressing and reflecting the need to provide information about **mainstream services** that help support and improve peoples wellbeing (eg benefit advice, employment, health, education, transport, sport & leisure etc)
- The information and advice of people **no matter where they live** – eg those wishing to move to the area or relatives of people living in Halton.

Specific research and consultations that help inform direction of the strategy

2.4 There have been a number of initiatives that have helped inform the direction of travel in this strategy. These include:

- The 'Future Café' event consulting people on how they would like to see services develop to meet the Personalisation agenda and their resulting information and advice needs.
- Subsequent Personalisation information needs consultation supported by the Helen Sanderson Group
- Consultation of Internet users into preferred look and feel of websites

- Access to the research findings into information needs and subsequent templates of information website presentation resulting from the Stockport Borough Council/Quickheart project, sponsored by numerous North West authorities and backed the Care Services Efficiency Delivery (CSED) arm of the Department of Health.

- A report commissioned from Susan Bennett of LCS Consultancy Services mapping adult services for personalisation in the Halton area

2.5 In delivering the strategy there is a recognition that further work will be required to better filter and direct people to the information that they require. Initially, the Stockport model (see: www.mycaremychoice.org.uk) that has been market tested in detail, will be used as a template on which to inform navigation through the information system, and help identify gaps.

2.6 Further work will need to be undertaken on how public facing information systems will integrate with back office systems, possibly through a "Personalisation Hub".

2.7 We will need to develop a solution that benchmarks Halton information against potential deficiencies illustrated in the literature review in the I&DeA "Transforming Adult Social Care: Access to Information, Advice and Advocacy" report, which described common national themes to include:

- lack of or misinformation.

- fragmentation of information. Information is rarely held in one place, pertains to different groups of people, is about different departments or service types. There is little signposting between services

- information sources can be overwhelming and non-personalised, with an over-use of jargon or non-accessible language

- inadequate service provision for certain group

- lack of robust evidence-based research around 'what works' in relation to IAA

- specific gaps in relation to evidence on IAA provision for:

  a) ethnic minority communities
  b) those with chaotic lifestyles
  c) people with fluctuating support needs
  d) visually impaired
  e) multiple impairments
  f) private purchasers of social care services (Baxter et al, 2006).

3 Current Position

3.1 In addition to the information about social care services presented traditionally though leaflets, fact sheets, flyers, Internet etc a range of databases, directories and support services have been developed to inform and support people in accesses information and advice about both specific social care services and universal services.

3.2 Often these resources have been developed through specific funding streams, both within the council and beyond. Also, with being a relatively small area, the need to access information regionally, outside the borough's boundaries, is also important. By way of illustration, information sources and support services that have evolved include:

- Sure Start to Later Life Team & Directory for older people
- Reach for the Stars (health sponsored) for older people
- Mental Health Databases
- Bridgebuilders Team & Directory
- Supporting People Directory
- HVA Database of Community Groups
- HVA Here to Help directory
- Help for me (regional directory aimed at Children & families)
- New Greater Merseyside "Signpost" directory

3.3 In the past there was recognition by the predecessor of the current Halton Information & Advice Providers Group (HIAP – partners across the statutory and voluntary sectors operating in Halton) that there was a need for information to be made accessible from one trusted source. .The Haltoncares website was born to meet that need but due to ageing technology and the lack of capacity to maintain it, it was discontinued.

Managing of Information

3.4 Clearly the managing of information for the personalisation agenda, addressing peoples' wider wellbeing needs, and the impact that universal services may have on them, presents a challenge. Whilst there may be some gaps in information that will need addressing, the greater challenge will be to organise information that is relevant to people into a format that is easy for people to navigate (for using life events search options).

3.5 Some existing initiatives do make use of nationally available information from trusted sources to complement knowledge about particular areas. To develop this further, encompassing the wider wellbeing agenda we will need to map this further to identify resources to signpost.

3.6 We will also identify and address any gaps in information that we need to fill. Areas highlighted nationally as demanding additional attention are those surrounding price, availability, quality and accessibility. These will need to areas to give particular attention in mapping what to develop further in Halton.

3.7 Ownership of information across the wider advice sectors in Halton has generally evolved from the needs and demands of individual organisations. This universal strategy gives us the opportunity of working more closely with partners to coordinate more closely with each other to provide a more cross organisational and structured approach that is more cost effective and easier for people to navigate.

3.8 Information Standards has been previously discussed by HIAP partners. The potential around a standard linked to the Community Legal Services scheme was examined but did not come to fruition locally. This strategy gives us an opportunity to examine new initiatives, such as the recently developed Information Standards, that partners may sign up to.

3.9 Whilst there has been cross organisational co-operation through the HIAP group, this strategy gives us the opportunity to re-examine delivery mechanisms in Halton. An underlying principle to such an approach will be the need for trustworthy information that is kept up to date.

3.10 The potential expansion of opportunities for vulnerable people illustrate the importance of continuing to promote safeguarding and to encourage people to remain safe in the choices that they make about their lives.

Delivery Mechanisms

3.11 Within the council, cross services Information and advice is provided through Direct Link offices, the 24 hour call centre and various publications (including those with particular communication needs) accessed through the website and beyond. The council also has a contract for translation and various interpretation needs which is accessed as required.

3.12 Council information is a good source of other universal services information to support the Personalisation agenda and the promotion of wellbeing through mainstream services. However, we need to recognise are also elsewhere and will need to be reflected within the delivery of the aims of this strategy.

3.13 Specific person centred Information and advice is dispensed by Council outreach staff to complement the standard information and advice that is available.

3.14 Also specialised social care related information and advice services such as Sure Start to Later Life, the Bridge Building and Supporting People Teams have been developed to meet particular needs. In addition other services, such as Welfare Rights and the Halton Advice Bus, deliver specialist financial advice that affect peoples' wellbeing.

3.15 User organisations within Halton have their own information and advice resources. Providers range from those covering a wide agenda (for example Citizens Advice Bureau), those covering particular groups (for example Age Concern, the Carers Centre etc) and other more specialised areas.

3.16 The developing user led organisations in Halton, will be key partners in taking this strategy forward. Also, in developing our approach in Halton we will need to recognise the role played by the wider community, such as family, friends and community groups as those people approach for information and advice.

3.17 Consequently, in developing our information resource, we need to be mindful to present information in such a way that it is easy for non specialists to navigate, to help them find the information and advice required. Such an approach will also help own staff in Direct Link offices and other places (such as libraries and community centres to access trustworthy information.

3.18 An internet accessible solution that is available to all, which coordinates information and navigates advisors and the public alike to it clearly should be explored as the most cost effective model to develop.

Using research to inform our direction for the future

3.19 We have undertaken and had access to various research resources looking at how people want information and advice services to be delivered. Locally this has included the "Future Café" consultation event of the development of Personalisation in Halton, consultation led by the Helen Sanderson Group for Halton on style of information people preferred or Personalisation and the mapping exercise commissioned from Susan Bennett (LCS Consultancy Services), covering Information, Advice and Advocacy Services.

3.20 Additionally, Halton along with 12 other North West authorities, signed up to the intellectual rites of research into peoples social care information needs (sponsored by the Care Services Efficiency Delivery (CSED) arm of the Department of Health). The project involved detailed market research by a ` company called Quickheart with Stockport Borough Council to develop a template for the presentation and navigation of information that people needed to make positive choices about their lives and their support needs.

3.21 This research, and the Stockport template, will give us the evidence and foundations on which to build our own model of information delivery in Halton.

Advocacy in Halton

3.22 Advocacy in Halton is provided by a combination of funded arrangements for specific groups or issues, along with that provided by user led organisations and others through more informal arrangements. This strategy offers us the opportunity to review current arrangements to examine how they fit with the evolving Personalisation agenda.

Quality Assurance of Information and Advice

3.23 At present, individual organisations use their own systems, or contracts with those they commission, to assure quality standards. There is not currently a cross organisational quality standard, used to benchmark and assure the quality of information and advice. This strategy offers the opportunity of developing such an approach, to assure quality and consistency across the Halton area.

4 Developing and Delivering Information and Advice (and Advocacy) Services over the next five years

Statement of strategic intent

4.1 The development of this strategy will be contributory towards achieving Halton's vision, which is that:

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

Context of Information and Advice (and Advocacy) in the wider Transformation of Adult Social Care

4.2 Information, advice and advocacy are fundamental to enabling individuals, and those who advise and advocate for them, to take control of their lives.

4.3 One of the strategy's key aims will be to promote the use of universal services, to help meet peoples care needs and improve or maintain their wellbeing.

4.4 Part of this process will not only to raise awareness of people who have those needs, and those who currently support them, but also the rest of the

population who can help transform the wider community in to one that is more aware and supportive of people with care needs.

4.5 We also need to recognise the information needs of those who are approached for advice, both those in those in the advice sectors and others with a less formal advice roll (such as family, friends and community groups).

Potential direction to develop the strategy

4.6 An internet solution that is available to all, which coordinates information and navigates advisors and the public alike to it clearly, should be explored as the most cost effective model to develop. This will however, need to be backed up by more traditional paper based information, along with that directed to people who have additional communication needs.

4.6 The Stockport template, that we have intellectual rites to, is an obvious starting point on which to benchmark how we present information, given the market testing already undertaken on that project, and to consult and build a Halton solution. Such a solution enables those who know what they are looking for to go straight to it, but also to be aided to browse through options based on lifetime events.

4.7 Whilst a longer term goal could be the central database, as recommended in Susan Bennett's report, we need to be realistic and mindful of existing resources, particularly those held by partners who we need to sign up to the approach, along with the out of borough organisations and information resources we may need to point to. To reflect the realities that we have to deal with, a more incremental approach is a more practical solution, starting with better ordering and signposting of current information, identifying gaps in information and quickly developing a platform on which to present it.

4.8 However, relatively early in the project, we will need to examine the potential of drawing together existing social care directories into whatever central database we develop (for example, Sure Start to Later Life, Bridgebuilding, Supporting People). This would help to create a strong foundation on which to develop greater coordination/integration with other information resources outside the Council.

4.9 Such a resource will need to be developed with and promoted to partner organisations as a tool to enable them to offer trusted advice. The Halton Information and Providers (HIAP) group, which includes members from across the Council, health and the voluntary sector, will be important. This has been agreed as a good way forward by some of the major partners in the HIAP

group and has been put on the agenda of the next meeting in May to discuss the role that the wider group can play.

4.10 In order to maximise the reach of the strategy we will need to examine the wider potential of promoting the resource. A publicity campaign will help to raise general awareness, but we must examine other ways of reaching those who are traditionally more isolated.

4.11 There is greater potential for a well designed and easy to use internet based resource to be promoted and used in other areas that people may approach for more informal information and advice. Amongst these may be libraries, day services, community services and Halton's Advice Bus. These, and other areas where to enable access to such advice should be examined in developing our strategy and how we deliver it.

4.12 The creation of such a portal, that is well marketed, opens up the possibilities of recreating the intended spirit of the Haltoncares project but supported by more functional and easier to maintain platform.

4.13 Such an approach opens the opportunity to "badge" and promote the use of the resource in a wider context than just traditional advice outlets. This may include the promotion of its usage in partner agencies in the voluntary sectors (for example, age concern and Citizen's Advice Bureau), Council and other Community Centres, Social Care Day Services, Libraries etc.

4.14 Further marketing of the resource to promote personal usage could be scheduled through the Inside Halton magazine and various promotional events such as the Disability Awareness Day, Carers Week, World Mental Health Day and other Halton specific events.

Potential technical solutions to deliver the strategy

4.15 There are a number of options in developing a resource to promote consistent and accurate advice. These include:

- To create a stand alone internet presence linked to, but independent of, the Council website
- Using the new Council Internet software to create a look and feel of the Stockport project to guide people around information sources
- To go a stage further and create linkages from the website to back office functions (such as self/supported assessment modules, calculator of illustrative indicative personal budget and cost calculator)
- A bespoke "Personalisation Hub" that integrates back office functions with web facing information and tools.

- Or a combination of some of the preceding

These will need further evaluation to select the most appropriate direction to take.

Measuring success

4.16 Any technical solutions that we develop will need to incorporate ways of measuring success (for example – positive outcomes from referrals to other agencies). Identification of referral would need to be identified along with a way of identifying and measuring outcome success.

4.17 We will also need to identify how we will demonstrate how we have met the second and third "Putting People First" milestones, i.e. by October 2010 that the council has put in place arrangements for universal access to information and advice and by April 2011 that the public are informed about where they can go to get the best information and advice about their care and support needs.

4.18 In doing so we will have to illustrate points such as:

- Any accreditation systems for services
- Feedback from people who have used the services
- How we ensure that the information is legal, truthful, decent
- If the system is open and internet based, how will you build in protection measures in relation to abuse and exploitation
- Who will elicit, collate, update and store information and how
- Who will own the information
- How we will "future proof" provision so that it can adapt to the communication preferences of younger and future generations.

4.19 We may not be at a stage by April 2010 to be completely definitive about the standards and QA systems that you we want to deploy; therefore defining these may be an early critical activity of the strategy.

5 Commissioning and Resourcing the Strategy

5.1 The initial phase of delivering the strategy will be defining the detail of what we want to achieve. This will include

- **Commissioning intentions**: Specifying our requirements, defining who we need to involve and how, and what procurement activities we may wish to undertake
- **Workforce planning**: setting out both workforce requirements, how these will relate to other workforce development activity
- **Community capacity building implications**: and how this will link with other such activity
- **Marketing planning:** and how we will secure skills and resources to communicate and raise knowledge and awareness across all of our stakeholders
- **Financial planning**: identifying what resources we will require to deliver the strategy, how this will impact on other services, whether and which components of the strategy may be Invest to Save activities and how we will model your finances over the life of the strategy
- **Performance Management**: including how we will manage and communicate our measures of success

5.2 Clearly, how we do so with be related to decisions on the direction and methodology we will take to meet the broad aims and aspirations of the strategy.

Initial steps required to deliver the strategy

5.3 Within the first 3 months of the 2010/2011 financial year we will need to consult, examine and decide on how we intend to develop universal information, advice and advocacy in Halton, to enable us to meet the "Putting People First" milestones, that by October 2010 that the council has put in place arrangements for universal access to information and advice and by April 2011 that the public are informed about where they can go

Roles in scoping opportunities and developing detailed plans to deliver the strategy

5.4 To deliver the strategy will require coordinated partnership working. Below are some of the key players who will need to input into the initial scoping process:

Who	**How**
Senior Management Team	Agree approach and Allocated resources to meet the strategy
Transformation Team	Lead Role in the detailed management of processes and resources of the personalisation
Customer Care and Information Team	Supporting role informing potential direction, resources and solutions
IT Business Services	Supporting role informing and evaluating potential technical solutions and working practices, costs, compatibility with other Council systems and liaison with other IT support.
Communications and Marketing Team	Developing the information content, helping to identify gaps and links within the solution
Community Services	Developing outreach of the resource to communities and those who are isolated
Commissioners	Reviewing existing resources in the context of the requirements of personalisation (eg advice and

	advocacy)
Halton Information and Advice Providers (HIAP) Group	Helping to develop, using and promoting the resource
User led organisations	Also helping to develop, using and promoting the resource
Operational Services	Also helping to develop, using and promoting the resource

Key issues to address

5.5 A number of issues that demand early attention. Amongst these are:

- Further consult stakeholders in the development of this strategy
- Benchmarking current information against what we aspire to (eg Stockport site and the I&DEA research) and identifying gaps and how we may fill them
- Potential solutions to be examined (see 4.11) with costs and resources (eg technical, project management, additional support) identified
- Examination of current advice and advocacy against the requirement of the Personalisation agenda.

5.6 Such a scoping exercise will enable us to develop a detailed action plan to meet the initial milestones of the "Putting People First" agenda, but also plot out the longer term goals we wish to set over the next 5 years to meet local aspirations.

REPORT TO: Health Policy & Performance Board

DATE: 8 June 2010

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: Scrutiny Review of Employment Practices for people with learning or physical disabilities or mental health issues

1.0 PURPOSE OF REPORT

1.1 The purpose of the report as proposed in the topic brief was to:

- Review current employment opportunities for people with a learning or physical disability or mental health issues in Halton.
- Develop an understanding of the financial processes around employment for these specific groups.
- Consider best practice and local examples in terms of supporting people into employment.
- Develop an understanding of corporate responsibilities in supporting vulnerable people into employment.
- Devise a series of recommendations and accompanying action plan to improve the authority's performance in relation to supported employment opportunities.

2.0 RECOMMENDATION :

That members of the Board note the contents of the report.

3.0 SUPPORTING INFORMATION

3.1 As part of a Care Quality Commission performance assessment carried out in 2008, it was noted that, while Halton had supported more people with a learning or physical disability or mental health issue into employment than was predicted, performance was still lower than comparators. Care Quality Commission also noted that targets set in relation to supported employment were relatively low.

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

3.2 Employment Topic Group

The Employment Topic Group comprised of:

- Cllr Ellen Cargill (Joint Chair)
- Cllr Eddie Jones (Joint Chair)
- Cllr Geoff Swift
- Cllr Bob Gilligan
- Cllr Martha Lloyd-Jones
- Cllr Pamela Wallace
- Audrey Williamson, Operational Director Prevention & Commissioning
- Stiofan O'Suillibhan, Divisional Manager Community Services
- Gerry Fitzpatrick, Divisional Manager Enterprise & Employment
- Emma Bragger, Service Development Officer
- Jo Burrows, Service Development Officer
- Katy Rushworth, Policy Officer

3.3 **Methodology**

The scrutiny review was conducted through a number of means, including:

- Regular meetings of the scrutiny review topic group
- Attendance at meetings by various key members of staff and external guests
- Provision of information
- Visits to a number of local authorities

By following the above process, a Scrutiny Report was agreed by members (Appendix One) and within this report, a series of recommendations (25 in total) have been discussed and agreed by the members of the Employment Topic Group.

4.0 **POLICY IMPLICATIONS**

4.1 Linked to the implementation of the recommendations set out in the scrutiny report, a number of updates or reports may be required to be developed and presented to Chief Officers Management Team in the future.

5.0 **FINANCIAL/RESOURCE IMPLICATIONS**

5.1 Any financial implications which may impact on the delivery of the recommendations of the scrutiny review, will be explored in detail through the development of a Business Case to explore Invest to Save initiatives. Any such implications will be explored in detail and presented to Chief Officers Management Team in due course.

6.0 **OTHER IMPLICATIONS**

6.1 None identified

7.0 RISK ANALYSIS

7.1 The risk of the recommendations not being agreed and progressed fully, is that Halton will not be in a position to improve it's performance rating for National Indicators 146 and 150 and maybe be subject to closer review by the Care Quality Commission.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None Identified

HALTON
BOROUGH COUNCIL

Scrutiny Review of Employment Practices for people with learning or physical disabilities or mental health issues

March 2010

CONTENTS

Contents	Page	Paragraph
Purpose of the report	3	1.0
Structure of the report	3	2.0
Introduction	3	3.0
Reason the report was commissioned	3	3.1
Policy and Performance Boards	4	3.2
Membership of the Topic Team	4	3.3
Methodology Summary	4	4.0
Current Practice – Halton Borough Council	4	5.0
Day Services/PSD Employment Projects	4	5.1
Halton People Into Jobs (HPIJ Employment Service for Disabled People)	6	5.2
Mental Health Employment Project	7	5.3
Current Performance	7	6.0
Evidence and Analysis with findings/conclusions and recommendations	8	7.0
Definitions	8	7.1
Partnership Working	9	7.2
Community Leadership – The Council as a Key Employer	10	7.3
Mental Health	11	7.4
Adults with Learning Disabilities and Physical or Sensory Disabilities	13	7.5
Overall Conclusion	15	8.0

Annexes	Number
Topic Brief	1
Methodology	2
Sainsbury Centre Individual Placement and Support Model	3
Full Definitions for NI 146 and NI 150	4
Action Plan detailing recommendations	5

1.0 Purpose of the Report

The purpose of the report, as outlined in the initial topic brief (at *Annex 1*) is to:

- Review current employment opportunities for people with a learning or physical disability or mental health issues in Halton.
- Develop an understanding of the financial processes around employment for these specific groups.
- Consider best practice and local examples in terms of supporting people into employment.
- Develop an understanding of corporate responsibilities in supporting vulnerable people into employment.
- Devise a series of recommendations and accompanying action plan to improve the authority's performance in relation to supported employment opportunities.

2.0 Structure of the Report

This report is structured with the introduction, a brief summary of the methodology followed by a description of current practice and performance, evidence, analysis with findings/conclusions and recommendations. The appendices include the topic brief, presentations and Action Plan.

3.0 Introduction

3.1 Reason the report was commissioned

As part of a Care Quality Commission performance assessment carried out in 2008, it was noted that, while Halton had supported more people with a learning or physical disability or mental health issue into employment than was predicted, performance was still lower than comparators. Care Quality Commission also noted that targets set in relation to supported employment were relatively low.

Despite a number of interventions through employment and social care programmes in Halton, the number of people with learning disabilities progressing into employment remains low, and is significantly lower than north-west averages.

3.2 Policy and Performance Boards

This report was commissioned as a joint scrutiny topic with the Healthy Halton and the Employment, Learning & Skills Policy & Performance Boards.

3.3 Membership of the Topic Team

Membership of the Topic Team included:

Members	Officers
Cllr Ellen Cargill Cllr Eddie Jones Cllr Geoff Swift Cllr Bob Gilligan Cllr Martha Lloyd-Jones Cllr Pamela Wallace	Audrey Williamson – Operational Director, Adults' Services Stiofan O'Suillibhan – Divisional Manager Gerry Fitzpatrick – Divisional Manager Service Development representatives – Emma Bragger, Jo Burrows, Katy Rushworth

4.0 Methodology Summary

This scrutiny review was conducted through a number of means:

- Regular meetings of the scrutiny review topic group;
- Attendance at meetings by various key members of staff and external guests (detail of the attendees can be found in *Annex 2*);
- Provision of information; and
- Visits to a number of local authorities.

5.0 Current Practice – Halton Borough Council

Across the authority there are a number of initiatives underway to support people with disabilities into employment. These include jobs both within and external to the Council.

5.1 Day Services/Physical and Sensory Disability Employment Projects

The Day Services Employment Projects are open to service users from Adults with Learning Disabilities services, and are based on a tiered approach to capacity building and preparing for employment. The projects have a number of areas of focus as follows:

- Economic wellbeing
- Improved health and emotional wellbeing
- Equality of opportunity

Tier 1 – Country Garden Catering and Market Garden
The project provides service users with the fundamentals of catering through the Pebbles Project – a step-by-step approach to learning the basics of catering. The approach takes account of the varying needs levels of services users; with each user having a personalised support plan with clearly defined goals and access to relevant training.
Country Garden has one member of staff and approximately four service users accessing the project for two days a week. Within the market garden, there are approximately eight services users who prepare the land and grow the fruit and vegetables for use in the buffet and café projects.

Tier 2 – Country Garden Buffet Service
At Tier 2, service users are able to put into practice the skills developed during the time spent on Tier 1. The project operates five days per week with between five and six service users accessing the project daily. Some of the service users are in receipt of permitted earnings. The buffet service can cater for meetings and events for between 12 and 120 people. Any income generated is reinvested in the project. While taking part in the project, service users compile a portfolio detailing their skills and experience, their training objectives and any qualifications they have gained, such as Food Hygiene.

Tier 3 – Murdishaw Community Café
This tier represents further progression, and allows participants to develop 'front of house' skills in addition to furthering their catering knowledge. Some of the service users are in receipt of permitted earnings.
In 2007, Murdishaw Community Café won awards for Equality and Diversity and for Positive Action in recognition of the work done to provide service users with meaningful opportunities and developing skills towards employment.

Tier 3 – Cup Cakes and Market Garden
This project provides opportunities for service users with physical and/or sensory disabilities to develop skills specifically in confectionary and cake-making. Produce from Cup Cakes is sold to Norton Priory Café (see Tier 4), and to the Country Garden Buffet service. At current capacity, the project can produce 80 cakes per week, and income generated covers the cost of ingredients. The project runs on two days per week and eight service users volunteer over these days.
There is a wheelchair accessible garden at the Independent Living Centre which, once established, will provide fresh produce for the Cup Cakes, Buffet and Café projects.

Tier 4 – Norton Priory Café
This tier represents the culmination of the skills developed through the tiers. The café provides a range of hot and cold meals at a busy

Runcorn tourist attraction. Service users work in the kitchens, serving customers and carrying out 'front-of-house' tasks such as cleaning and laying tables. The café is open seven days per week and two members of staff support 16 service users who access the project on a rota basis. Two service users at the project are currently undertaking NVQ2 in Health and Social Care which incorporates health and safety and food hygiene.

5.2 Halton People Into Jobs (HPIJ) Employment Service for Disabled People

Halton People into Jobs is a Council service offering information, advice and guidance on a range of employment, learning and skills and business start up support services available direct from Halton People Into Jobs and local providers.

The help that Halton People Into Jobs can provide for individuals includes:

- Appointments with qualified advice and guidance workers available in the Halton People Into Jobs office and in 15 neighbourhood outreach locations across Widnes and Runcorn
- Helping to identify barriers to employment and/or learning, providing information, advice and guidance to develop an action plan to achieve work related goals
- Matching client skills and experience to local job opportunities
- Access to waged and unwaged work experience placements to improve practical work skills offering on the job training
- Work tasters and other personal development and employability skills training courses
- Financial assistance (certain eligibility conditions apply) to ease the transition from unemployment to work or to access training related to a job offer from an employer
- Access to business start up/self employment advice and practical help with business planning, finance and marketing
- In Work support for up to 26 weeks to help new employees with the transition into permanent or long term work
- Specialist Disability Employment Advisors
- Job Retention Service which provides advice to people who work but are off with ill health

The help that Halton People Into Jobs can provide for employers includes:

- Comprehensive and flexible recruitment support (large and small scale)
- Access to clients on work placement basis prior to taking on as employed

- Access to training for staff via Apprenticeships, Train to Gain or other employer demand training provision
- Promoting vacancies, identifying and matching candidates and managing applications to vacancies
- Arranging interviews and providing employer feedback to candidates on the employers behalf
- Redundancy service – Support for clients facing redundancy – on site information, advice and guidance and practical support
- Advise to employers on recruiting and retaining disabled people.

5.3 Mental Health Employment Project

In order to support people with mental health problems into work Halton's Mental Health team are operating in accordance with the principles of Sainsbury Centre for Mental Health's 'Individual Placement and Support' model (see Annex 3).

Employment Officer

An Employment Officer has been appointed to the Mental Health team. The post sits with the Community Bridge Builders, in order to ensure the widest possible links with mainstream services, and the post holder is also required to spend a significant amount of time within mental health services. They are involved with clinical assessments and reviews, support individual service users with job searching and seek employment opportunities for service users.

In-work Support

This phase of the project will be delivered by the Richmond Fellowship, a national charity with substantial experience of employment-focussed work and particular expertise in the Individual Placement and Support model. In-work support will be offered to both the employer and employee and will not be time-limited.

6.0 Current Performance

National Indicators 146 and 150 relate to supporting people known to social services or secondary mental health services into employment. There are no National Indicators relating to employment support for people with physical and/or sensory disabilities.

NI 146

'The percentage of adults with learning disabilities known to Councils with Adults Social Services Responsibilities (CASSRs) in paid employment at the time of their assessment or review'.

In 2008/09, Halton reported an outturn of 4.12% against this indicator. This performance put Halton 104th out of a possible 150 local authorities, and the authority compared unfavourably with the north-west average of 6.6%.

NI 150

'The percentage of adults known to secondary mental health services in employment'.
The current outturn for this indicator for Halton is 11.1%. Whilst this figure puts the authority within the average range of between 10 and 15% in the northwest region, there is room for improvement.

In February 2010, the number of adults with learning disabilities supported in paid employment was 6 and the number of adults with mental health needs supported in paid employment was 5.

The number of adults with adults with learning disabilities supported in voluntary work as at February 2010, was 60. The number of adults with physical or sensory disabilities, supported in voluntary work was 7 and the number of adults with mental health needs supported in voluntary work was 12.

7.0 Evidence (summary of evidence gathered) and Analysis with findings/conclusions

7.1 Definitions

National Indicator 146 (full definition at Annex 4)
The definition states 'This indicator is intended to improve the employment outcomes for adults with learning disabilities – a key group at risk of social exclusion.' In order to include people in the outturn for this indicator they have to be 'known to social services'. This means that they should have been reviewed or assessed in the preceding 12-month period, but may or may not have received a service. The nature of learning disabilities means that those people assessed by social services, and considered suitable for employment, are usually signposted to the Supported Employment service and cases are closed at that point. The indicator definition means that these people are not included in the outturn.
There is also a lack of clarity in terms of the number of hours a week a person has to work to be included in the outturn figures. According to the published definition, working for any number of hours (from 1 to more than 30) is accepted. However, verbal indications from Care Quality Commission have suggested that in the future it will only be acceptable to include those people who are working in excess of 16 hours per week.
Other conditions attached to this indicator define an 'employee' as someone who is employed by a company (or self-employed), paid at more than the minimum wage and whose National Insurance contributions are paid directly from their salary. This can include people in supported employment as long as the other conditions are met.

Conclusion
This definition limits the numbers of people who can be 'counted' towards the indicator by failing to recognise those people who are assessed and signposted to Supported Employment, and whose cases

are then 'closed', meaning that they are not known to social services. Adults with learning disabilities who are 'known' to social services tend to be people whose needs are moderate to severe, and for whom employment is infrequently an option. The Care Quality Commission should be encouraged to acknowledge the specific complex needs of this client group, which in many cases preclude employment in any form.

Being prescriptive about the number of hours that an individual has to work also limits the number of people who can be included in the outturn. In some instances, service users within this cohort will be unable to work more than a few hours a week due to their condition.

The restrictive nature of the definition does not allow Local Authorities to demonstrate the extent of the work being undertaken in this area. This can clearly be seen in the performance figures from 2008/09 for adults with learning disabilities supported into some form of paid work. There was 31 adults with learning disabilities supported, this figure equates to 4.12% when expressed per 10,000 population aged 18-64 which is 75184 in Halton.

There do not appear to be the same issues with National Indicator 150: clients known to secondary mental health services are more likely than learning disabled adults to be able to work, and service users within this cohort can be counted in the outturn regardless of the number of hours worked each week.

Recommendations:

(i) Develop employment opportunities and examples of best practice as researched and observed from visits from and to other local authorities and complete a review on In House services and where possible broaden out to other departments within the Council

(ii) Senior managers within Adults and Community to seek further clarification from the Care Quality Commission regarding definitions used within NI 146, particularly in reference to the number of hours worked

(iii) Positive action target setting jobs and employment opportunities for adults with learning disabilities, those with physical or sensory disabilities and people with mental health issues and clarify the legal status of this i.e. positive action V positive discrimination

(iv) Ensure that all learning disability service users employed under permitted earnings rule are paid at or above minimum wage directly through the payroll system

(v) In relation to recommendation 4, ensure that service users are volunteering by agreement i.e. working longer than permitted earnings allow

7.2 Partnership Working

To ensure the best employment opportunities are available to adults with disabilities and those with mental health problems, Halton Borough Council needs to work with partners such as Jobcentre Plus, the

Primary Care Trust and the local Hospital's Trust. A partnership approach to both creating appropriate vacancies and supporting people to get and retain employment is vital.

Recommendations:

(i) Development of a Business Case i.e. why it pays partners to financially support employment projects for disabled people (removing people from benefits, how much does this save Job Centre Plus, reducing reliance on health services, how much does this save the Primary Care Trust

(ii) Development of a Business Case around Invest to Save initiative to identify savings from the Council's Community Care Budget that could be ring fenced to employ people with disabilities on at least minimum wage and provide sustainable employment

(iii) Longer-term partnership strategy in place to promote the employment of people with disabilities and those with mental health problems

(iv) Generation of support for paid employment opportunities and work placement schemes with local employers for disabled people

(v) Halton Borough Council and National Apprentice Service to explore the potential for the Council to become a Group Training Association to manage and deliver apprenticeships across the Borough

7.3 Community Leadership – The Council as a Key Employer

Local Authorities have a role in providing community leadership. As part of this role the organisation should be striving to ensure that its workforce is representative of the community it serves. According to the most recent figures available, there are currently 34 people with disabilities employed by Halton Borough Council, which equates to approximately 1.7% of the workforce. Acknowledging that some people choose not to disclose their status in terms of disability, it is accepted that this figure may be slightly lower than the actual numbers of people with a disability employed by the Authority. However, given that in the 2001 Census, 22% of Halton residents reported having a Limiting Long Term Illness, and 8.8% of the population are claiming Disability Living Allowance, we have a long way to go in terms of making our workforce representative of our community.

There are a range of actions that should be considered by the authority in its role as the largest employer in the Borough, this will require buy-in from Human Resources and a general commitment across the authority.

Conclusion
In order to confidently promote the employment of disabled people to our partner organisations and other local employers, the Authority should be taking a lead.

Recommendations:

(i) Apprenticeship Corporate Working Group to examine the feasibility of developing specific initiatives for people that may need additional support to get into and remain in employment

(ii) Staff Survey: Full and detailed staff survey to collect up to date information on the workforce, to include type of disability and update the Trent system

(iii) Consideration given to more user friendly methods of recruitment and selection which would open up access to jobs in the Council for disabled people

(iv) Positive action to identify or create jobs that are suitable for disabled people i.e. job carving

(v) Explore the feasibility of encouraging the employment of disabled people through procurement and commissioning processes

(vi) Vacancy Management programme in place to identify jobs which are suitable for people with disabilities or those with mental health issues

(vii) Disability Awareness training for all new staff through Corporate Induction and existing staff though Safeguarding training programme

(viii) Closer working relationships with Department for Work and Pensions Access to Work programme to support disabled people to move more easily into work

(ix) Establishment of an Officer/Member working group to examine and review the Council's progress in employing apprentices and disabled people

7.4 Mental Health

The information for this section has been taken from the Disability Employment Network report, presented by the Divisional Manager for Mental Health Services to the Employment Topic Group in February 2010.

There is a National Indicator for employment for those accessing mental health services which is NI 150. The employment of people known to secondary mental health services. The message from central government was clear, that all people, including this group, should have the opportunity to access paid employment and that communities should work together to achieve this.

The process for delivering NI 150 in Halton was as follows:

- Embedding the process within the Disability Employment Network, to ensure a wide range of service responses

- Setting a baseline against which any improvements can be measured
- Identifying and agreeing a model of service delivery
- Identifying and allocating resources to deliver a specialist response
- Developing additional improvement processes with wider processes.

The Individual Placement and Support model by Sainsbury Centre for Mental Health has been adopted in Halton. This has a number of implications for local service delivery. In particular, it is increasingly apparent that a specialist service response is needed for people with this high level of need, rather than management through more general employment services. Locally, therefore, the approach that is being adopted is to employ specialist workers who can work directly with individuals, market them proactively to employers, then stay with both them and the employers for an extended period in their employment career. This involved very close working with mainstream employment services (to the extent that performance targets can be met by all organisations) but tailors the support needed to the particular client group.

Conclusion

The following steps have been taken in Halton to improve performance for National Indicator 150:-

- An internal employment officer has been appointed with strong links to mainstream employment services
- Contract developed with external provider Richmond Fellowship, which is a national mental health charity with substantial experience of employment-focused work and expertise in working to the Individual Placement Model
- Mental health employment group set up to support these services, with direct management input from mental health services. This group will have more structured links with JobCentre Plus.

This programme will only be able to be delivered by an effective multi-agency response to the issue, involving not just health and social care services but also the wide range of mainstream employment services will need to actively support the marketing and promotion of real work opportunities for people with complex mental health needs.

Recommendations:

(i) Examine the potential to focus resources on service users with primary mental health issues i.e. anxiety and depression

(ii) Mental health and employment promotion i.e. awareness-raising with local employers to dispel some of the myths surrounding people with mental health problems

(iii) Detailed evaluation after first year of contract with Richmond Fellowship mental health employment project

7.5 Adults with Learning Disabilities and Physical and Sensory Disabilities

The current "businesses" run by Adults with Learning Disabilities Day services include:

- Vine Street Kitchen
- Murdishaw Café
- Moorfield Kitchen
- Market Garden Service
- Cup Cake Catering
- Norton Priory Museum

The feedback at Norton Priory continues to be positive with customers commenting favourably on the quality, cost, variety and the friendliness of the service. Monthly meetings are held with Norton Priory Trust's management team.

The Market Garden produce is sourced from: Hough Green, Deansway Allotments, Norton Priory Gardens and a small plot at Murdishaw Community Centre. This should make approximately 30% profits, but it will need a full year to generate maximum produce and provide the level of financial detail needed to forecast properly.
Cup Cake Catering takes around £600 per month. The group has no permanent staff support and will not be given such support in the future – the emphasis being on independence.

There are some new initiatives that are in progress at the moment. Details of which are given below:

Priory Ales Microbrewery (working title) is a new initiative. The proposal to establish a microbrewery at Norton Priory was approved by the Norton Priory Board of Trustees in July 2009. Beer production involves a great number of separate tasks, which will provide opportunities for a great number and wider range of people of all abilities.

Priory Tea Rooms is another new initiative and is in effect an extension of the successful refectory operation in the main building. It will extend the possibilities for people to experience and gain work.

"The Head Office" Hair Dressers (working title) – hairdressing has been a feature of Pingot for years. By transferring the hairdressers to a real shop in a real place with real customers we can produce a real business with real jobs and real job satisfaction. The strategy is to target people with disabilities in an attempt to corner a niche market. Experience indicates that those with a disability will feel safer and more at home in a business designed to meet their needs and staffed by people who may share those needs.

The Chuckie Chicken Sanctuary (working title) is a new project for ex battery chickens to provide eggs for the catering projects, primary schools will also be

encouraged to visit as a petting sanctuary. It also has the potential in the future to develop into an urban farm.

Dorset Gardens café will operate seven days per week between the hours of 9.30am-2pm for a number of residents (30). The service will provide further opportunities for work and work experience and will add to the financial viability of Country Garden Catering.

Myers Meadow (working title), was an unused garden area inside the Moorfield Road establishment, which has been planted with fruit trees and soft fruit beds. The produce will contribute to the menus of the catering service and have an indisputable provenance. It will also contribute to the financial viability of the market gardens. The official launch is under preparation.

Independent Living Centre Raised Beds Project – Work on developing the land next the Independent Living Centre extension to turn it into a market garden is very near completion. Twelve raised beds have been built to provide accessible gardening opportunities for people using wheelchairs. This project has the potential to be developed into a small garden centre as well as selling the produce to the catering services of Country Garden Catering.

Conclusion

Adults with Learning Disabilities Provider Services is committed to developing and pursuing employment opportunities for people with all disabilities. In addition to the catering and market garden enterprises Provider Services have found placements at the Stadium, Norton Priory Walled Gardens, Catalyst House Museum. Those in placements are in receipt of permitted earnings and include people with mental health problems, PSD service users and will include young people leaving care in the very near future.

When Provider Services finds a job opportunity outside of its own jurisdiction Bridge Builders are immediately involved. Once initiated Bridge Builders match a person to the job and support the individual until both employee and employer are satisfied that the relationship works. At this stage the individual is passed onto Enterprise and Employment Services who process the Permitted Earnings. In the event of difficulties after the introductory phase Bridge Builders will return to provide further support if necessary.

At a meeting held on 12th February 2009 with the Operational Director for Adults of Working Age, the Divisional Manager for Adults with Learning Disabilities Provider Services, the Head of Enterprise and Employment and the Principle Manager for Bridge Builders it was agreed that Environment would deliver 10 service users by the 31st March 09 to the 10 service users paid via Country Garden Catering, therefore, achieving a total of 20 for 2008/09 for adult with learning disabilities on Supported Permitted work. This was achieved and the Department met the Local Indicator Target for the three star rating.

The 2009/10 target would need to rise to 30, which equated to an additional 10 people with learning disabilities in employment. Country Garden Catering

is in a position to pay the additional 10 required to meet the 2009/10 target if necessary, however, it would make sense for the target to be shared particularly with employment services.

Recommendations:

(i) To ensure that the Council employment projects offering work opportunities to service users meet the minimum health, safety and hygiene standards required in any workplace

(ii) To contribute to the Business Case explaining why it pays partners to financially support employment projects that employ people with learning disabilities

(iii) ***Review the Council employment projects with learning disabled service users with a view to increasing the capacity for paid employment. Detailed financial analysis and service user consultation required***

8.0 Overall Conclusion

This scrutiny review has been a useful exercise in reviewing current practices and procedures for employment opportunities for people with learning disabilities, physical or sensory disabilities or mental health needs in Halton The opportunity for exploring areas of best practice from other local authorities in this area was also taken. Exploration as to how examples of best practice can be instilled in Halton have formed some of the recommendations of this report, however it was evident from this research undertaken, that a number of key objectives around employment opportunities are already being delivered in Halton. Financial analysis of current employment projects was undertaken in order to assess how and what future opportunities could be identified and developed for pan disability service users or those with mental health needs.

The recommendations from the scrutiny review have been arranged into an Action Plan at Annex 5 for ease of reference and monitoring.

Annex 1

TOPIC BRIEF

Topic Title:	Employment opportunities for people with learning or physical disability or mental health issue
Officer Lead:	Gerry Fitzpatrick/Stiofan O'Suillibhan
Planned start date:	July 2009
Target PPB Meeting:	March 2010 (it is anticipated that this will be a joint scrutiny topic with the Employment, Learning & Skills Policy and Performance Board)

Topic Description and scope:
An examination of the current processes involved in supporting those service users known to social care, who have a learning or physical disability or a mental health issue into appropriate employment.

Why this topic was chosen:
From the CSCI (Commission for Social Care Inspection) performance assessment report carried out July-September 2008, it was noted that Halton Borough Council has helped more people with a learning or physical disability or mental health issue into employment than it had planned, but that this was still lower than comparator Councils. As a result this was identified by CSCI as an area for development/improvement.

Key outputs and outcomes sought:

- Exploration on how employment opportunities for people with a learning or physical disability or mental health issue are identified
- An understanding of the complexities of the financial processes/issues around employment for people with a learning or physical disability or mental health issue
- Raise awareness of the service provided to service users known to Social Care
- Develop an action plan to ensure that CSCI targets are met and that the service continues to develop
- Consider national best practice in terms of supporting people into employment opportunities
- An understanding of the Corporate responsibilities in supporting vulnerable people into employment

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

Improving Health: N/A

Halton's Urban Renewal N/A

A Safer Halton N/A

Children and Young People in HaltonN/A

Employment Learning & Skills in Halton
Key Objective C: To promote and increase the employability of local people and to remove any barriers to employment and get more people into work

Nature of expected/desired PPB input:
Member led scrutiny review of the employment opportunities for people with a learning or physical disability or mental health issue.

Preferred mode of operation:

- Review of current employment opportunities for people with a learning or physical disability or mental health issue
- Benchmarking with comparative local authorities
- Visits/meetings including:

Job Centre Plus
Service Users – someone who has used the service
Providers
5BP
LSC (Learning Skills Council)
Warrington Disability Employment Forum

Agreed and signed by:

PPB chair …… **Officer ……**

Date …….. **Date …….**

Annex 2

Methodology Detail

a) Details of Presentations, Guest Speakers and Visits undertaken

The following officers/guests gave presentations as part of this scrutiny review:

Name	**Date**	**Title of Presentation**
Rachel Roberts-Newton and Sarah Sturmey, Pure Innovations	30th September 2009	Pure Innovations Presentation on Employment Initiatives in Stockport and other Local Authorities
Name		**Visits Undertaken**
Members of Employment Topic Group	9th August 2009	Halton Borough Council Learning Disability Employment Projects
Members of Employment Topic Group	20th October 2009	Derbyshire County Council
Name	**Date**	**Guest Speaker**
Hazelle Jones, Divisional Manager Human Resources HBC	3rd December 2009	Information provided regarding the Human Resources Team practices, Halton Borough Council
Lindsay Smith, Divisional Manager Mental Health Services HBC	18th February 2010	Presented information regarding the Halton Disability Employment Network report

b) Research Undertaken

- Lancashire County Council Apprentice Model Briefing Note, Gerry Fitzpatrick

Healthy Halton PPB Topic Group - Apprentice Briefing Note

Lancashire County Council Apprentice Model

Background

1.1. Lancashire County Council employ over 43,000 people spread across a wide geographical area that encompasses 12 district Councils where there are both prosperous and deprived communities. The Council is the second largest employer after the NHS and serves many multi-cultural societies.

1.2. As a large employer LCC often finds it necessary to supplement its workforce with agency staff to cover short, medium and long term absences and also to fill temporary jobs. In 2007/8 LCC spent £8.1m on agency related staff costs. The agency staff used cover a wide spectrum of occupational areas, however a significant number have been in business administration, finance/IT and customer service.

1.3. LCC recognised that as a key employer in Lancashire and a corporate partner in the Local Area Agreement that it had the opportunity to support economic development and social inclusion priorities by redirecting work opportunities from agencies by directly recruiting staff.

1.4. The Corporate HR and Economic Development Departments worked together to develop an apprenticeship programme aimed at recruiting and training 50 apprentices to support the work of the business admin, finance and customer services teams based in the County Hall in Preston.

1.5. **Apprenticeship Programme**
Apprentices are not supernumerary; they are recruited through open and competitive selection, are offered a two-year training contract and paid entry level Scale 1/2 (£11,995p.a.) on starting work. Apprenticeships are open to candidates of all ages i.e. 16-60 years. A two-year placement provides them with the opportunity to gain a breadth of experience within the organisation. Apprentices have access to:

- NVQ level 2 and/or level 3 training with LSC approved providers
- LCC's portfolio of corporate training
- a workplace supervisor/mentor that has been trained
- support from a nominated HR Apprentice Officer

1.6. Approach to Apprenticeships

- converting eligible employees to apprentices (NVQ 2 & 3)
- vacancy management – all recruitment including requests for agency staff must go via HR to determine if there is an apprentice opportunity
- pre-employment workshops for interested candidates to prepare for interview selection process
- selection & appointment – normal recruitment criteria/qualifications must be satisfied

1.7. Reducing Worklessness - Work Preparation Programmes
In order to support economic development and social inclusion priorities LCC have piloted and introduced several work preparation initiatives that have complimented the Apprentice Programme.

- ***Future Horizons*** has been developed to provide young people that are NEET and care leavers that are on Entry 2 Employment LSC provision with the opportunity to gain an 8 week work experience placement within LCC for between 16 – 30 hours per week. Eligible trainees receive EMA. Trainees are given the opportunity to participate in pre-employment workshops aimed at helping them to apply for the Apprenticeship Programme.

- **Future Horizons+** is a bespoke pre-employment programme for care leavers to gain an extended period of paid work experience (LSC recommended training allowance £95 p.w.) within LCC Departments of up to 12 months duration. Trainees are given extra support to gain pre-level 2 vocational qualifications and additional support to help them to compete for apprentice opportunities when they are advertised.

- ***Work Start – Public Sector Work Trial*** has been developed in partnership with JCP for priority customers living in Lancashire i.e. lone parents, people with health conditions & disabilities claiming Income Support or Incapacity benefit, JSA 6 months+. Participants are offered 30 day work placement in LCC and receive a travel & subsistence allowance paid by JCP, at the end of the placement they are provided with a work reference and a certificate of completion.

Trainees that successfully complete the pre-employment programmes are given the opportunity to join the ***Talent Pool*** where they can apply for jobs that arise within LCC including temporary assignments through the contracted recruitment agency.

1.8. The Business Case.
During 2006/7, LCC recruited more than 80 apprentices through the programme and achieved savings of £569,000 on the previous years spend. In 2008/9 the savings achieved on agency staff costs were in excess of £1m and since 2006 LCC has employed 284 apprentices. The HR Department now recruits apprentices across all Council Departments including teaching assistants, care workers, road workers, construction workers, motor vehicle and outdoor workers. The District Councils that make up LCC have adopted the model and are now starting to employ apprentices and to recruit through the Talent Pool.

2. National Apprenticeship Service

2.1. The National Apprenticeship Service (NAS) was launched in April 2009 as one of the successor organisation to the LSC and it has the remit to drive forward the Governments ambition for apprenticeships aiming to bring about a significant growth in the number of employers offering apprenticeships.

2.2 There are three types of apprenticeships:

- Apprenticeships (equivalent to 5 GCSE's at grades C and above) work towards work-based learning qualifications i.e. NVQ level 2, Key Skills Certificate (literacy, numeracy & ITC skills) and in most cases a relevant Technical Certificate which is a knowledge based qualification such as a BTeC. Completion of an apprenticeship allows entry to an Advanced Apprenticeship.
- Advanced Apprenticeships (equivalent to 2 'A' level passes) work towards a work-based learning qualifications i.e. NVQ level 3, Key Skills Certificate (literacy, numeracy & ITC skills) and in most cases a

relevant Technical Certificate which is a knowledge based qualification such as a BTeC. To start this programme entrants must have 5 GCSE's at grades C and above or have completed an Apprenticeship.

- Higher Apprentices work towards a work-based learning qualification i.e. NVQ level 4 and in some cases a knowledge based qualification such as a Foundation degree.

2.3. Apprentices can progress to higher education, including university degrees but university graduates and those with qualifications above level 4 are not eligible for apprenticeship support.

2.4. NAS have commissioned Lancs CC to provide consultancy advice and support to other Local Authorities that are contemplating adopting or modifying the apprentice model that they have developed. Anne-Marie Morgan, Head of HR Consultancy at Lancs CC has offered to provide support to HBC to develop a customised approach to developing an apprentice model in Halton.

NAS and Halton BC

2.5 Several meetings have been held with NAS who are very keen to work in partnership with the Council to improve the numbers of employers in Halton that offer apprenticeships particularly to young people aged 16-18 and young people aged 19-24 that are NEET.

2.6. NAS are very impressed with the number of employer based apprenticeships that have been created through the WNF APT4U Project which provides private sector employers with an apprentice recruitment incentive of £2,000. NAS are keen to explore how their funding could add value to the APT4U initiative, and they are particularly interested in increasing the number of apprenticeships offered by the Council and other public sector employers and hold up the Lancs CC model as an example of best practice which won a National Apprentice Award in 2009.

2.7. In order to increase the take up of apprenticeships NAS are keen to develop Group Training Associations (GTA) which are funded collaborative initiatives involving groups of employers and/or training providers to develop joint apprenticeship programmes that operate across industrial sectors or geographical areas.

Instead of contracting with a variety of individual apprentice providers, NAS would passport the apprenticeship funding (£7,500 per apprentice place on average) to the GTA who would either directly deliver the apprenticeships or broker with existing apprentice providers to deliver the apprentice frameworks to meet the needs of employers.

2.8. NAS are very keen to explore the potential for the Council to become a geographical based GTA in Halton that would broker the delivery of apprenticeships to both private and public sector organisations. Should there be support for such a proposal an outline business case will be worked up.

Annex 3

Sainsbury Centre for Mental Health's Individual Placement and Support Model

Individual Placement and Support (IPS) in mental health has seven key elements:

1. It aims to get people into competitive employment

2. It is open to all those who want to work

3. It tries to find jobs consistent with people's preferences

4. It works quickly

5. It brings employment specialists into clinical teams

6. It provides time unlimited, individualised support for the person and their employer

7. Benefits counselling is included

Annex 4

Indicator Definitions for Nation Indicator 146 and 150

NI 146: Adults with learning disabilities in employment
The percentage of adults with learning disabilities known to Councils with Adult Social Services Responsibilities (CASSRs) in paid employment at the time of their assessment or latest review.

Adults with learning disabilities known to CASSRs: Learning disabled clients aged 18-64 who are assessed or reviewed in the financial year and who have received a service, as well as those who are assessed and/or reviewed but who have not received a service.

Paid employment is measured using the following categories:

1. Working as a paid employee or self-employed (30 or more hours per week)

2. Working as a paid employee or self –employed (16 to less than 30 hours per week)

3. Working as a paid employee or self-employed (more than 4 to less than 16 hours per week)

4. Working as a paid employee or self employed (more than 0 to 4 hours per week)

5. Working regularly as a paid employee or self –employed but less than weekly (e.g. fortnightly, monthly or on some other regular basis)

Employee: Those who work for a company and have their National Insurance paid for directly from their wages and are earning at or above the National Minimum Wage. This also includes those who are working in *supported employment* (i.e. those who are receiving support and assistance from a specialist agency to maintain their job) who are earning at or above the National Minimum Wage.

Self employed: Those who work for themselves and generally pay their National Insurance themselves. This should also include those who are unpaid family workers (i.e. those who do unpaid work for a business they own or for a business a relative owns).

Categories 1-5 above are to be combined to report on the per cent of learning disabled clients known to CASSRs in paid employment.

The indicator will also collect data on those in voluntary unpaid work using the following categories:

- Working as a paid employee or self-employed **and** in unpaid voluntary work

- In unpaid voluntary work only

Unpaid voluntary work: Work of a voluntary nature that is unpaid, including unpaid work experience.

The unpaid voluntary work categories are **not** to be included in the count of those who are in paid employment.

Data for this indicator is to be reported by gender and type of service that the client is receiving, that is, community based service, residential care service or no services.

- Community based services are services provided to support clients living in the community

- Residential care services include the following:

  - LA residential care (excludes short term residential). Residential care provided by the CASSR
  - Independent sector residential care (excludes short-term residential). Includes residential care provided by another CASSR. Also includes adult fostering
  - Nursing care (excludes short-term residential)

NI 150: Adults receiving secondary mental health services in employment

The percentage of adults receiving secondary mental health services in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.

Adults receiving secondary mental health services: Those aged 18-69 who are receiving secondary mental health services and who are on the Care Programme Approach.

Employment status is recorded using the following categories:

- Employed
- Unemployed
- Other including education or training
- Not disclosed
- Not applicable
- Not known

Employed: Those who are employed by a company and have their National Insurance paid for directly from their wages. It also includes those who are *self employed* (i.e. those who work for themselves and generally pay their

National Insurance themselves); those who are in *supported employment*; and those who are in *permitted work* (i.e. those who are in paid work and who are also receiving Incapacity Benefit.

Unemployed: Those who are *not* in paid work but are actively seeking work and are available to start, or are waiting to start a paid job they have already obtained.

Other including education or training: This category includes those who are economically inactive, that is, those who are *not* in paid work and who are not actively seeking work, or they are *not* available to start. It includes the following:

- *Students* who are undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training and who are *not* working or actively seeking work;

- The *long term sick or disabled*, including those who are receiving Incapacity Benefit, income support or both, and who are not working or actively seeking work;

- Those *looking after the family or home* and who are *not* working or actively seeking work;

- Those who are *not receiving benefits* and who are not working or actively seeking work;

- Those who are in *unpaid voluntary work* who are not working or actively seeking work;

- Those of working age who have *retired* from paid work

Not disclosed: Patient was asked but refused to respond

Not applicable: Patient has not received secondary mental health services or is not in the working age group

Not Known: Patient's employment status is not known.

The employed category above is to be used to report on the per cent of adults receiving secondary mental health services in paid employment.

Annex 5

Action Plan

Action No.	Section	Recommendation	Responsible People	Timescale	Resources Required	Progress
1	7.1 Definitions	Develop employment opportunities and examples of best practice as researched and observed from visits from and to other Local Authorities and complete a review of In House services and where possible broaden out to other departments within the Council	Stiofan O'Suillibhan (Divisional Manager Community Services) and Gerry Fitzpatrick (Divisional Manager, Enterprise & Employment)	Progress updates to be provided at each PPB Meeting		
2	7.1 Definitions	Senior Managers within Adult & Community to seek further clarification from the Care Quality Commission regarding definitions used within NI 146, particularly in reference to the number of hours worked	Adults & Community Senior Management Team with support from Amanda Lewis (Principle	Progress updates to be provided at each PPB Meeting		

Action No.	Section	Recommendation	Responsible People	Timescale	Resources Required	Progress
			Performance & Improvement Officer, Adults & Community)			
3	7.1 Definitions	Positive action target setting jobs and employment opportunities for adults with learning disabilities, those with physical or sensory disabilities and people with mental health issues and clarify the legal status of this i.e. positive action V positive discrimination	Chief Officers Management Team supported by: Stiofan O'Suillibhan (Divisional Manager, Community Services); Gerry Fitzpatrick (Divisional Manager, Enterprise & Employment) And	Progress updates to be provided at each PPB Meeting		

Action No.	Section	Recommendation	Responsible People	Timescale	Resources Required	Progress
			Lindsay Smith (Divisional Manager, Mental Health)			
4	7.1 Definitions	Ensure that all Learning Disability service users employed under permitted earnings rule are paid at or above minimum wage directly through the payroll system	Gerry Fitzpatrick (Divisional Manager, Enterprise & Employment)	Progress updates to be provided at each PPB Meeting		
5	7.1 Definitions	In relation to recommendation 4, ensure that service users are volunteering by agreement i.e. working longer than permitted earnings allow	All managers who employ staff through Permitted Earnings	Progress updates to be provided at each PPB Meeting		
6	7.2 Partnership Working	Development of a "Business Case" i.e. why it pays partners to financially support employment projects for disabled people (removing people from benefits, how much does this save Job Centre Plus?, reducing reliance on health services, how much does this save the Primary Care Trust?	Audrey Williamson (Operational Director, Prevention & Commissioning)	Progress updates to be provided at each PPB Meeting		
7	7.2	Development of a Business Case	Adult &	Progress		

Action No.	Section	Recommendation	Responsible People	Timescale	Resources Required	Progress
	Partnership Working	around Invest to Save initiative to identify savings from the Council's Community Care Budget that could be ring fenced to employ people with disabilities on at least minimum wage and provide sustainable employment	Community Senior Management Team. Proposal to be developed by Gerry Fitzpatrick (Divisional Manager, Enterprise & Employment)	updates to be provided at each PPB Meeting		
8	7.2 Partnership Working	Longer-term partnership strategy in place to promote the employment of people with disabilities and those with mental health problems	Disability Employment Network. Lead Officer: Gerry Fitzpatrick (Divisional Manager, Enterprise & Employment)	Progress updates to be provided at each PPB Meeting		
9	7.2 Partnership Working	Generation of support for paid employment opportunities and work placement schemes with local employers for disabled people	Disability Employment Network. Lead Officer: Gerry	Progress updates to be provided at each PPB		

Action No.	Section	Recommendation	Responsible People	Timescale	Resources Required	Progress
			Fitzpatrick (Divisional Manager, Enterprise & Employment)	Meeting		
10	7.2 Partnership Working	Halton Borough Council and National Apprentice Service to explore the potential for the Council to become a Group Training Association to manage and deliver apprenticeships across the Borough.	Strategic Apprenticeship Working Group. Lead Officer: Wes Rourke (Operational Director, Employment, Economic Regeneration & Business Services) and Jane Burgess (Divisional Manager, Human Resources)	Progress updates to be provided at each PPB Meeting		

Action No.	Section	Recommendation	Responsible People	Timescale	Resources Required	Progress
11	7.3 Community Leadership	Apprenticeship Corporate Working Group to examine the feasibility of developing specific initiatives for people that may need additional support to get into and remain in employment	Wes Rourke (Operational Director, Employment, Economic Regeneration & Business Services)	Progress updates to be provided at each PPB Meeting		
12	7.3 Community Leadership	Staff Survey: Full and detailed staff survey to collect up to date information on the workforce, to include type of disability and update the Trent system	Jane Burgess (Divisional Manager, Human Resources)	Progress updates to be provided at each PPB Meeting		
13	7.3 Community Leadership	Consideration given to more user friendly methods of recruitment and selection which would open up access to jobs in the Council for disabled people	Jane Burgess (Divisional Manager, Human Resources)	Progress updates to be provided at each PPB Meeting		
14	7.3 Community Leadership	Positive action to identify or create jobs that are suitable for disabled people i.e. to consider job carving	Jane Burgess (Divisional Manager, Human Resources) with support from Gerry	Progress updates to be provided at each PPB Meeting		

Action No.	Section	Recommendation	Responsible People	Timescale	Resources Required	Progress
			Fitzpatrick (Divisional Manager, Enterprise & Employment)			
15	7.3 Community Leadership	Explore the feasibility of encouraging the employment of disabled people through procurement and commissioning processes.	Lorraine Cox (Divisional Manager, Procurement) and Gerry Fitzpatrick (Divisional Manager, Enterprise & Employment)	Progress updates to be provided at each PPB Meeting		
16	7.3 Community Leadership	Vacancy Management programme in place to identify jobs which are suitable for people with disabilities or those with mental health issues	Jane Burgess (Divisional Manager, Human Resources)	Progress updates to be provided at each PPB Meeting		
17	7.3 Community	Disability awareness training for all new staff through Corporate Induction	Brian Hilton (Learning &	Progress updates to		

Action No.	Section	Recommendation	Responsible People	Timescale	Resources Required	Progress
	Leadership	and existing staff through Safeguarding training programme	Development Manager)	be provided at each PPB Meeting		
18	7.3 Community Leadership	Closer working relationships with Department for Work and Pensions Access to Work programme to support disabled people to move more easily into work.	Gerry Fitzpatrick (Divisional Manager, Enterprise & Employment) and Job Centre Plus	Progress updates to be provided at each PPB Meeting		
19	7.3 Community Leadership	Establishment of an Officer/Member working group to examine and review the Council's progress in employing apprentices and disabled people	Alex Villiers (Divisional Manager, Scrutiny)	Progress updates to be provided at each PPB Meeting		
20	7.4 Mental Health	Examine the potential to focus resources on service users with primary mental health issues i.e. anxiety and depression	Lindsay Smith (Divisional Manager, Mental Health)	Progress updates to be provided at each PPB Meeting		

Action No.	Section	Recommendation	Responsible People	Timescale	Resources Required	Progress
21	7.4 Mental Health	Mental health and employment promotion i.e. awareness-raising with local employers to dispel some of the myths surrounding people with mental health problems	Lindsay Smith (Divisional Manager, Mental Health) and Gerry Fitzpatrick, Divisional Manager, Enterprise and Employment)	Progress updates to be provided at each PPB Meeting		
22	7.4 Mental Health	Detailed evaluation after first year of contract with Richmond Fellowship mental health employment project.	Lindsay Smith (Divisional Manager, Mental Health)	Progress updates to be provided at each PPB Meeting		
23	7.5 Learning Disabilities	To ensure that the Council employment projects offering work opportunities to service users meet the minimum health, safety and hygiene standards required in any workplace.	Stiofan O'Suillibhan (Divisional Manager, Community Services)	Progress updates to be provided at each PPB Meeting		
24	7.5 Learning	To contribute to the Business Case explaining why it pays partners to	Stiofan O'Suillibhan	Progress updates to		

Action No.	Section	Recommendation	Responsible People	Timescale	Resources Required	Progress
	Disabilities	financially support employment projects that employ people with learning disabilities	(Divisional Manager, Community Services)	be provided at each PPB Meeting		
25	7.5 Learning Disabilities	Review the Council employment projects for learning disabled service users with a view to increasing the capacity for paid employment. Detailed financial analysis and service user consultation required	Stiofan O'Suillibhan (Divisional Manager, Community Services)	Progress updates to be provided at each PPB Meeting		

REPORT TO: Health Policy and Performance Board

DATE: 8 June 2010

REPORTING OFFICER: Strategic Director- Resources

SUBJECT: Sustainable Community Strategy Performance Report

WARDS: Borough-wide

1.0 PURPOSE OF REPORT

1.1 To provide information on the progress towards meeting Halton's Sustainable Community Strategy targets to 2009 – 10 financial year-end.

2.0 RECOMMENDED THAT:

i. The report is noted

ii. The Board considers whether it requires any further information concerning the actions being taken to achieve Halton's LAA targets.

3.0 SUPPORTING INFORMATION

3.1 The revised Local Area Agreement, which comprises and element of the Councils Sustainable Community Strategy, was signed off by the Secretary of State in June 2008. The LAA contains a set of measures and targets agreed between the Council, local partner agencies (who have a duty of co-operation in achieving targets) and government. There are 32 indicators within the LAA along with statutory and education and early years targets. The current agreement covers the period April 2008 to March 2011.

3.2 The Agreement was refreshed in March 2010 following a review with Government Office North West. Any changes to performance targets that resulted from this review have been reflected in the enclosed report.

3.3 Attached as Appendix 1 is a report on progress to the 2009 – 10 financial year-end, which includes those indicators and targets that fall within the remit of this Policy and Performance Board.

3.4 In considering this report Members should be aware that:-

a) All of the measures within the National Indicator Set are monitored through Quarterly Departmental Service Plan Monitoring Reports. The purpose of thus report is to consolidate information on all measures and targets relevant to this PPB in order to provide a clear picture of progress.

b) In some cases outturn data cannot be made available at the mid-year point and there are also some Place Survey based indicators for which information will not become available until 2010 i.e. the next date the survey is due to be undertaken.

4.0 CONCLUSION

4.1 The Sustainable Community Strategy for Halton, and the Local Area Agreement contained within it, is the main mechanism through which government will performance manage local areas. It is therefore important that we monitor progress and that Members are satisfied that adequate plans are in place to ensure that the Council and its partners achieve the improvement targets that have been agreed.

5.0 POLICY IMPLICATIONS

5.1 The Local Area Agreement acts as the delivery plan for the Sustainable Community Strategy for Halton and is therefore central to our policy framework.

6.0 OTHER IMPLICATIONS

6.1 The achievement of Local Area Agreement targets has direct implications for the outcomes in relation to Comprehensive Area Assessment judgements.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 This report deals directly with the delivery of the relevant strategic priority of the Council.

8.0 RISK ANALYSIS

8.1 The key risk is a failure to improve the quality of life for Halton's residents in accordance with the objectives of the Sustainable Community Strategy. This risk can be mitigated thorough the regular reporting and review of progress and the development of appropriate actions where under-performance may occur.

9.0 EQUALITY AND DIVERSITY ISSUES

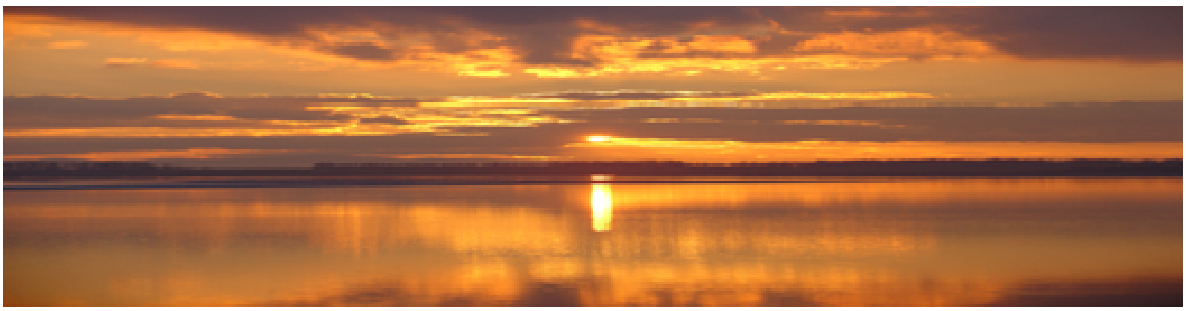
9.1 One of the guiding principles of the Local Area Agreement is to reduce inequalities in Halton.

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

Document	Local Area Agreement 2008 – 11
Place of Inspection	2nd Floor, Municipal Building, Kingsway, Widnes

Contact Officer Rob MacKenzie (0151 471 7416)

APPENDIX 1



The Sustainable Community

Strategy For Halton

2006 - 2011

Year End Progress Report

01st April 2009 – 31st March 2010

Halton Strategic PARTNERSHIP

This report provides a summary of progress in relation to the achievement of targets within Halton's Sustainable Community Strategy.

It provides both a snapshot of performance for the period 01st April 2009 to 31st March 2010 and a projection of expected levels of performance to the period 2011.

The following symbols have been used to illustrate current performance against 2010 and 2011 target levels.

✓	Target is likely to be achieved or exceeded.
?	The achievement of the target is uncertain at this stage
✗	Target is highly unlikely to be / will not be achieved.

HEALTHY HALTON

Page	NI	Descriptor	09/10 Target	2011 Target
6	8	Adult participation in sport	✗	?
9	53	Prevalence of breastfeeding at 6 – 8 weeks from birth	✗	?
11	120	All-age all-cause mortality	✗	?
14	123	16+ Smoking rate prevalence	✓	✓
15	139	People > 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently	N/A	?
15	142	Number of vulnerable people supported to maintain independent living	✓	✓
16	150	Adults in contact with secondary mental health services in employment	✓	✓

Non Local Area Agreement Measures / Targets

18	121	Mortality rate from all circulatory diseases at ages under 75 (proxy for local indicator H1)	✗	?
19	122	Mortality from all cancers at ages under 75 (proxy for local indicator H2)	✗	?

21	124	Increase the number of people with a long term condition supported to be independent and in control of their condition	N/A	N/A

HEALTHY HALTON

NI 8 Adult participation in sport

Baseline (2006)	2009 - 10			2011	
	Target	Actual	Progress	Target	Projected
20.13%	22.13%	**21.4%** **(Q.3 figure)**	✗	24.13%	?

Data Commentary

This report covers 1 October–31 December 2009. The results of the Active People Survey 3 by which this indicator is now measured were released on 17 December 2009. Active People Survey years - October to October full year data available each December.

LAA reporting years
Data for NI 8 Year 1 is based on a 1000 sample in each Local Authority drawn from Active People between Oct 07 and Oct 09 and reported in Dec 09.

NI 8 indicator is determined by adding Active People Survey 2 (APS2) results (Dec 2008 - 18.7%) with Active People Survey 3 (APS3) result.

If a local authority has achieved a statistically significant increase from APS1 (2006) to APS3 or APS2/3 combined this is a real increase and indicates a positive direction of travel. Halton's APS1 was 19.62% and APS3 result 24.9% thus a statistically significant increase.

Breakdown of NI 8 data and Active People Diagnostic

The data will be incorporated into Sport England's Active People Diagnostic as soon as possible after the data has been released. It is anticipated that this will be available interactively in April 2010.

Data result for Halton's KPI 1 3 x 30 mins per week adult participation rate in APS3 showed a good increase to 24.9%. 19.62% was the 2006 baseline. Thus Halton has achieved its LPSA target (however, this has not yet been verified)

Our NI 8 LAA target for this year has not been achieved, but our direction of travel is good.

HEALTHY HALTON

General Performance Commentary

Our performance has improved and local interventions should be viewed as having a direct contribution to this result. Targeted projects have received increased resources from Working Neighbourhoods Fund, Sport England and DCMS free swim scheme. This has allowed increased delivery within community settings through commissioning of voluntary sector sports clubs. Small amounts of money have seen huge benefits. Clubs have provided taster sessions; new targeted sessions and free sessions to attract new participants and the clubs have been supported to improve their infrastructure, through coach education and development workshops.

The Active People Survey from which the data is sourced is conducted annually (Oct to Oct), with results published December. Quarterly reporting is not possible at this time however there are suggestions that regular quarterly interim results may be published in the future.

For this reason local proxy indicators have been introduced to gauge progress:

- Leisure Centre usage can be monitored on a monthly basis. Adult participation is being monitored and contractor has been set a 1% increase target for adult participation at the Council's 3 Leisure Facilities.
- Free swim campaign for those aged 60 years and over can be monitored monthly.
- Sports Participation Project is targeted intervention recording participants' details and has annual targets set to increasing participation. This is a multi agency project to get more people active.

All of the above are reported Quarterly through Sports Participation Project reporting to Health SSP.

Summary of key activities undertaken / planned during the year

The following activities took place in the last quarter:

Community sessions:
6 new community classes set up and running this quarter following consultation: 2 Tai chi classes in partnership with cancer support centre, adult gym follow-on class, Adults t dance, Fitness through dance and Gentle circuits at Heath.
Six Green Flag walks launched inc ½ page press. Free step-o-metres distributed linked to green walks 100+
Health walks program delivered by volunteers.
Risk assessments and instructor evaluations carried out.
General enquiries and sign posting to other services.

HEALTHY HALTON

New participant monitoring and questionnaires administered.
Get Active 2010 Leaflet drops to 4 wards via probation service.
Equipment supplied to St Ambrose church re older adult new age bowls.

Family Focus Activity MNT areas:
Meeting Stobart Stadium re new family activity

Targeted Outreach:
Get Active 2010 Leaflet drops to 4 wards via probation service.
Sport tasters delivered to Halton College foundation studies students (disability)
Health Trainer events attended Brookvale and Palacefields.
Palacefields community-walking group supported and funding sourced (£2600) for Palacefields walk maps.
Foyer status open days attended and taster sessions delivered to YMCA and Belvedere Housing.
Advice and instructor contacts given to Children's centres to hire their own activity coaches.

Get Active Forum Halton:
Meetings with PCT exercise referral schemes re referral participants assessing the Get Active programme activities.
Get Active forum meeting, funding info disseminated to all forum members

Men's Health:
On-going support to Men's health circuits, and Jog programme.
Meeting Age Concern re men's 50+ activity.
New men's-health football session (after work) at Kingsway Leisure Centre.

Girls & Women's Blitz:
Women's yoga and Ladies morning supported.
Case studies completed re women's yoga and depression/mental health.

Innovation:
Frail older adult chair-based exercise level 2 training course delivered to 12 individuals. Training delivered (level 2) frail older adult chair-based exercise organised and delivered to care staff/coaches x 11.
In Pursuit of Sport promotions disseminated and taster activity/sports arranged including golf, tennis, skiing etc.
Support given to PCT re workplace health checks.
Sports Relief event supported and info disseminated to attendees.

HEALTHY HALTON

NI 53 Prevalence of breastfeeding at 6 – 8 weeks from birth

Baseline (Q.2 2008)	2009 - 10			2011	
	Target	Actual	Progress	Target	Projected
12.1%	21%	**19.26%**	✗	23%	?

Data Commentary

The data has been calculated using total and partial breastfeeding numbers over the number of infants due a 6-8 week check.

Breastfeeding is recommended for a period of 6 months. Performance data is measured at birth and at 6 weeks although local information is available for interim stages. The proportion of mothers breastfeeding has increased year on year in both boroughs and over the last year has stabilized at around 48%.

General Performance Commentary

Breastfeeding performance continues to improve although the end of year target is still challenging. Progress against the breastfeeding action plan has continued with 49 premises receiving the baby welcome award and peer support groups are operating in children's centres. Support is available to women through maternity support workers and community parents at King's Cross have been trained to provide peer support. The Children's Trust has started the UNICEF Baby Friendly process in December 09.

Summary of key activities undertaken / planned during the year

Evidence suggests that a whole system approach is needed to increase the uptake and maintenance of breastfeeding. Over the past 2 years an action plan based on evidence of best practice has been implemented by a multi-agency steering group. Successes include:

- Development of robust measures to capture the new dataset. The recording of breastfeeding performance is consistently above target and is one of the highest in the country.
- Development and implementation of Get Closer- a social marketing approach to breastfeeding and promotion throughout the boroughs which has been well received and promoted nationally as good practice.
- Extensive training of all health visitors and midwives, particularly in St Helens on a 3-5 day intensive course
- Increased capacity of infant feeding coordinators in the PCT.

HEALTHY HALTON

- Training of La Leche peer support counsellors – 7 in Halton with a further 12 to be trained in 2010.
- Establishment and promotion of breastfeeding support groups in children's centres - 9 across the two boroughs.
- Improved acceptability of breastfeeding in public through the Baby Welcome Award received by 61 in Halton exceeding targets.
- Maternity support workers providing breastfeeding support in Halton up to 6 weeks.
- Training of community parents to become breastfeeding buddies in Halton with Kings Cross Parents programme.

Barriers to progress
Breastfeeding performance can be affected by the capacity of services to support women through the first few days and weeks of breastfeeding.

Some resources are available for paid peer support for breastfeeding but due to recruitment issues this is unlikely to be in place for several months.

Children's Centre staff have been trained as La Leche Administrators and have traditionally supported the breastfeeding support groups and breastfeeding volunteers. Due to recent changes in role the number available to support the breastfeeding agenda has reduced. If the time of these individuals were released to help support women on a one to one basis until permanent recruitment has taken place this would help to ensure capacity and performance over the coming months. Funding to backfill their role is available in this financial year.

Baby Friendly Initiative
UNICEF Baby Friendly is a whole system approach to ensure that women receive the right information and support at all stages of their journey to enable them to breastfeed. St Helens and Knowsley and Warrington & Halton hospitals are both working towards baby friendly status. The process usually takes 2-4 years.

Halton and St Helens PCT in conjunction with St Helens Children's Trust and Halton Children's have expressed an interest in being accredited as Baby Friendly boroughs. An action planning visit has recently taken place and a draft action plan developed. This plan needs to be endorsed and adopted by the Children's Trusts. Key actions that will make the most difference to the performance over the next year are:

- Ensuring capacity to support breastfeeding in the first 6 weeks through maternity support workers, peer support counselors and breastfeeding buddies working closely with midwives and health visitors.
- Action Plan agreed by all partners for co-ordination of services and programs to achieve UNICEF Baby Friendly stage 1 and to increase breastfeeding rates.
- New social marketing campaign to increase initiation and maintenance of

HEALTHY HALTON

breastfeeding
- Developing team level performance feedback mechanisms for midwifery and health visiting teams to enable them to manage their performance and including service performance measures within contracts.
- Strengthening breastfeeding links with children's centres and releasing trained staff to support the breastfeeding agenda.

NI 120 All-age all cause mortality

Baseline (2007/08)	2009 - 10			2011	
	Target	Actual	Progress	Target	Projected
Male - 906	780	**803.8**	✗	755	?
Fem - 673	590	**597.3**		574	

Data Commentary

Quarters 1 to 3 have been refreshed. Quarter 4 is the position as of February 2010 - March 2010 data will not available until May 2010 from ONS.

General Performance Commentary

Mortality rates in Halton are fluctuating for men and gradually decreasing for women. The key causes of mortality in Halton are heart and circulatory disease, cancer, smoking and obesity.

2009 data for Halton indicates deaths from CVD had reduced by 42% and it is projected Halton will achieve the 2010 spearhead target of a 57% reduction even though it is not expected to meet the LAA target.

Death rates from cancer under age 75 have fallen steadily from 171 per 100,000 people in the year 1993, to 131 in 2007. There was a rise in 2008 to 140 deaths per 100,000. We expect to see improvement in the 2009 results when available. Recent data results indicate survival from lung cancer in Halton and St Helens is 30% after one year: one of the eight best rates in the North West. Survival from bowel cancer at one year is excellent at 71%. Survival from breast cancer at one year is high at 96%.

Halton has improved its smoking quit rate year on year for the past 5 years. Halton and St Helens now has the 4th highest quit rate in the North west at 1104.74 per 100,000. Halton and St Helens has stretched their smoking target for next year and will have the second highest target in the North West.

Obesity rates in Halton are increasing. Halton Borough Council and Halton

HEALTHY HALTON

and St Helens PCT recognise obesity as an urgent priority. To address high obesity rates the PCT and borough council have followed Department of Health recommendations on tackling deep seated areas of health inequalities and are increasing financial resources to £2.9m in March 2010, scaling up current services, procuring services to address gaps and being more systematic.

Summary of key activities undertaken / planned during the year

- The *Get Checked* for cancer campaign is based on successful messages in local communities that highlight any changes for normal experience or symptoms.
- Under the targeted Get Checked campaign more cancers were diagnosed (up by 68% for bowel cancer, 13% for breast cancer and 10% for lung cancer)
- Under the Get Checked campaign more GPs referred cases early for diagnosis under the "two week" rule (up by 82%, 19% and 16%)
- Under the Get Checked campaign there was less spread of the cancer at the time of diagnosis.
- The campaign is extending across all practices from 2010.
- The 2 week wait rapid access referral for cancer symptoms has been very successful across Halton and St Helens: GPs in Halton and St Helens now refer 191 patients per 10,000 population using the 2 week rule.
- Half of people in their sixties in Halton and St Helens now take up a simple home screening test for bowel cancer, leading to much earlier diagnosis. This screening was introduced just two years ago.
- Widnes GPs are running a programme to encourage women who have not attended before, to go for cancer screening.
    - GP registers for patients at high risk of CVD are in place to address the problem of under diagnosis of CVD patients. Out of patients assessed for risk of CVD Halton GPs are finding more, earlier 4,309 patients found needing treatment in 08/09 compared to 1,533 in 06/07. These figures are expected to have increased for 2009/10.
    - Health Checks PLUS Scheme established in 2009 was developed to build upon the work of the GP high risk registers and respond to NST Health Inequalities recommendations to launch an additional 'case-find' scheme that included a broader scope. 20% of the adult population of Halton is invited for a Health Checks PLUS assessment on an annual basis.
    - Out of 24 patients assessed through Health Checks PLUS In Beechwood Medical Centre in Halton between October 2009 and January 2010 16 were found to be at risk of CVD.
    - Management of blood pressure is important to address CVD the PCT has incentivised GPs to deliver on this. Blood pressure management has improved for patients treated from 12,517 patients in 2004/5 to 13,617 patients in 2008/9. These figures are expected to have increased for 2009/10.

HEALTHY HALTON

- Management of cholesterol is important to address CVD the PCT has incentivised GPs to deliver on this. Cholesterol management has improved for patients treated from 9931 patients in 2004/5 to 11420 patients in 2008/9. These figures are expected to have increased for 2009/10.
- A Cardiac Rehabilitation Programme for Halton residents set up in May 2009 by January 2010 60 Halton residents had completed the full Cardiac Rehabilitation programme.
- A Street Doctor style bus has been commissioned by Halton GPs to go out and case find hard to reach people with CVD.
- Stop smoking advisors now work in hospitals, pharmacies and 13 GP Practices in Halton.
- Pharmacists are incentivised to deliver stop smoking advice and have quitters.
- The stop smoking rate for pregnant women has improved this year with 22.5% staying quit at time of delivery in the first 2 quarters of 2009/10 compared to 25.5% in 2008/9.
- Advice and support on smoke free homes is given to pregnant women and significant others in the lives of pregnant smokers.
- Midwives have baby clear monitors and routinely test all babies in the womb for raised carbon monoxide levels due to a smoky atmosphere and then offer advice on smokefree homes.
- There is a 100% compliance with smoke free public places enforcement.
- Substantial investment is now in place to address obesity.
- A new brief intervention service has been commissioned to train up staff and patients in how to tackle overweight or obesity.
- The services for overweight and obese patients are being expanded.
- A weight awareness social marketing campaign called *The Moment of Truth* has been developed.
- Exercise on referral is being expanded.
- A number of health check programmes have been initiated that will invite 20% of the Halton population for examination. These include Health Checks Plus, QOF Plus, and WorkWell health checks.

HEALTHY HALTON

NI 123 16+ stopping smoking

Baseline (2007/08)	2009 - 10			2011	
	Target	Actual	Progress	Target	Projected
914 (per 100,000 population)	1082	**888**	✓	1128	✓

Data Commentary

Figures for Q1,2 and 3 have been refreshed. Q4 figures are a snapshot as of April 7th and full outturn figures are not yet available.

General Performance Commentary

Smoking cessation services continue to be successful in meeting projected targets. Smoking cessation is seasonal with most smokers quitting in the last quarter of January to March. Figures for this period have not yet been collated but when they are we expect to have exceeded the set target. Halton has one of the highest quit rates in the northwest.

Summary of key activities undertaken / planned during the year

The business plan to support extra investment in tobacco control has been agreed. Job descriptions and service specifications are currently being drawn up and additional staff should be in place by July 2010. A new pathway for pregnant smokers is now in place and there is currently a 3% improvement on the number of pregnant quitters compared to 2009/10. The majority of smokers quitting in Halton are within the DH key target groups of workless or routine and manual labour people. Tobacco control has been cited as an area of good practice for World Class Commissioning.

HEALTHY HALTON

NI 139 People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently

Baseline (2008 survey)	2009 - 10			2011	
	Target	Actual	Progress	Target	Projected
30.4%	N/A	N/A	N/A	32.8%	?

Data Commentary

This is collected through the Place Survey carried out every 2 years. The next planned Place Survey is during the Autumn of 2010.

General Performance Commentary

Not applicable

Summary of key activities undertaken / planned during the year

Plans are being developed to carry out a brief survey of older people using existing networks to assess direction of travel. This survey will be carried out initially through Halton Older People's Empowerment Network (OPEN) and the five local participation groups. The next stage will be to get the question incorporated into existing service feedback forms. The first phase of this will be through Halton Borough Council's existing Lifeline service.

NI 142 Number of vulnerable people supported to maintain independent living

Baseline (2007/08)	2009 - 10			2011	
	Target	Actual	Progress	Target	Projected
98.17%	98.69%	98.95%	✓	99.04%	✓

Data Commentary

This report covers the period 6 April 2009 to 4 April 2010. All performance indicator workbooks have been received from SP support providers.

HEALTHY HALTON

General Performance Commentary

Services have exceeded the overall cumulative target set for 2009/10.

The overall target set of 98.69% has been exceeded for 2009/10. Four client groups have individual performance targets set. Services for older people with support needs, frail elderly and generic services have all exceeded their targets. The service for teenage parents has failed to meet it's overall target of 92.59% and performance has fell again in quarter 4.

Summary of key activities undertaken / planned during the year

The teenage parent service is being closely monitored to improve performance with a joint approach between Supporting People and Children's Services. By using this approach it is expected appropriate referrals will be made, service users will also be accessing other services so will engage with the support provider and that positive outcomes will be achieved. An action plan has been agreed and good progress is being made with receiving appropriate referrals into the service. However there is still an issue with service users who stop engaging with the service. A further monitoring meeting is being arranged with the support provider & childrens services representative to discuss this issue and overall progress, and measures will be put into place to address this matter and improve performance in 2010/11.

All services continue to be monitored on a quarterly basis and any issues identified will be addressed by the Quality Assurance team.

NI 150	Adults in contact with secondary mental health services in employment

Baseline (Jan 2010)	2009 - 10			2011	
	Target	Actual	Progress	Target	Projected
11.1%	11.1%	11.1%	✓	12.1%	✓

Data Commentary

In January 2010 there were 640 people in Halton receiving secondary mental health services, 71 of these were recorded as in employment and this was used to agree the baseline. The baseline agreed as part of LAA review in March 2010.

HEALTHY HALTON

General Performance Commentary

It has been agreed that a further 1% of this group of 640 will be in employment by March 2011.The 71 already in employment will be seen as the baseline even if for example, they retire during the next 12 months. The list of people newly into employment will be available (assuming success) by March 2011.

Summary of key activities undertaken / planned during the year

A strategy has been developed and actions have been identified to achieve the target for next year.

HEALTHY HALTON

Non Local Area Agreement Measures contained within Halton's Sustainable Community Strategy (2006 – 2011)

NI 121 **Mortality rate from all circulatory diseases at ages under 75**

Baseline (2007/08)	2009 - 10			2011	
	Target	Actual	Progress	Target	Projected
64.3	83.21	88.8	✗	78.3	?

Data Commentary

Quarters 1 to 3 have been refreshed. Quarter 4 is the position as of February 2010 - March 2010 data will not available until May 2010 from ONS.

General Performance Commentary

2008/9 data for Halton indicates deaths from circulatory disease had reduced by 42% and although it is unlikely we will achieve the LAA target it is projected Halton will achieve the 2010 spearhead target of a 57% reduction. Circulatory disease is impacted on via treatment for existing disease and a reduction in smoking and obesity levels.

Summary of key activities undertaken / planned during the year

- GP registers for patients at high risk of CVD are in place to address the problem of under diagnosis of CVD patients. Out of patients assessed for risk of CVD Halton GPs are finding more, earlier 4,309 patients found needing treatment in 08/09 compared to 1,533 in 06/07.
- Health Checks PLUS Scheme established in 2009 was developed to build upon the work of the GP high risk registers and respond to NST Health Inequalities recommendations to launch an additional 'case-find' scheme that included a broader scope. 20% of the adult population of Halton is invited for a Health Checks PLUS assessment on an annual basis.
- Out of 24 patients assessed through Health Checks PLUS In Beechwood Medical Centre in Halton between October 2009 and January 2010 16 were found to be at risk of CVD.
- Management of blood pressure is important to address CVD the PCT has incentivised GPs to deliver on this. Blood pressure management has improved for patients treated from 12,517 patients in 2004/5 to 13,617 patients in 2008/9. These figures are expected to have increased in 2009/10.
- Management of cholesterol is important to address CVD the PCT has incentivised GPs to deliver on this. Cholesterol management has improved for patients treated from 9931 patients in 2004/5 to 11420

HEALTHY HALTON

patients in 2008/9. These figures are expected to have increased in 2009/10.

- A Cardiac Rehabilitation Programme for Halton residents set up in May 2009 by January 2010 60 Halton residents had completed the full Cardiac Rehabilitation programme.
- A Street Doctor style bus has been commissioned by Halton GPs to go out and case find hard to reach people with CVD.
- Halton has improved its smoking quit rate year on year for the past 5 years. Halton and St Helens now has the 4th highest quit rate in the North west at 1104.74 per 100,000. Halton and St Helens has stretched their smoking target for next year and will have the second highest target in the North West.
- Stop smoking advisors now work in hospitals, pharmacies and 13 GP Practices in Halton.
- Pharmacists are incentivised to deliver stop smoking advice and have quitters.
- The stop smoking rate for pregnant women has improved this year with 22.5% staying quit at time of delivery in the first 2 quarters of 2009/10 compared to 25.5% in 2008/9.
- There is a 100% compliance with smoke free public places enforcement.
- Substantial investment is now in place to address obesity.
- A new brief intervention service has been commissioned to train up staff and patients in how to tackle overweight or obesity.
- The services for overweight and obese patients are being expanded.
- A weight awareness social marketing campaign titled *The Moment of Truth* has been developed.
- Exercise on referral is being expanded.
- A number of health check programmes have been initiated that will invite 20% of the Halton population for examination. These include Health Checks Plus, QOF Plus, and WorkWell health checks.

NI 122 Mortality from all cancers at ages under 75

Baseline (2007/08)	2009 - 10			2011	
	Target	Actual	Progress	Target	Projected
161.7	128.9	166.8	✗	126.4	?

Data Commentary

Quarters 1 to 3 have been refreshed. Quarter 4 is the position as of February 2010 - March 2010 data will not available until May 2010 from ONS.

HEALTHY HALTON

General Performance Commentary

Death rates from cancer under age 75 have fallen steadily from 171 per 100,000 people in the year 1993, to 131 in 2007. There was a rise in 2008 to 140 deaths per 100,000. We expect to see improvement in the 2009 results when available. Recent data results indicate survival from lung cancer in Halton and St Helens is 30% after one year: one of the eight best rates in the North West. Survival from bowel cancer at one year is excellent at 71%. Survival from breast cancer at one year is high at 96%. Cancer rates are mostly impacted on via early diagnosis, and reduction in smoking and obesity levels.

Summary of key activities undertaken / planned during the year

- The *Get Checked* for cancer campaign is based on successful messages in local communities that highlight any changes for normal experience or symptoms..
- Under the targeted Get Checked campaign more cancers were diagnosed (up by 68% for bowel cancer, 13% for breast cancer and 10% for lung cancer)
- Under the Get Checked campaign more GPs referred cases early for diagnosis under the "two week" rule (up by 82%, 19% and 16%)
- Under the Get Checked campaign there was less spread of the cancer at the time of diagnosis.
- The campaign is extending across all practices from 2010.
- The 2 week wait rapid access referral for cancer symptoms has been very successful across Halton and St Helens: GPs in Halton and St Helens now refer 191 patients per 10,000 population using the 2 week rule.
- Half of people in their sixties in Halton and St Helens now take up a simple home screening test for bowel cancer, leading to much earlier diagnosis. This screening was introduced just two years ago.

- Widnes GPs are running a programme to encourage women who have not attended before, to go for cancer screening.
- Stop smoking advisors now work in hospitals, pharmacies and 13 GP Practices in Halton.
- Pharmacists are incentivised to deliver stop smoking advice and have quitters.
- The stop smoking rate for pregnant women has improved this year with 22.5% staying quit at time of delivery in the first 2 quarters of 2009/10 compared to 25.5% in 2008/9.
- There is a 100% compliance with smoke free public places enforcement.
- Substantial investment is now in place to address obesity.
- A new brief intervention service has been commissioned to train up staff and patients in how to tackle overweight or obesity.
- The services for overweight and obese patients are being expanded.
- A weight awareness social marketing campaign called *The Moment of*

HEALTHY HALTON

Truth has been developed.

- Exercise on referral is being expanded.
- A number of health check programmes have been initiated that will invite 20% of the Halton population for examination. These include Health Checks Plus, QOF Plus, and WorkWell health checks.

NI 124	Increase the number of people with a long term condition supported to be independent and in control of their condition

Baseline (2007/08)	2009 - 10			2011	
	Target	Actual	Progress	Target	Projected
43%	N/A	Refer comments below		49%	N/A

Data Commentary

We are working on putting together a robust system to properly measure patient experience (NI124) instead of using the proxy measurement of emergency bed days.

Due to changes of staff within the partnership a meeting has been arranged for mid May to explore in more detail an appropriative method of data acquisition.

General Performance Commentary

Refer comments above

Summary of key activities undertaken / planned during the year

Information not currently available

REPORT TO: Health Policy and Performance Board

DATE: 8 June 2010

REPORTING OFFICER: Chief Executive

SUBJECT: Performance Management Reports for 2009/10

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 To consider and raise any questions or points of clarification in respect of the 4th quarter performance management reports on progress against service plan objectives and performance targets, performance trends/comparisons, factors affecting the services etc. for;

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

2.0 RECOMMENDATION: That the Policy & Performance Board;

1) **Receive the 4th quarter year-end 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.**

3.0 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.

4.0 POLICY IMPLICATIONS

There are no policy implications associated with this report.

5.0 OTHER IMPLICATIONS

There are no other implications associated with this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

The quarterly performance monitoring reports demonstrate how services are delivering against the objectives set out in the relevant service plan. Although some objectives link specifically to one priority area, the nature of the cross-cutting activities being reported means that to a greater or lesser extent a contribution is made to one or more of the priorities listed below;

6.1 **Children and Young People in Halton**

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

6.3 **A Healthy Halton**

6.4 **A Safer Halton**

6.5 **Halton's Urban Renewal**

6.6 **Corporate Effectiveness and Efficient Service Delivery**

7.0 RISK ANALYSIS

N/A

8.0 EQUALITY AND DIVERSITY ISSUES

N/A

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

None under the meaning of the Act.

QUARTERLY MONITORING REPORT

DIRECTORATE: **Health & Community**

SERVICE: **Adults of Working Age**

PERIOD: **Quarter 4 to period end 31st March 2010**

1.0 INTRODUCTION

This quarterly monitoring report covers the Adults of Working Age Department fourth quarter period up to 31st March 2010. It describes key developments and progress against all objectives and performance indicators for the service.

Given that there are a considerable number of year-end transactions still to take place a Financial Statement for the period has not been included within this report in order to avoid providing information that would be subject to further change and amendment. The final 2009 / 10 financial statements for the Department will be prepared and made available via the Council's Intranet once the Council's year-end accounts have been finalised. A notice will be provided within the Members' Weekly Bulletin as soon as they are available.

The way in which RAG symbols have been used to reflect progress to date is explained in Appendix 5

2.0 KEY DEVELOPMENTS

Mental Health:

Employment: an Individual Placement and Support model for the delivery of employment opportunities for people with severe mental health problems has been agreed by the Disability Employment Group. This approach provides support to a person who wants to get back to work, and then (as needed) supports both the person and the employer after employment begins. The Council's employment officer, and the commissioned service form Richmond Fellowship, continue to work closely with mental health services to identify referrals and support individuals, and there is some success in finding people voluntary opportunities and permitted work options. However there remain real challenges because employers are reluctant to employ a person with a mental health problem, and because the structure of State benefits means that most people with mental health problems would be substantially financially worse off if they were to gain employment.

Personalisation: a successful event for service commissioners and senior managers from the 5Boroughs took place in January 2010, designed to raise awareness of the implications of personalisation in mental health services. A further planning meeting is taking place in April 2010, with a view to a follow-up meeting in June, to develop clear actions to embed personalisation in mental health services across the 5Boroughs. Seven service users successfully went through the "Planning Live" process, to develop their indicative allocations and support plans.

The national pilot for outcomes-based reviews in provider services is under way and results will be reported in April 2010.

Mental Health Single Point of Access: this continues to be developed and is the subject of a multi-agency Steering Group. Due to changes within the PCT, the overall "ownership" of this service will be moving later this year to the 5BoroughsPartnership NHS Trust. A social worker from the Council is in place and is taking on work although the effectiveness of this role will need to be reviewed in 2010.

Care Programme Approach: this essential policy and procedure within mental health services describes how assessment and care management of people with severe mental health problems should take place, across health and social care services. New national guidance – which substantially changed the operation of this process – was issued in 2008, with the intention of implementing this in October 2008. The lead for delivery of this is the 5BoroughsPartnership. Despite considerable effort on the part of all the Local Authorities involved in the partnership, this piece of work has not been completed and the policy is not in place across mental health services.

Approved Mental Health Professionals: no work has taken place on developing a cohort of health service staff within the 5BoroughsPartnership who are approved to take on the AMHP role. This is because the 5Boroughs have had to focus their attention on achieving Foundation Trust status, which they have now done. This has been identified within the Mental Health Partnership Board as an action to take forward in 2010-11.

Personalisation

The PSD Live pilot has been expanded to incorporate older people's assessment and care management teams. The aim is to develop a future model of social care and conduct a 'live experiment' to test out the principles and enable evidence proposals for future development.

The focus of the pilot is to engage with a cross section of people and their families who are either newly referred to HBC or who are receiving services in a traditional way. This will enable the testing of the self assessment questionnaire and the resource allocation system.

Feedback from all of the people participating will be gathered and an aggregation session will evaluate learning and implications for future roll out of the programme.

A workshop was held as a result of the Future Café event based around redesigning and presenting information. A graphic designer, Helen Sanderson Associates and the people who attended the workshop have undertaken the work and the results are to be shared at a further workshop.

Adults with Learning Disabilities & Physical Sensory Disabilities

Both ALD and PSD assessment and care management teams have been engaged in the pilot of the Integrated Assessment team. This has required the duty provision of the teams to be based in the contact centre. An evaluation of the project has identified the benefits to the teams as including a reduction in inappropriate referrals, greater communication between the contact centre advisors and the practitioners, and a reduction in the amount of calls coming through to the operational teams.

The Profound and Multiple Learning Disabilities service project has completed person centred reviews for this group of people and person centred timetables have been developed to facilitate greater inclusion.

The Transition Strategy is being reviewed and it has been agreed to extend the age range from 14 – 19 years to 14 – 25 years.

The Transition Co-ordinator has secured funding from the LSC for a project 'The Transition Brokerage Pilot'. A young person will only have one assessment, which all agencies will input into. The pilot will be evaluated with a view to mainstreaming.

The Health Care for all Group, led by the PCT, has been established to respond to the priorities set out in Valuing People Now. ALD have developed in conjunction with local GP's, Practice Nurses and Community Matron a comprehensive central register of all the people known to services who require a health check and health action plans. The group will ensure that the plans are completed and inform commissioning plans.

3.0 EMERGING ISSUES

Mental Health

As a result of the Efficiency Review within Halton Borough Council, the management of mental health services will not only include adults of working age, but all adults with mental health problems, as well as all adults with dementia (irrespective of their age). This will allow greater opportunities to develop clear and consistent care pathways within these services, and will also support the local delivery of the national Dementia Strategy.

As reported above, Halton mental health provider services are in the middle of a short pilot of outcome-focused reviews, and the initial results of this are due to be reported in April 2010.

The reviews of the Community Mental Health Teams and the Mental Health Outreach Team continue to take place and will be reporting in Spring 2010.

Adults with Learning Disabilities & Physical Sensory Disabilities

Currently the numbers of young people who have a health action plan is not collected. However, the reconfiguration of the Learning Disability Nurses has enabled the establishment of a dedicated Learning Disability Nurse post for Transition, which will ensure that the health needs are identified and met and this development will be incorporated into the Transition Strategy.

It is intended to consult the community regarding the future of sensory impairment services in Halton. There are two consultation events arranged for May to facilitate this.

4.0 PROGRESS AGAINST MILESTONES/OBJECTIVES

Total	**15**	✓	**13**	?	**0**		**2**

At year end two of the milestones have not been met within timescale. These relate to implementation of recommendations of review of services and support to children and adults with Autistic Spectrum Disorder and a review of key partnership working arrangements, currently lodged with 5BPT awaiting legal approval.

5.0 SERVICE REVIEW

Mental Health
The reviews of the Community Mental Health Teams and the Mental Health Outreach Team continue to take place and will be reported in Spring 2010. in addition a review by the Supporting People Service of the Mental Health Outreach Team has taken place and the outcomes of this will be reported in April 2010.

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

Total	**8**	✓	**7**	?	**0**	✗	**1**

In some instances figures provided are an estimate. This is made clear in the report. For some PIs data is not yet available from partner organisations.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

Total	**7**	✓	**6**	?	**0**	✗	**1**

In some instances figures provided are an estimate. This is made clear in the report. For some PIs data is not yet available from partner organisations or year end data is not yet available.

7.0 RISK CONTROL MEASURES

During the production of the 2009-12 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.

8.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

During 2008/09 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.

9.0 DATA QUALITY

The author provides assurances that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, has been sources directly from partner or other agencies, or where there are any concerns regarding the limitations of its use this has been clearly annotated**.**

10.0 APPENDICES

Appendix 1 - Progress against Key Objectives/ Milestones
Appendix 2 - Progress Against Key Performance Indicators
Appendix 3 - Progress against Performance Indicators
Appendix 4 - Progress against high quality actions
Appendix 5 - Explanation of RAG Symbols

Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
AWA 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for Adults of Working Age	*Contribute to the safeguarding of vulnerable adults and children in need, by ensuring that staff are familiar with and follow safeguarding processes* ***Mar 2010.*** *(AOF6)*	✓	An audit is currently being undertaken within the Directorate as required by OFSTED to identify any areas for further development in Adult services to strengthen childrens safeguarding . The Divisional Manager for Mental health is now a full member of the childrens safeguarding Board and contributes to e regular multi agency audit . Adult safeguarding has been strengthened by identifying a Principal Manager with lead responsibility for Safeguarding.
		Person Centred reviews for adults with PMLD, to be implemented in ALD Care Management and influencing strategic commissioning to enhance service delivery ***Mar 2010.*** *(AOF7)*	✓	The person centred reviews are complete and new person centred timetables have been developed. The team continue to work closely with families to identify barriers for this group from participating fully in the community.

Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		Redesign the Supported Housing Network to meet the needs of those with the most complex needs ***Mar 2010.*** *(AOF6 & 7)*	✓	With the continued implementation of 'active support' a system devised by Dr Sandy Toogood, a behavioural analyst, the service continues to improve tenants' lives, developing a wider range of activities and an increase in social inclusion. Staff continue to complete weekly records of participation for indoor/outdoor activities and community presence. Each tenant has his or her own activity support plan. Tenants are able to participate with activities in their own home i.e. laundry, preparing meals, weekly tasks etc. We continue to use the person centred approach offering choice and empowering tenants. The interactive training being completed with Specialist Health Worker the Network and Day Services has given the staff more insight to what those with complex needs are trying to communicate. All tenants now have care plan to show how people communicate at the very least their likes and dislikes. Progress remains robust.

Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		Analyse the impact of Valuing People Now on service delivery to ensure that services met the needs and improve outcomes for people with LD **Mar 2010** (AOF 6 & 7)	✓	The Annual report was submitted on time to the Regional Lead for Valuing People Now.It has identified Halton's priorities for the next 12 months
		Implement strategy to deliver improved services to younger adults with dementias **Mar 2010** (AOF 6)	✓	The Halton dementia strategy has included all the recommendations of the review of younger adults with dementia. Service redesign as a result of the Efficiency Review means that clear pathways for all adults with dementia, including earlier intervention and support, can be developed.
		Fully implement the Volunteer Strategy to ensure appropriate volunteering opportunities are available ***Mar 2010*** *(AOF6)*	✓	The Bridge Building Service has lead responsibility for supporting volunteers known to adult social care and has increased opportunities for people with a learning disability.
		Review implementation of Mental Health Act 2007 to ensure all policies, procedures and processes are fit for purpose **Oct 2009** (AOF 6)	✓	The Review of the Mental Health Act policies and procedures took place as planned within agreed timescales, and amendments have been clearly identified.

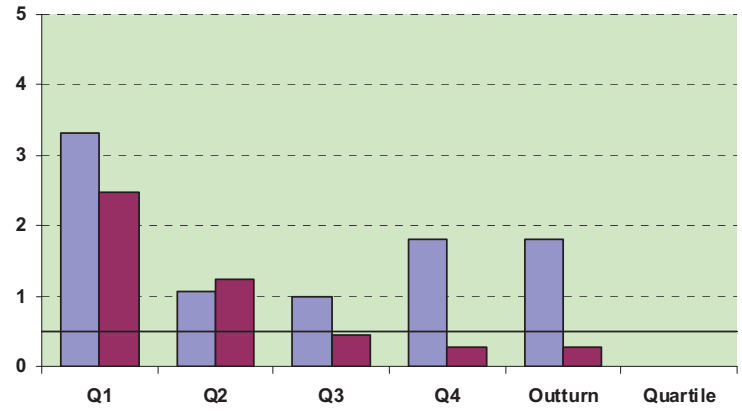
Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		Review key partnership working arrangements and associated structures to ensure that they are fulfilling service delivery requirements ***Mar 2010*** *(AOF 7)*	✓	A full review and revision of the Mental Health Partnership has been undertaken and has been agreed by key partners and by the Council's Legal Services.
		Implement agreed recommendations of review of services and supports to children and adults with Autistic Spectrum Disorder **Mar 2010** (AOF 6)	✗	Further work is required to complete the strategy, it is expected that a full draft will be available for consultation in May2010
		Continue to implement a behaviour solutions approach to develop quality services for adults with challenging behaviour - Models of good practice to be developed ***Mar 2010.*** *(AOF7)*	✓	The business case to secure funding for a specialist challenging behaviour support service was submitted to the PCT in December 2009. We are waiting for the final decision. It is anticipated that the service will be implemented from April 2010.
AWA 2	Effectively consult and engage with Adults of Working Age to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required	*Review key partnership working arrangements and associated structures to ensure that they are fulfilling service delivery requirements* ***Mar 2010*** *(AOF 7)*	✗	The Draft is now lodged with the 5BPT for legal approval and will then be progressed
		Review implementation of Mental Health Act 2007 to ensure all policies, procedures and processes are fit for purpose **Oct 2009**	✓	The Review of the Mental Health Act policies and procedures took place as planned within agreed timescales, and amendments have been clearly identified.

Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		Implement agreed recommendations of review of services and supports to children and adults with Autistic Spectrum Disorder **Mar 2010** (AOF 6)		The service for people with Autistic Spectrum Disorder will be enhanced by the new Positive Behaviour Service which will be delivered in 2010
		Continue to implement a behaviour solutions approach to develop quality services for adults with challenging behaviour - Models of good practice to be developed ***Mar 2010.*** *(AOF7)*		The business case to secure funding for a specialist challenging behaviour support service was submitted to the PCT in December 2009. We are waiting for the final decision. It is anticipated that the service will be implemented from April 2010.
AWA 3	Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs	*Review key partnership working arrangements and associated structures to ensure that they are fulfilling service delivery requirements and are being managed in a cost effective way* ***Mar 2010.***		The partnership Agreement with the PCT has been formally agreed and will form the basis of joint work in the forthcoming year

AWA LI4

Percentage of adults assessed in year where ethnicity is not stated

Lower figures represent better performance



Key

2008/9

2009/10

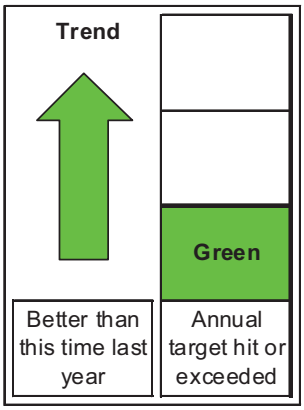
Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available



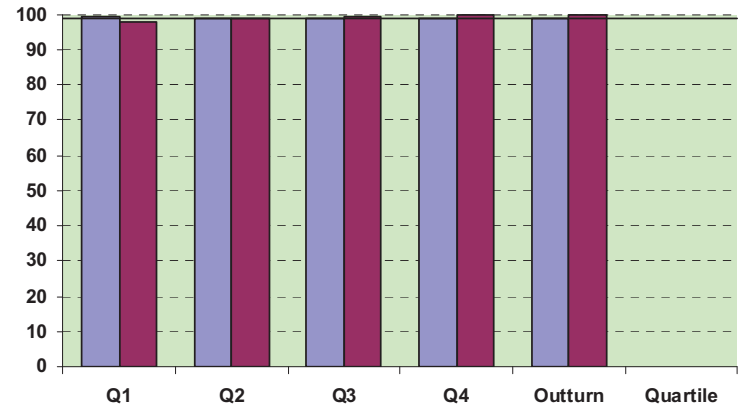
Commentary

Figure provided is an estimate, as final year end figure will not be known until June 2010.

AWA LI8

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

Higher figures represent better performance



Key

2008/9

2009/10

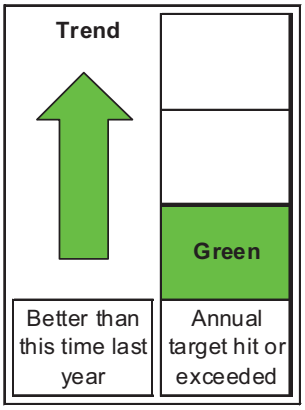
Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available



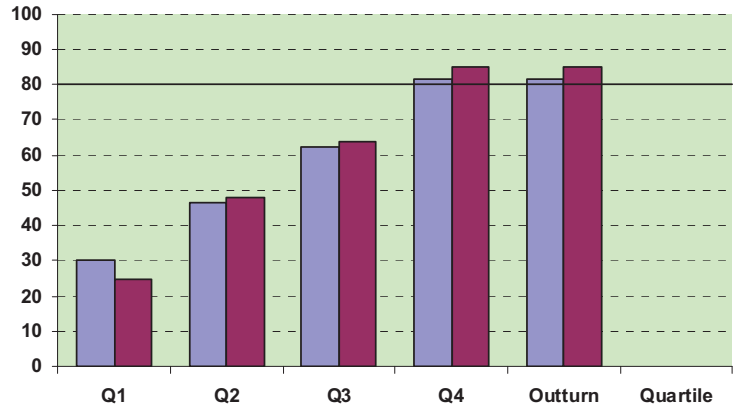
Commentary

Figure provided is actual year end figure. Target exceeded.

AWA LI9

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

Higher figures represent better performance



Key

2008/9

2009/10

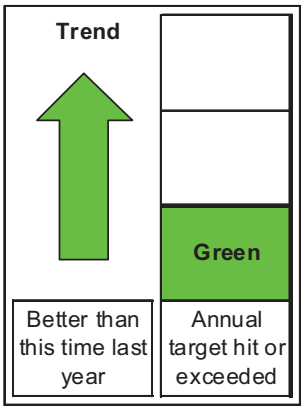
Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available



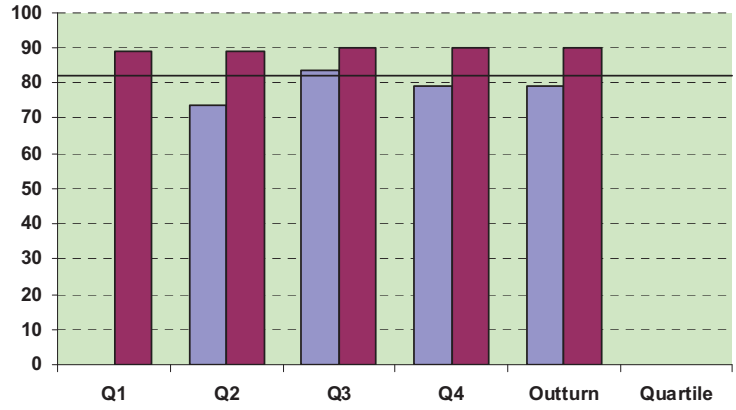
Commentary

Figure provided is an estimate, final year end figure will not be known until June 2010.

AWA NI 132

Timeliness of social care assessment DH DSO

Higher figures represent better performance



Key

2008/9

2009/10

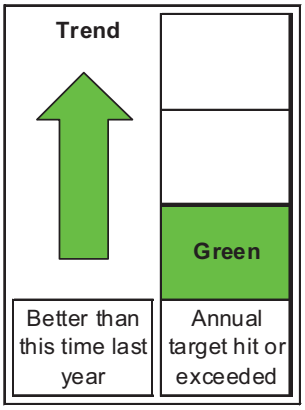
Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available



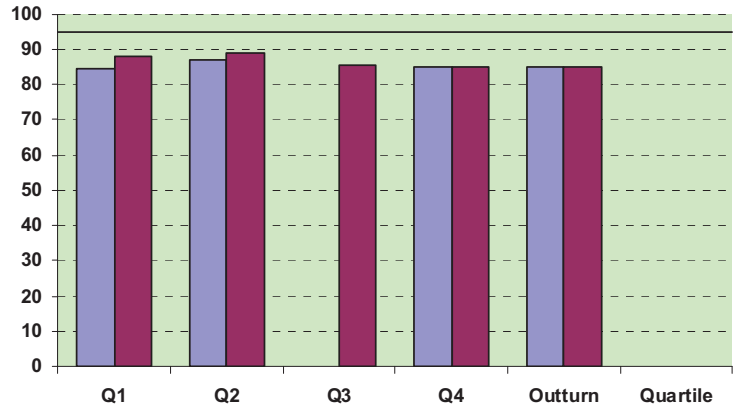
Commentary

Figure provided is an estimate, final year end figure will not be known until June 2010.

AWA NI 133

Timeliness of social care packages DH DSO

Higher figures represent better performance



Key

2008/9

2009/10

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Same as this time last year	Annual target missed

Red

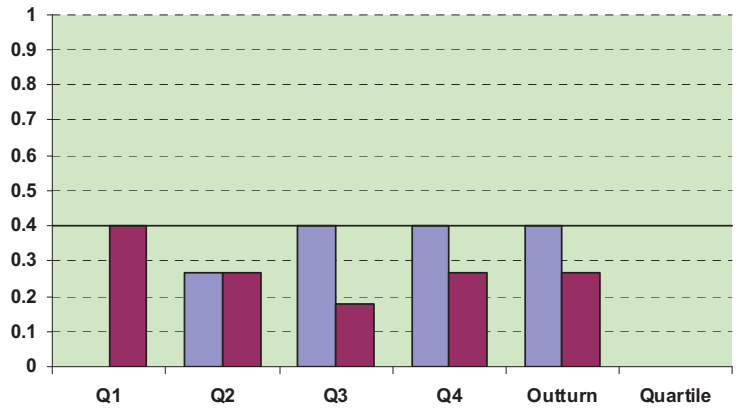
Commentary

Figure provided is an estimate, final year end figure will not be known until June 2010.

AWA LI10

Admissions of Supported Residents aged 18-64 into residential/nursing care

Lower figures represent better performance



Key

2008/9

2009/10

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Better than this time last year	Annual target hit or exceeded

Green

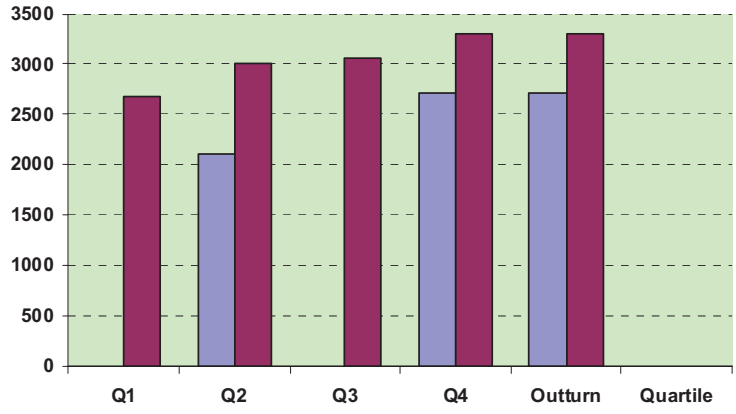
Commentary

Target based on 4 admissions. 2 people admitted to permanent residential/nursing care during the year.

AWA NI 136

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

Higher figures represent better performance



Key

- 2008/9
- 2009/10
- Target
- Top 25%
- Middle 50%
- Bottom 25%

No quartile data available

Trend

Better than this time last year

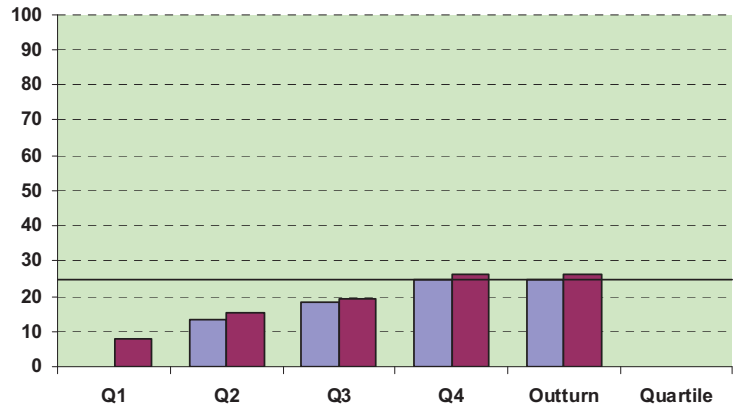
Commentary

Figure provided is an estimate, final year end figure will not be known until June 2010. (Part of this indicator is only updated in January each year, therefore we have used January 2010 information)

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

- 2008/9
- 2009/10
- Target
- Top 25%
- Middle 50%
- Bottom 25%

No quartile data available

Trend

Better than this time last year

Green

Annual target hit or exceeded

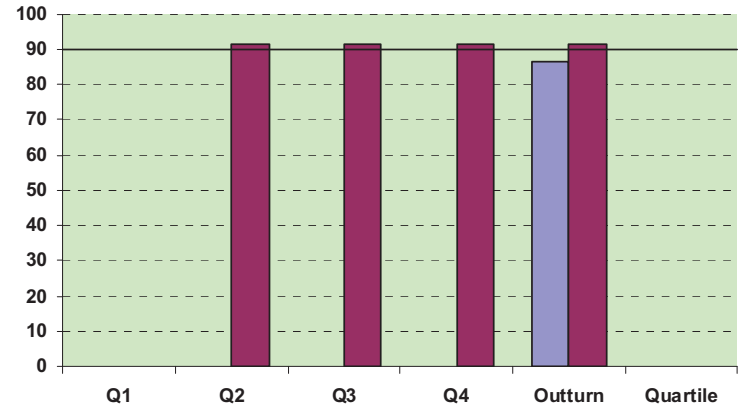
Commentary

Figure is an estimate, final year end figure will not be known until June 2010

NI 145

Adults with learning disabilities in settled accommodation PSA 16

Higher figures represent better performance



Key

2008/9

2009/10

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Green

No data for same Qtr last year

Annual target hit or exceeded

Commentary

We continue to map current activity and analyze performance, barriers and progress in order to improve this target. We are currently working as a pilot project in conjunction with the NDTi to further improve our situation.

The following Key Performance Indicators could not be shown graphically: -

AWA NI 131 Delayed transfers of care from hospital:-

Data derived from health, not yet available

Ref.	Description	Actual 2008/09	Target 20091/0	Quarter 4	Progress	Commentary
Cost & Efficiency						
AWA LI 1	% of client group expenditure (MH) spent on domiciliary care services	16		NYA	NYA	Final year end figure not yet available.
AWA LI 2	% of client group expenditure (ALD) spent on domiciliary care services	38		NYA	NYA	Final year end figure not yet available.
AWA LI 3	% of client group expenditure (PSD) spent on domiciliary care services	34		NYA	NYA	Final year end figure not yet available.
AWA LI 5	Number of learning disabled people helped into voluntary work in the year	56	43	56	✓	Figure is actual year end. Target exceeded.
AWA LI 6	Number of physically disabled people helped into voluntary work in the year	14	5	11	✓	Figure is actual year end. Target exceeded.
AWA LI 7	Number of adults with mental heath problems helped into voluntary work in the year	8	17	17	✓	Figure is actual year end. Target achieved.
Service Delivery						
AWA LI 11	Adults with physical disabilities helped to live at home	8.11	8	8.15E	✓	Figure provided is an estimate, final year end figure will not be known until June 2010.
AWA LI 12	Adults with learning disabilities helped to live at home	4.39	4.3	4.24E	✗	Figure provided is an estimate, final year end figure will not be known until June 2010.
AWA LI 13	Adults with mental health problems helped to live at home	3.5	3.75	3.93E	✓	Figure provided is an estimate, final year end figure will not be known until June 2010.

Ref.	Description	Actual 2008/09	Target 20091/0	Quarter 4	Progress	Commentary
Area Partner National Indicators: **Th indicators below form part of the new National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed baseline information and targets will be added to this section**						
NI 129	End of life access to palliative care enabling people to choose to die at home		20.7	22.9%	✓	Quarter 4 is the position as of February 2010 - March 2010 data will not available until May 2010 from ONS.
NI 149	Adults in contact with secondary mental health services in settled accommodation					Data derived from health. Not yet available.

Policy/Service	HIGH Priority Actions	Target	Progress	Commentary
Housing	Private Sector Housing Conditions survey to be carried out, with resulting data disaggregated and analysed for race and disability	March 2010		Whilst the survey and written report of the findings have been completed, the Council is still awaiting the raw data. This is expected to be available by May 2010, when it will be analysed for race and disability issues.
Business Support	Collection and analysis of biannual service user survey, disaggregated by equality strand	March 2010		Completed

Service Planning	Carry out a consultation and scoping project to identify LGBT carers and potential carers to identify any specific needs not currently addressed, ensuring that services are responsive to needs	March 2010	✓	The scoping exercise was carried out in October 2009 and went out via a postal survey through the "Cheshire Cheese" magazine (which is a magazine that is sent to people that would describe their sexuality as gay, lesbian, bisexual or transgender) 97 surveys were sent out and non were returned. We are also addressing this issue at the NW Leads Network group, where it has been acknowledged that most people that would describe themselves as LGBT would prefer to use integrated services. HBC will however be contributing to the funding of a joined up helpline; along with other local authorities within the NW. I have also met with Linda Patel – Consultant for NW leads network who has made a number of recommendations which will be integrated into the refreshed Joint Commissioning Carers Strategy 2009 - 2012
Older People's Services	Appointment of a Dignity Coordinator to drive the agenda forward in relation to older people in health and social care settings	March 2010	✓	Dignity coordinator in post, action plan developed and being implemented.

Housing	Private Sector Housing Conditions survey to be carried out, with resulting data disaggregated and analysed for race and disability	March 2010		Whilst the survey and written report of the findings have been completed, the Council is still awaiting the raw data. This is expected to be available by May 2010, when it will be analysed for race and disability issues.

Application of RAG symbols:

		Objective	Performance Indicator
Green		Indicates that the milestone/objective will be achieved within the identified timeframe.	Indicates that the annual target will, or has, been achieved or exceeded.
Amber		Indicates that at this stage it is uncertain as to whether the milestone/objective will be achieved within the identified timeframe.	Indicates that at this stage it is either uncertain as to whether the annual target will be achieved.
Red		Indicates that the milestone/objective will not, or has not, been achieved within the identified 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: **Older People's Services**

PERIOD: **Quarter4 to period end 31st March 2010**

1.0 INTRODUCTION

This quarterly monitoring report covers the Older People's Services Department fourth quarter period up to 31st March 2010. It describes key developments and progress against all objectives and performance indicators for the service.

Given that there are a considerable number of year-end transactions still to take place a Financial Statement for the period has not been included within this report in order to avoid providing information that would be subject to further change and amendment. The final 2009 / 10 financial statements for the Department will be prepared and made available via the Council's Intranet once the Council's year-end accounts have been finalised. A notice will be provided within the Members' Weekly Bulletin as soon as they are available.

The way in which RAG symbols have been used to reflect progress to date is explained in Appendix 6

2.0 KEY DEVELOPMENTS

Prevention and Early Intervention Strategy completed.

Implementation plan agreed.

Dignity Charter completed – monitoring system established.

The Registered Social Landlord Partnership funding has been used this year to fund adaptations to the value of just under £372k and further commitment to complete adaptations to the value of £244k has been agreed. Using the Partnership Agreement the Registered Social Landlords and Halton Home Improvement and Independent Living Service have this year completed 172 adaptations, compared with 70 in 2008/09. In addition to this 103 adaptations have been completed for owner occupiers through the Disabled Facilities Grant process.

Due to employment check issues in relation to the proposed handyperson this service will now go out to tender.

The Affordable Warmth Strategy and action plan are now in draft format and

further work is underway to finalise these documents.

Due to redeployment of a member of the Adult Placement Service further recruitment is underway. The newly appointed staff are contributing to the further development of the service.

Bridgewater day centre was decommissioned in January.

Social care requirements to meet the establishment of the PBC Virtual Ward model have been identified, awaiting the release of funding from the Widnes PBC to recruit to posts.

SCIP service continues to develop well and meet the Runcorn PBC expectations and targets. Decision on long term funding will be made prior to February 2011.

Therapy requirements to meet the establishment of the PBC Virtual Ward model have been identified, awaiting the release of funding from the Widnes PBC to recruit to posts.

Community Extra Care service evaluation to be presented to SMT this month

3.0 EMERGING ISSUES

Transforming Community Services work programme progressing. Pathways to be developed.

The Halton Home Improvement and Independent Living Service business plan has been further developed and an action plan drafted.

Work to expand the footprint of Halton Integrated Community Equipment Service is progressing. An action plan has been developed and a Project Group and Working Group established. Funding for a Project Manager has been identified and recruitment is to take place.

Review of Palliative Care and End of Life services has been completed by the PCT and the development of a gold standard for End of Life services across PCT and Social Care across the whole PCT footprint. Halton social care model has been commissioned by PCT to deliver End of Life care for Halton as this was seen as a model of good practice.

4.0 PROGRESS AGAINST MILESTONES/OBJECTIVES

Total	**15**	✓	**15**	?	**0**	✗	**0**

At year end all milestones/objectives achieved within timescales.

5.0 SERVICE REVIEW

Additional social work post agreed to increase social care capacity within the OPCMHT. Awaiting return of confirmation of work record in USA for the successful applicant – start date will be agreed upon receipt.

The second phase of the environmental improvement work within Oakmeadow, including the integrated care monitoring/call system and infection control measures were completed on target.

A twelve month evaluation of the reablement team will be presented to SMT April 2010.

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

Total	**8**	✓	**6**	?	**0**	✗	**2**

Some key indicators have estimated data as actual year end data is not available until the end of May/early June, or is awaited from partners. Where this is the case it is made clear within the report.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

Total	**5**	✓	**3**	?	**0**	✗	**2**

Some key indicators have estimated data as actual year end data is not available until the end of May/early June, or is awaited from partners. Where this is the case it is made clear within the report.

7.0 RISK CONTROL MEASURES

During the production of the 2009-12 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.

8.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

During 2008/09 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

9.0 APPENDICES

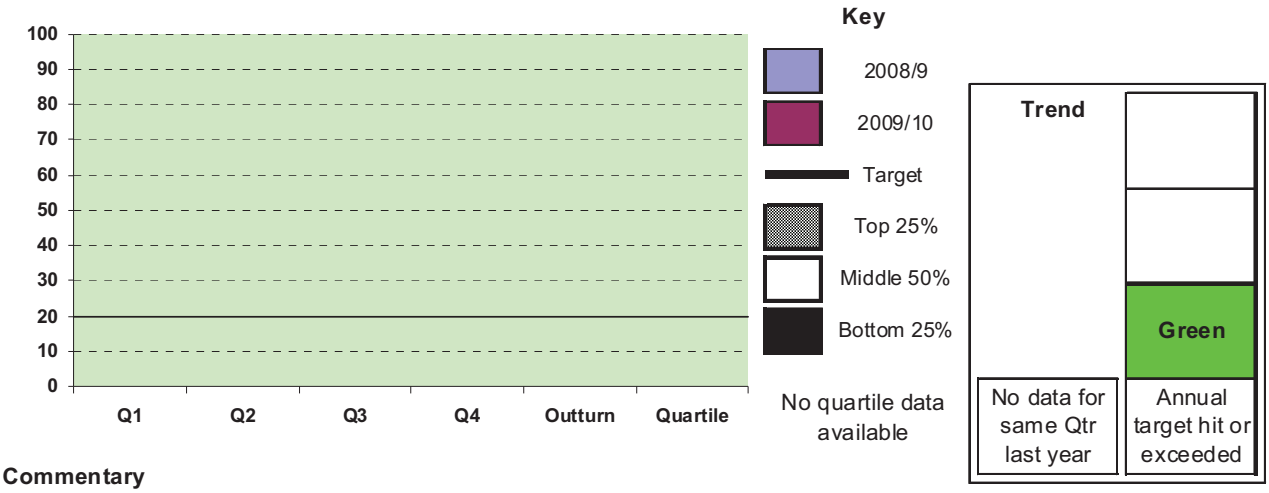
Appendix 1- Progress against Key Objectives/ Milestones
Appendix 2- Progress against Key Performance Indicators
Appendix 3- Progress against Performance Indicators
Appendix 4- Progress against Risk Control Measures
Appendix 5 – Progress against High Priority Equality Actions
Appendix 6 - Explanation of RAG 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)	Commission specialist housing provision for older people with higher levels of need **Mar 2010.** (AOF6 & 7).	✓	Cosmopolitan have submitted an application to the HCA for a 90 unit extra care housing development. The decision is due to be made before May 2010.
		Implement of the Gold Standard and Performance Management Framework for Intermediate Care **Apr 2009** (AOF 6 &7)	✓	Completed.
		Increase the numbers of carers provided with assessment leading to the provision of services, to ensure Carers needs are met **Mar 2010.** (AOF7)	✓	Target exceeded.
		Maintain the number of carers receiving a carers break, to ensure Carers needs are met **Mar 2010.** (AOF7)	✓	Target maintained and exceeded.
		Comprehensive pathways for using transitional care within Halton are in place **Mar 2010** (AOF 6 &7)	✓	Pathways developed with hospital re-design work.
		Intergenerational activities project established as part of the review on early intervention and prevention aimed at improving outcomes for Older People **June 2009** (AOF 6 &7)	✓	A number of activities have taken place throughout the year, in addition intergenerational work has been included in the prevention and Early Intervention Strategy. A new Service Level Agreement and Outcome framework is being developed.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Review of Long Term Conditions and Therapy services commissioned jointly with NHS Halton and St Helens **Apr 2009** (AOF 6 &7) NB. Deadline dependent on contribution from the Primary Care Trust	✓	Steering group has been working on the Acquired Brain Injury (ABI) pathway. The focus at present is to develop service specifications as part of the Transforming Community Services (TCS) programme.'
		Agreement with the PCT on the responsibility for Medication Prompts in place **Sept 2009** (AOF 7)	✓	Agreement in place. Reablement pharmacy project progressing
OPS 2	Effectively consult and engage with older people to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required	Review local arrangements for continuing health care following National Review **Apr 2009** (AOF 2&7) NB. Dependent on National Review being completed to timescale of Jan 2009	✓	Arrangements reviewed but in need of re-review following publication of further guidance and contested decisions on eligibility.
		Implement revised Joint Commissioning Strategy for Older People **March 2010** (AOF 2&7)	✓	Implementation plan on target, monitored through Older People's Local Implementation Team
		Evaluate joint service developed with Runcorn PBC **Mar 2010** (AOF 2&4)	✓	Service evaluated and fulfilling PBC targets, extended until February 2011. Further evaluation will be undertaken to review long term funding.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		As part of the review on early intervention and prevention aimed at improving outcomes for Older People, develop a meaning engagement strategy with Service Users **June 2009** (AOF 7)	✓	Prevention and Early Intervention strategy now complete, agreed through Senior Management Team and Health Policy and Performance Board. Due to be presented to full membership on April 8th 2010.
		Establish Social Care element of the 'Virtual Ward' established with Widnes PBC **March 2010** (AOF 2)	✓	Social Care element of the 'Virtual Ward' ready for recruitment upon funds being released by the Widnes PBC.
OPS 3	Ensure that there are effective processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet peoples needs	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 2010.** AOF 6&7)	✓	Bid submitted to HCA for grant funding to support the development of 90 units of extra care.
		Implement new residential and domiciliary care contracts for older peoples services Sept 2009 (AOF 6&7)	✓	Complete.

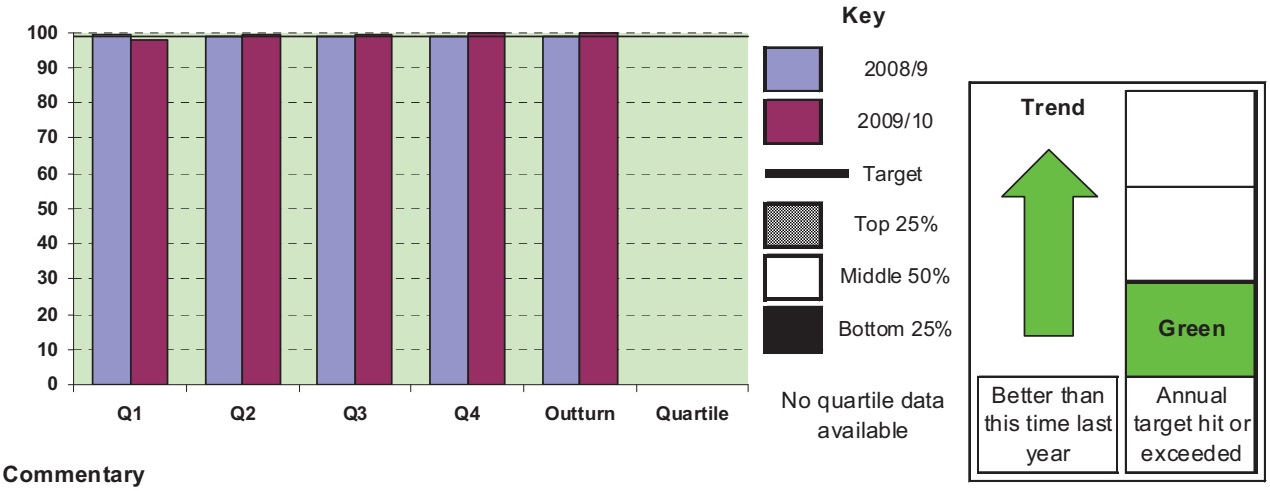
OP LI3 **Unit cost of home care for adults and older people**



Commentary

There have been no days re-imbursement as a result of delayed discharge of older people attributable to Social Services.

OP LI7 **Percentage of people receiving a statement of their needs and how they will be met.**

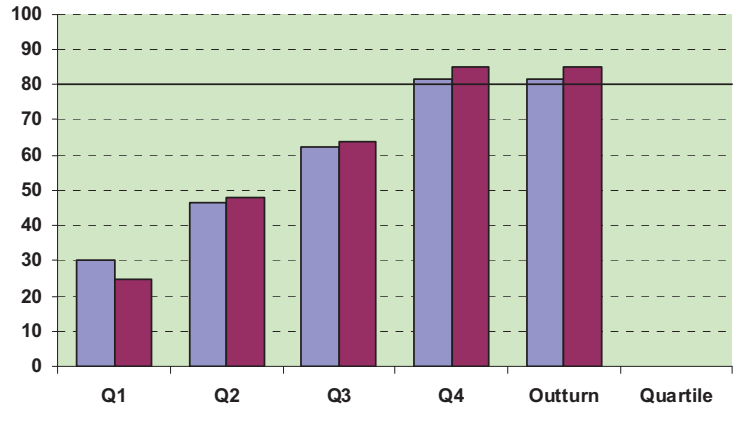


Commentary

Figure provided is actual year end figure. Target exceeded

OP LI8

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



Key

2008/9

2009/10

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Better than this time last year

Annual target hit or exceeded

Green

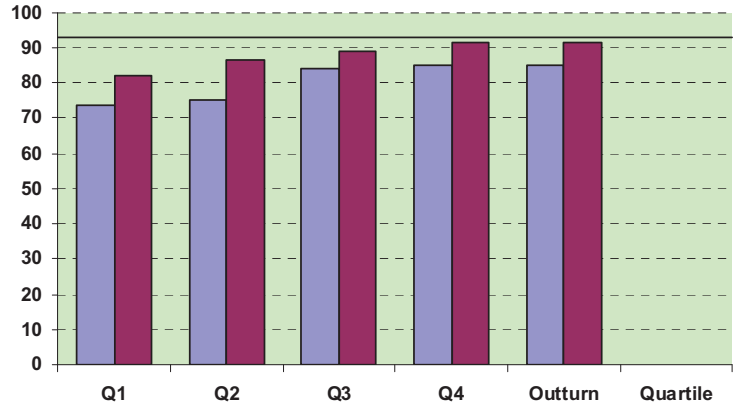
Commentary

Figure provided is an estimate, final year end figure will not be known until June 2010.

OP LI9

Percentage of items of equipment delivered within 7 working days

Higher figures represent better performance



Key

2008/9

2009/10

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Better than this time last year

Annual target missed

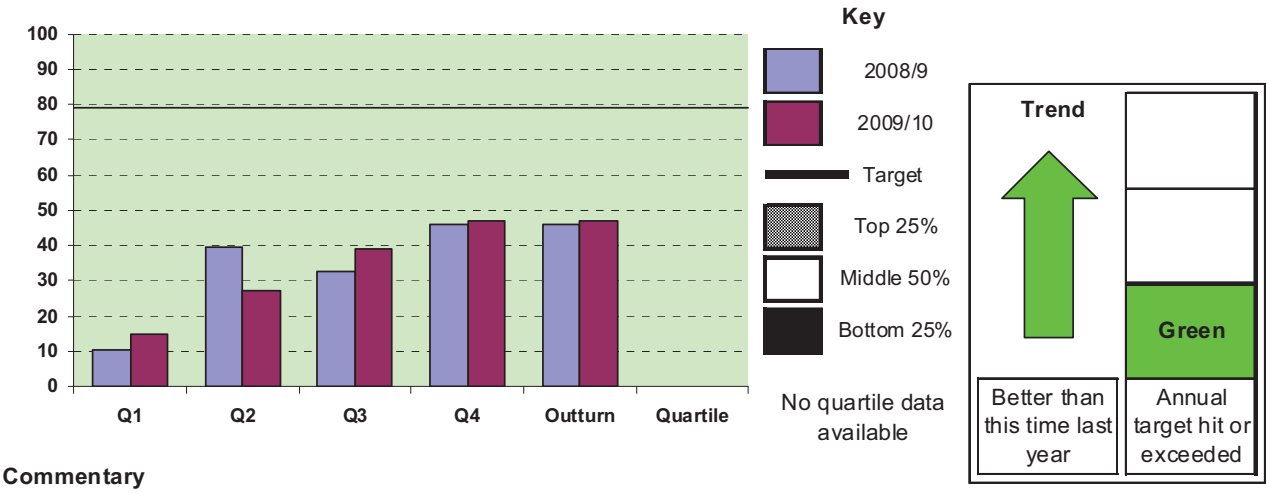
Red

Commentary

Figure provided is actual year end figure. Target not achieved.

From April 2010 combined figures for Health and Social Care for equipment will be reported in the QMR.

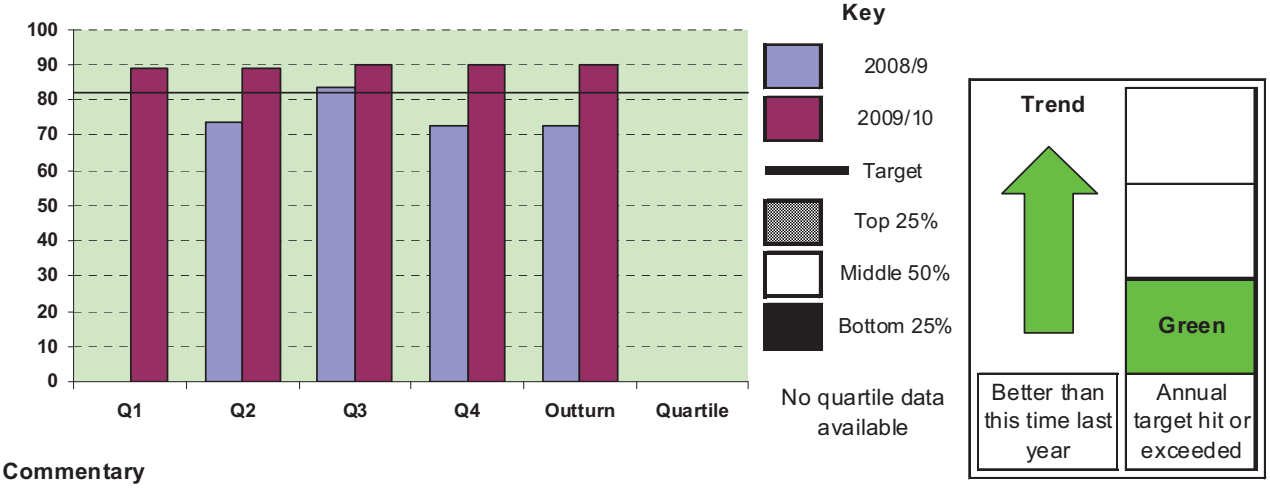
OP LI10 **Admissions of supported residents aged 65+ to permanent residential/nursing care (per 10,000 population)**



Commentary

In total in 2009-10, 77 older people and 2 adults have been admitted to permanent residential and nursing care. All clients are allocated a single room.

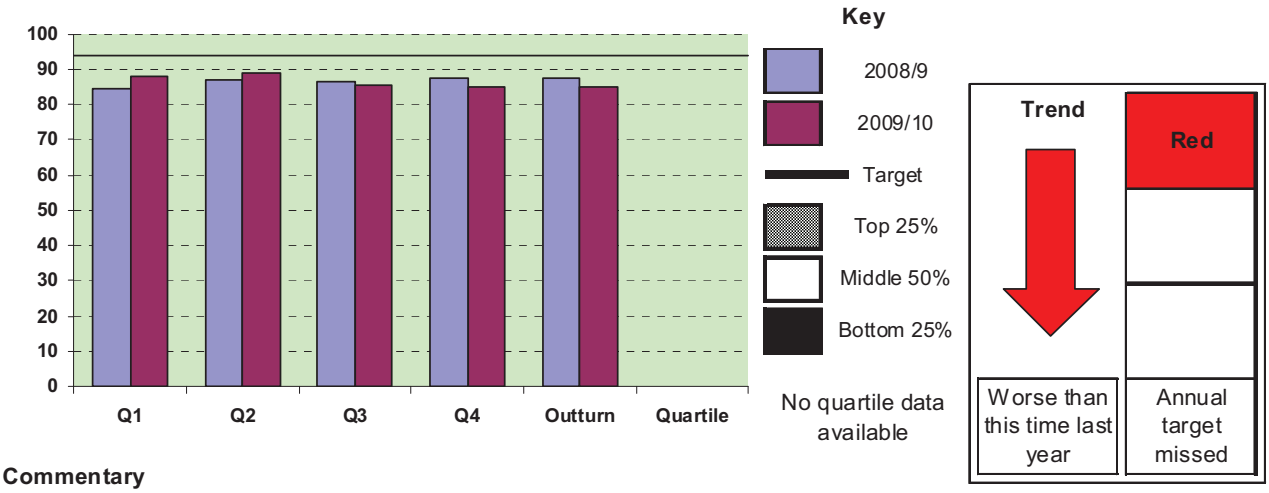
OP NI 132 **Timeliness of social care assessment DH DSO**



Commentary

Figure provided is an estimate, final year end figure will not be known until June 2010.

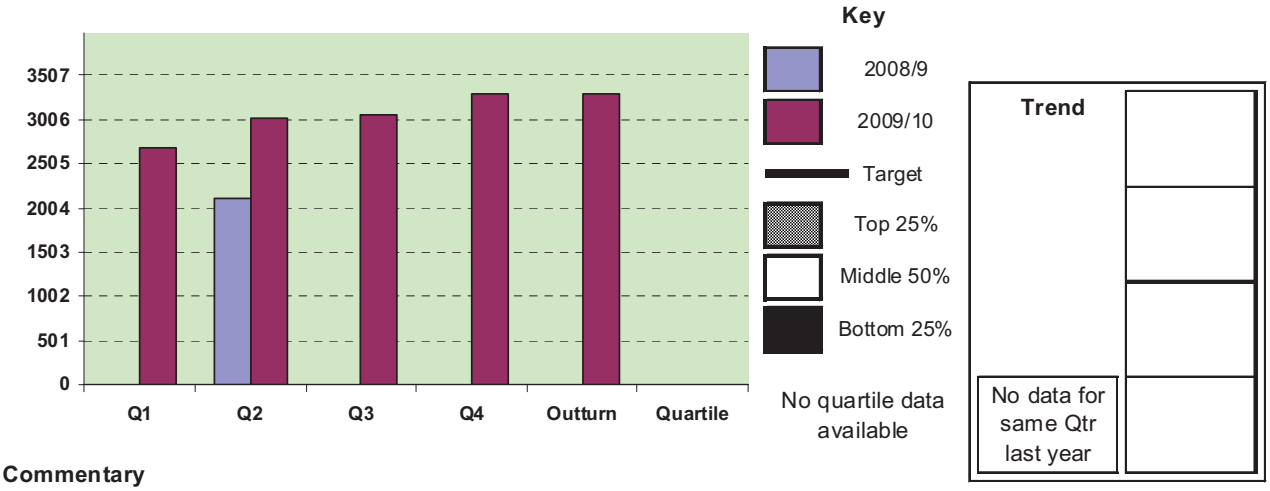
OP NI 133 **Timeliness of social care packages DH DSO**



Commentary

Figure provided is an estimate, final year end figure will not be known until June 2010.

OP NI 136 **People supported to live independently through social services (all ages) PSA 18**

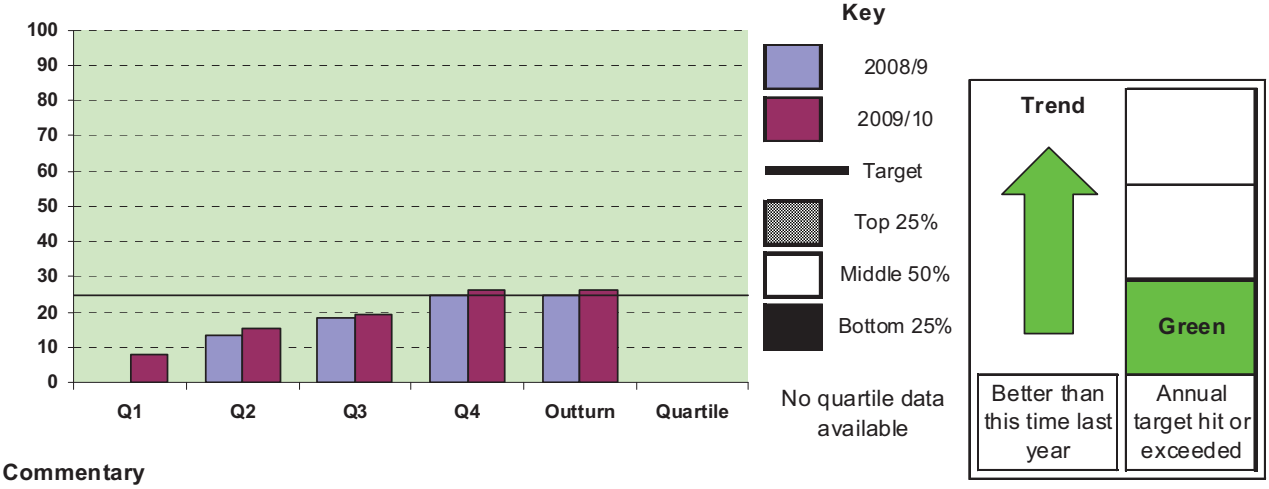


Commentary

Figure provided is an estimate, final year end figure will not be known until June 2010.(Part of this indicator is only updated in January each year, therefore we have used January 2010 information)

OP NI 135

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



Commentary

Figure provided is an estimate, final year end figure will not be known until June 2010

The following Key Indicators could not be represented graphically for the reasons stated:

NI 131 Delayed Transfers of Care: - Data derived from health, data not yet available

NI 125 Achieving independence for Older People through rehabilitation/Intermediate Care: - Final year end figure will not be known until the end of May 2010

Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 4	Progress	Commentary
Cost & Efficiency						
OP LI 1	Number of people receiving Intermediate Care per 1,000 population	46.27	53.39	99.25	✓	Target equates to 900 people. Total number of people at the end of Quarter 4 is 1673. Target exceeded.
OP LI 2	% of client group expenditure (OP/ILS) spent on domiciliary services	24		NYA	NYA	Final year end figure not yet available.
OP LPI 4	Ethnicity of older people receiving assessment	1.7	1.5	0.61E	✗	Figure provided is an estimate, as final year end figure will not be known until June 2010.
OP LI 5	% of older people being supported to live at home intensively, as a proportion of all those supported intensively at home or in residential care	25.53	29	32.43	✓	The HH1 Return from which the intensive homecare element is derived no longer exists. The figure is based on planned activity rather than actual activity as a result. The planned activity is taken from Carefirst and therefore does not reflect variations between planned and actual homecare.
OP LI 6	% of adults assessed in year where ethnicity is not stated Key Threshold< 10%	1.8	0.5	0.27E	✓	Figure provided is an estimate, as final year end figure will not be known until June 2010.
OP LI 11	Household (all adults) receiving intensive homecare (per 1000 population aged 65 or over) Key Threshold > 8	11.43	13	N/A	N/A	This indicator was derived from the annual HH1 return. This return no longer exists.

APPENDIX THREE - PROGRESS AGAINST OTHER PERFORMANCE INDICATORS
Older People's Services

Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 4	Progress	Commentary
Area Partner National Indicators: The indicators below form part of the new National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.						
NI 129	End of life access to palliative care enabling people to choose to die at home		20.7	22.9		Quarter 4 is the position as of February 2010 - March 2010 data will not available until May 2010 from ONS.
NI 134	The number of emergency bed days per head of weighted population		232820	67317.08E		Q4 is an estimate as final outturn data is not yet available.
NI 138	Satisfaction of people over 65 with both home and neighbourhood			NYA	NYA	Data derived from place survey which is not being undertaken until later 2010.
NI 139	People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently		N/A	NYA	NYA	Data derived from place survey which is not being undertaken until later 2010.

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
OPS3	Availability of suitable land and funding to develop extra care housing	• Development of alternative community services	March 2010	✓	Several potential sites identified- ongoing dialogue with RSLs. Full planning permission granted on one site and bid for grant funding submitted to HCA.

Policy/Service	HIGH Priority Actions	Target	Progress	Commentary
Housing	Private Sector Housing Conditions survey to be carried out, with resulting data disaggregated and analysed for race and disability	March 2010		Whilst the survey and written report of the findings have been completed, the Council is still awaiting the raw data. This is expected to be available by May 2010, when it will be analysed for race and disability issues.
Business Support	Collection and analysis of biannual service user survey, disaggregated by equality strand	March 2010		Completed

Service Planning	Carry out a consultation and scoping project to identify LGBT carers and potential carers to identify any specific needs not currently addressed, ensuring that services are responsive to needs	March 2010	✓	The scoping exercise was carried out in October 2009 and went out via a postal survey through the "Cheshire Cheese" magazine (which is a magazine that is sent to people that would describe their sexuality as gay, lesbian, bisexual or transgender) 97 surveys were sent out and non were returned. We are also addressing this issue at the NW Leads Network group, where it has been acknowledged that most people that would describe themselves as LGBT would prefer to use integrated services. HBC will however be contributing to the funding of a joined up helpline; along with other local authorities within the NW. I have also met with Linda Patel – Consultant for NW leads network who has made a number of recommendations which will be integrated into the refreshed Joint Commissioning Carers Strategy 2009 - 2012
Older People's Services	Appointment of a Dignity Coordinator to drive the agenda forward in relation to older people in health and social care settings	March 2010	✓	Dignity coordinator in post, action plan developed and being implemented.

Housing	Private Sector Housing Conditions survey to be carried out, with resulting data disaggregated and analysed for race and disability	March 2010		Whilst the survey and written report of the findings have been completed, the Council is still awaiting the raw data. This is expected to be available by May 2010, when it will be analysed for race and disability issues.

The RAG symbols are used in the following manner:

		Objective	Performance Indicator
Green		Indicates that the milestone/objective will be achieved within the identified timeframe.	Indicates that the annual target will, or has, been achieved or exceeded.
Amber		Indicates that at this stage it is uncertain as to whether the milestone/objective will be achieved within the identified 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 the milestone/objective will not, or has not, been achieved within the identified 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 4 to period end 31st March 2010**

1.0 INTRODUCTION

This quarterly monitoring report covers the Health & Partnerships Department fourth quarter period up to 31st March 2010. It describes key developments and progress against all objectives and performance indicators for the service.

Given that there are a considerable number of year-end transactions still to take place a Financial Statement for the period has not been included within this report in order to avoid providing information that would be subject to further change and amendment. The final 2009 / 10 financial statements for the Department will be prepared and made available via the Council's Intranet once the Council's year-end accounts have been finalised. A notice will be provided within the Members' Weekly Bulletin as soon as they are available.

The way in which traffic light symbols have been used to reflect progress to date is explained in Appendix 6

2.0 KEY DEVELOPMENTS

Contracts & Commissioning

Quality Assurance Team

Supported Living Services

Preparatory work has started on the tender for supported living services for people with a learning or mental health disability. Specifications and a communication plans have been drawn up. A number of key changes have been incorporated into the specification and contract to enable services to be more flexible and responsive to individual needs in line with personalisation

Meals on wheels tenders

The award of contract to the new Provider will take place on the 12th March 2010. The new Provider is called "I CARE " and has extensive experience throughout the North West.
The new contract will come into force on the 26th April.
This service provides 61,445 meals to 204 people

Commissioning

Halton BC has purchased a social marketing analysis software package to enhance the quality of information produced through Halton's Health observatory. The 'in-site' package will assist commissioners to understand the

interrelationship of factors such as economic deprivation, poor housing and poor health outcomes.

Proposals to decommission the existing service for statutory community care assessments of need for children, adults who are deaf or deafblind and their carers has been deferred whilst consultation is undertaken. An extension to the contract with the existing provider has been agreed from April to September 2010 to ensure the Council can meet its legal duty.

Quotes have been obtained for phase 1 of the implementation of the Supporting People Gateway service. A contract is due to be awarded in April 2010.

Home repossessions

Government has provided Councils with extra funding to help fight the rising tide of home repossessions. Halton was identified as one of 86 repossession 'hotspots'.

£65,000 has been awarded to Halton to provide small grants/loans to struggling households where short term financial support will help them to stay in their home on a sustainable basis.

An action plan and multi agency working group has been established, and a temporary new post created with the support of WNF funding to lead and coordinate the Council's response.

Service Planning & Training

The Valuing People Now Partnership Board Annual Report Self Assessment Report 2009 - 2010 was completed and submitted on schedule.

The Department of Health issued new Eligibility Criteria guidance in February 2010 to come into effect from 1.4.10. The Directorate's Fair Access to Care Policy was subsequently reviewed.

The first Integrated Area Workforce Strategy (INLAWS) was developed for 2010/11. The focus of the first strategy is on the Personalisation agenda and the workforce requirements connected with Personal Assistants and Support Planners

Management Accounts/ Appointee & Receivership Service

Transition arrangements to the new structures worked well with existing work plans and handover arrangements clarified in February and March 2010, thereby ensuring the transition to new working arrangements would be as smooth as possible.
Arrangements are also underway to transfer the role of Court appointed Deputy and DWP Council Appointee to the Centralised Finance Function, responsible for managing the finances of 215 vulnerable adults for the Council who lack the

Capacity to do this themselves.

Direct Payments/ Individualized Budgets

The number of service users in receipt of Direct Payments continues to increase. At the 31st March there were 278 service users and 655 carers receiving their service using a Direct Payment, with increases noted for service users over 65 and mental health service users - previously both hard to reach groups. A number of promotional activities have taken place this quarter with operational teams, service users and their carers with direct payments/ individualized budget and carers breaks continuing to be used innovatively.

Satisfaction with the service provided by this team remains high as during the year a Direct Payment survey was undertaken. This revealed that:

- 84% of people were extremely or very satisfied with the support for their direct payment.
- 83% of people changed their view about what they could achieve in their life for the better.

A PA survey is also in the process of being developed which will be sent out to all Personal Assistants in 2010/11. The responses to the questionnaire will also help us understand what sort of training and support personal assistants will need.

3.0 EMERGING ISSUES

Transfer of staff

A number of staff will be transfer to the new Centre of Excellence. The tenders will be carried out from this new team - April 2010. From this date the team will be losing 5 staff, and it will mean the team will only have 4 Contract Officers and 2 Care Arrangers in post.

Safeguarding inspection

The team are working alongside provider agencies to review safeguarding practice and procedures and to embed good practice through training and improved communication.

Home Closure

A nursing home in Widnes is closing. In the main the service has been commissioned through the PCT. However in line with our home closure procedure, officers from Health & Community will work with our colleagues in Health to minimise the effect on the people using the service and their families.

A number of commissioned services are working to meet action plans for improved performance, within a set timeframe. In the interim, the services will remain on intensive monitoring by the Quality Assurance Team.

Outcomes model / data

Work has been started on the outcomes model, which is a teleform that will

allow Providers across Social Care, SP , Dat and Mental Health to report outcomes / indicators on one form. This model will feed into the monitoring documentation of the Contract officers and will enable the Quality Assurance Team to map this information back to the 7 DoH Outcomes from *Our Health, Our Care, Our Say*

Service Planning

On 30th March, the Department of Health published the Social Care White Paper, *'Building the National Care Service'*, which proposes the creation of the National Care Service (NCS) by 2015. The White Paper proposes appointing a Commission to examine the funding proposals, and envisages that the NCS will be led by local authorities, in partnership with the NHS and working with third sector organisations, the private sector and communities, to provide effective, higher quality services.

4.0 PROGRESS AGAINST MILESTONES/OBJECTIVES

Total	**22**	✓	**19**	?	**0**	✗	**3**

The majority of milestones have been achieved within anticipated timescales. In one instance where this has not been possible measures have been put into place to ensure objectives are met later this year and in others delay has resulted as a consequence of delay with partner organisations.

5.0 SERVICE REVIEW

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

Total	**4**	✓	**2**	?	**0**	✗	**2**

Although targets have not been met in two instances the overall trend is upwards in both cases.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

Total	**14**	✓	**6**	?	**0**	✗	**8**

Staffing shortages have impacted in some of those cases where targets have not been met, and in others the overall trend is upwards. In other cases the results are based on estimates, used because information is not yet available as yet, for example from ONS.
As a general comment it has been necessary to use estimated data where outturn data will not be available until May or June. This is explained within the report.

7.0 RISK CONTROL MEASURES

During the production of the 2009-12 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. For further details please refer to Appendix 4.

8.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

During 2008/09 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.

9.0 DATA QUALITY

The author provides assurances that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, has been sources directly from partner or other agencies, or where there are any concerns regarding the limitations of its use this has been clearly annotated**.**

10.0 APPENDICES

Appendix 1- Progress against Key Objectives/ Milestones
Appendix 2- Progress Against Key Performance Indicators
Appendix 3- Progress against Performance Indicators
Appendix 4- Progress against Risk Control Measures

Appendix 5- Progress Against High Priority Equality Risk Actions
Appendix 6- Explanation of RAG symbols

Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
HP 1	**Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for the community of Halton**	Develop commissioning strategy for challenging behaviour/Autism Spectrum Disorder **Mar 2010** (AOF 6 & 30)	✓	Business case presented in January 2010 and approved by the PCT
		Commission combined advice, support and sanctuary service for people experiencing domestic violence **Mar 2010** (AOF 6, 30 and 31)	✓	Complete. Contract awarded in Dec 09 to Halton and District Women's Aid.
		Commission feasibility study for Supporting People 'Gateway' or single point of access service **Mar 2010** (AOF 6, 30 and 31)	✓	Feasibility study complete. Quotes requested for delivery of phase 1 of the gateway service in March 10- contract to be awarded April 10.
		Establish effective arrangements across the whole of adult social care to deliver self directed support and personal budgets **Mar 2010** (AOF6)	✓	Transformation Team now established. Good progress is being made against milestones. Project structure in place. A comprehensive training programme for staff, providers, the third sector, service users and carers is underway and phase 2 is being developed. PSD Live pilot has been expanded to incorporate older people's assessment and care management teams. The aim is to test out the RAS process and

Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
				gather evidence to further inform future development.
		Commission supported living services for Adults with Learning Disabilities and People with Mental Health issues **Mar 2010** (AOF 6, 30 and 31)	✓	NDTi Inclusion web training has been completed and baseline evaluations are being completed for those people living in the residential services to be reconfigured to supported living. Support from the NDTi has been agreed to promote social inclusion amongst local providers. Mental health supported accommodation contracts are currently being reviewed and will be tendered out in 2010/11 as appropriate.
		Redesign the housing solutions service to ensure the continued effective delivery of services **Mar 2010** (AOF6 &)	✓	Service redesign is complete, although plans to relocate the service are on hold until the outcome of the corporate accommodation review.
		Deliver against the government target to reduce by half (by 2010) the use of temporary accommodation to house homeless households	✗	Measures have been put in place to achieve the target, and whilst it is probable that the target will be attained by the end of 2010, it will not be achieved by March 2010.

Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		Mar 2010 (AOF 6, 30 and 31)		
		Introduce a Choice Based Lettings System to improve choice for those on Housing Register seeking accommodation **Dec2010** (AOF 11&30)	✓	Board approval was obtained on the 4/3/10 to proceed with implementation. The project is on track to be completed toward the end of 2010.
		Commission floating services for vulnerable groups **Mar 2011** (AOF 6,30,31)	✓	Been identified on procurement work plan for 2011.
		Work with the Council's Planning Department to introduce an affordable housing policy within the Local Development Framework **Mar 2011** (AOF 11)	✗	The timetable for adoption of the Core Strategy and the production of related Development Plan Documents, of which the affordable housing policy will be one, has slipped. Consequently production and adoption of the policy is now likely to slip to the end of 2011.
HP2	**Effectively consult and engage with the community of Halton to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required**	*Introduce new advocacy and service user involvement service **Mar 2010** (AOF 6 and 30)*	✓	Complete. Contract awarded in June 2009 to North West Advocacy Services.
		*Update JSNA summary following community consultation **Mar 2010** (AOF*	✓	Refresh complete. Summary of key findings presented to Healthy Halton PPB.

Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		6)		
		Continue to survey and quality test service user and carers experience of services to evaluate service delivery to ensure that they are receiving the appropriate outcomes **Mar 2010** (AOF 32)	✓	Quality of life service data has now been collected and teams are updated on two specific questions about respect and safety on a monthly basis as these are deemed to key questions. Data analysis is ongoing. A new carer survey feedback form has been designed and carers have been consulted on it. Carers registered they did not like the form that had been designed and are now being asked to design it so it can be finalised for use by 31st March 2010. The form will start to be used as soon as it is completed.
HP3	**Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs**	*Agree with our PCT partners the operational framework to deliver Halton's section 75 agreement **Mar 2010** (AOF 33,34 and 35)*	✓	Operational framework agreed but further revisions to Section 75 underway. Review again September 2010.
		Review commissioning framework for Supporting	✓	Completed.

Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		*People to ensure links to LSP **Mar 2010** (AOF 33 and 34)*		
		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 2009** (AOF34)	✓	Revised policy presented to Exec Board Sub Committee on 10/09. Draft proposals for 2010/11 prepared submitted and agreed by Full Council.
		*Following the publication of the new national guidance on complaints, review, develop, agree and implement a joint complaints policy and procedure to ensure a consistent and holistic approach **Nov 09** (AOF 33)*	✓	A meeting took place with Helen Sanderson (HS) about the production of a performance management framework. HS are currently scoping what other LA's use so that it can be utilised to help design Halton's framework. A draft framework has been produced and will be considered by the Directorate during April/May 2010 The new person centred assessment, review and care support plan process forms part of the framework
		Review and revise the performance monitoring	✓	A new outcome focussed review from has been agreed and a

Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		framework according to changing service needs to ensure that any changing performance measure requirement are reflected in the framework and the performance monitoring cycle ***Sep 2009*** *(AOF33)*		person centred assessment is being developed using a RAS system. We have liaised with Helen Sanderson and have discussed the production of an outcomes framework. A draft version of this should be ready by the end of March/April. These forms will be replicated in Carefirst6 and appropriate records will be held so we can measure our effectiveness in delivering the outcomes people want.
		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 2010*** *(AOF 39)*	✓	The first Integrated Area Workforce Strategy (INLAWS) was developed for 2010/11. The focus of the first strategy is on the Personalisation agenda and the workforce requirements connected with Personal Assistants and Support Planners
		Develop a preliminary RAS model and explore impact on related systems **Apr 2010 (AOF 34)**	✓	Testing currently underway. The outcome of testing will be reviewed and further amendments to the RAS system will be implemented. Impact on current systems has been reviewed

Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
				and a working group has been set up to identify the new IT systems required.
		Review existing Direct Payment arrangements to ensure alignment with the personalisation agenda **May 2010** (AOF 34)		Staffing reviewed and additional capacity created to meet personalisation agenda. Progress made in quarter redesigning Direct Payment guides e.g. Employing a Personal Assistant following service user consultation. The previously piloted North West in line Personal Assistant Register went live in October 2009. To date four direct payment clients have used this service to advertise for a PA vacancy.
		Review & update, on a quarterly basis, the 3 year financial strategy **Mar 2010** (AOF 34)		Discussions with the PCT continue and mediation has been sought from DOH over the Valuing People transfer.
		Review and deliver SP/Contracts procurement targets for 2009/10, to enhance service delivery and cost effectiveness **Mar 2010**. (AOF35)		Progress is being made on the ALD tender A range of measures are being developed to integrate Personalisation and achieve the target date of 31.3.11.

NI 156

Number of households living in Temporary Accommodation

Key

2008/9

2009/10

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Red

Better than this time last year

Annual target missed

Commentary

Q1 - 33, Q2 - 34, Q3 - 30 Q4-23 Total 130

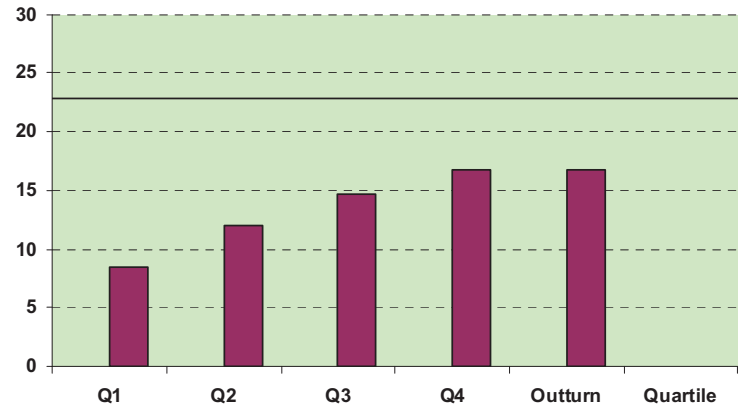
The Housing Solutions Team provides a comprehensive range of housing options to customers. The team strives to reduce the reliance upon TA, with the objective aim to achieve the CLG target and offer sustainable accommodation to customers.

There has been a slight reduction in Q4; however, further provisions are underway to ensure that the authority achieves the CLG baseline TA target of 16 by Q1 2010/11

NI 130

Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets) DH DSO

Higher figures represent better performance



Key

2008/9

2009/10

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Red

No data for same Qtr last year

Annual target missed

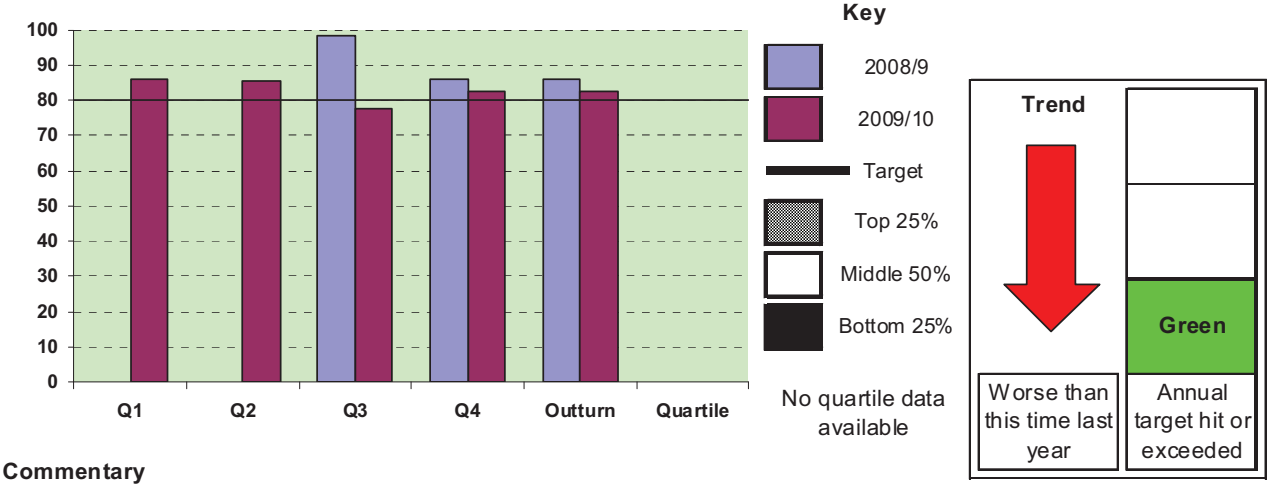
Commentary

Figure provided is an estimate as final year end figure will not be known until June 2010.

HP NI 141

Number of vulnerable people achieving independent living CLG DSO

Higher figures represent better performance



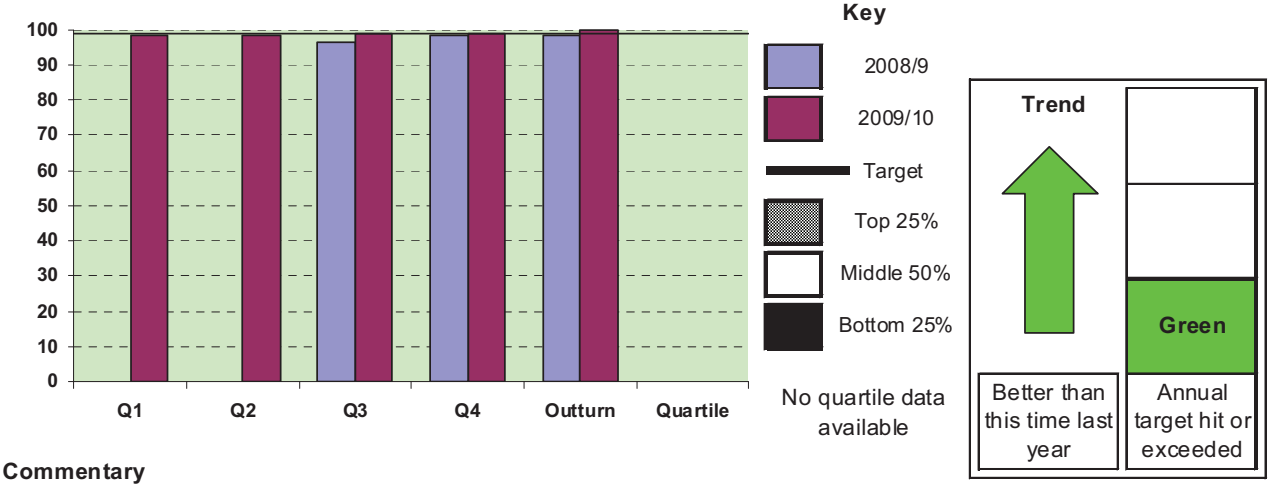
Commentary

During 2009/10, the overall target set for planned departures from short term accommodation services has been exceeded. Two services have failed to reach their individual targets of 80% and this is being monitored on an ongoing basis. However it should be noted that these services support 16-24 year olds and care leavers which can be a more difficult client group to support and move on in a planned way.

HP NI 142

Number of vulnerable people who are supported to maintain independent living CLG DSO

Higher figures represent better performance



Commentary

The overall target set of 98.69% has been exceeded for 2009/10. Four client groups have individual performance targets set and older peoples, frail elderly and generic services have all exceeded their targets but the service for teenage parents has failed to meet it's overall target of 92.59% and performance has fell again in quarter 4. A further monitoring meeting will be held with the support provider & children's services representative to address this matter.

The following Key Indicators cannot be illustrated graphically for the following reasons: -

NI 127 Self expected experience of Social Care Workers
Indicator is derived from the Equipment Survey. Figure provided is an estimate and final year end figure will not be known until June 2010. No symbol assigned as no 2009/10 target set. (Q4 – 76.75% E)

NI 131 Delayed transfers of care
Data derived from health. Not yet available

Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 4	Progress	Commentary
Cost & Efficiency						
HP LI 1	% of SSD directly employed posts vacant on 30 September	7.9	8	12.84	✗	With the Efficiency Review and the modernisation agenda of adult social care in full flow during 2009/2010, many vacant posts within Adult Social Care have been put on hold. This has created a variance with the target figure that had been set at the beginning of the year.
Quality						
Service Delivery						
HP LI 2	No of relevant staff in adult SC who have received training (as at 31 March addressing work with adults whose circumstances make them vulnerable	450	475	475	✓	Printed out relevant staff list from SSDS001 and obtained all Safeguarding Adults Training registers for 2005-06, 2006-07, 2007-08, 2008-09 & 2009-10 to date. Mapped signatures against staff list and calculated attendance. Working closely with the Safeguarding Vulnerable Adults Co-ordinator and operational services, staff will be allocated specific training dates to ensure meeting target.
HP LI 3	% of relevant social care staff in post who have had training (as at 31 March) to identify and assess risks to adults whose circumstances make	71%	81%	84%	✓	Printed out relevant staff list from SSDS001 (30.9.08) and obtained all Risk Assessment Training Registers for 2005-06,2006-07, 2007-08, 2008-09 & 2009-10 to date. Mapped signatures against staff list and calculated attendance. Working closely with operational services staff will

Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 4	Progress	Commentary
	them more vulnerable					be allocated specific training dates to ensure meeting target.
HP LI 4	Estimate % of relevant staff employed by independent sector registered care services that have had training on protection of adults whose circumstances make them vulnerable.	82%	82%	86%	✓	Obtained all Safeguarding Vulnerable Adults Registers, then identified Independent Sector attendees that had attended the Facilitators, Train the Trainer, Basic Awareness and Referrers Training and obtained the Ind. Sector Staffing numbers from Contracts Section. **709** Ind. Sector Staff attended training and **133** attended Facilitators/Train the Trainer Training, therefore, assuming that each facilitator trained **3** members of their team that gives a total of **1108. Assuming a 20% turnover on the staff trained (886) the calculated percentage is 86%** from a grand staffing total of **1035**
HP LI 5	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough).	5.4	4.0	6.3	✓	Q1 - 58 cases Q2 - 89 cases Q3 - 90 cases Q4 – 83 cases Total cases - 320 The service being transferred back to the Local Authority has seen a vast improvement in the service provision. The officers are more community focused on prevention initiatives, thus

Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 4	Progress	Commentary
						offering a proactive and solution based service to customers. Key factors to the increase in prevention outcomes / target achieved.
H LI 6	The proportion of households accepted as statutorily homeless who were accepted as statutorily homeless by the same LA within the last 2 years	1.2	1.2	1.27		Q1 – 0 cases, 29 acceptances Q2 – 0 cases, 47 acceptances Q3 – 1 case, 39 acceptances Q4 - 1 case, 42 acceptances total acceptances 157 Relocation of the service coupled with the use of customer services being first point of contact has proven successful and contributory to the overall service improvements and achieved targets. Homeless prevention initiatives have gradually reduced the level of statutory homelessness within the district, including the reliance upon the Local Authority for accommodation. The service is working with all housing providers to increase the range of options for customers.
HP LI 7	Percentage of SSD directly employed staff that left during the year.	7.58	8	8.5		Due to the Efficiency Review, a high number of leavers went during March 2010 and this has impacted slightly on the overall percentage. During 2010/11, this figure should balance out again and be on target.

Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 4	Progress	Commentary
HP LI 8	Percentage of Social Services working days/shifts lost to sickness absence during the financial year.	8.03	8	6.87	✓	This figure includes sickness absence up to and including end of February 2010. The figure is lower than in previous months, and well within the target set of 8%.
HP LI 9	The percentage of undisputed invoices, which were paid in 30 days	99	97	NYA	NYA	Final year end figure not yet available.
Area Partner National Indicators: The indicators below form part of the new National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.						
NI 39	Hospital Admissions for Alcohol related harm	2354.8	2137.9	2548.6 E	✗	The Q4 data is not yet available and therefore an estimate has been used for Q4 based on actual figures for Jan and Feb and an 11 month average for March. Year end figure is therefore an estimate.
NI 119	Self-reported measure of people's overall health and well-being			NYA	NYA	Data derived from place survey which is not being undertaken until later 2010.
NI 120	All-age all cause mortality rate	Male 851.9	Male 780	Male 803.8E	✗	Quarter 4 is the position as of February 2010 - March 2010 data will not available until May 2010 from ONS.

Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 4	Progress	Commentary
		Female 690.3	Female 590	Female 597.3E		
NI 121	Mortality rate from all circulatory diseases at ages under 75	64.3	83.21	88.8E	✗	Quarter 4 is the position as of February 2010 - March 2010 data will not available until May 2010 from ONS.
NI 122	Mortality from all cancers at ages under 75	161.7	128.9	166.8E	✗	Quarter 4 is the position as of February 2010 – March 2010 data will not available until May 2010 from ONS.
NI 123	16+ current smoking rate prevalence – rate of quitters per 1000 population	687	961	888	✓	Q4 figures are a snapshot as of April 7th and full outturn figures are not yet available.
NI 124	People with a long tern condition supported to be independent and in control of their treatment		NYA	NYA	NYA	Data derived from a patient survey which is not yet due to take place.
NI 126	Early access for women to maternity services		3002	1319	✗	This data is actual data supplied by the provider.
NI 128	User reported treatment of respect and dignity in their treatment			92.99%E	N/A	Indicator is derived from the Equipment Survey. Figure provided is an estimate and final year end figure will not be known until June 2010. No symbol assigned as no target.
NI 137	Healthy life expectancy at age of 65			NYA	NYA	Data derived from place survey which is not being undertaken until later 2010.

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
HP2 Milestone: Update JSNA summary following community consultation	Failure to identify resources/skills required to refresh data and summary on an annual basis and produce full JSNA on 3yr basis	Work with colleagues in Public Health, Corporate Intelligence Unit and CYP to identify staff with appropriate skills/knowledge to undertake work Ensure that work on JSNA is built into identified staffs work programmes Establish formal reporting mechanism for progress with JSNA to Health PPB	March 2010	✓	Resources have been identified within Public Health to complete health data analysis. Restructure within HBC is causing some delay identifying responsibilities within each new directorate. However, Halton BC has purchased a social marketing analysis software package to enhance the quality of information produced through Halton's Health observatory. The 'in-site' package will assist commissioners to understand the interrelationship of factors such as economic deprivation, poor housing and poor health outcomes.
	Failure to implement comprehensive community consultation	Work with colleagues in Public health, corporate communications and CYP to identify staff with appropriate skills/knowledge to carry out annual consultation. Ensure that work on JSNA	March 2010	✓	No significant progress in this area. However, the development of a communication will form part of the work plan for the service development officer identified to work on the JSNA.

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
		consultation is built into identified staffs work programmes			
HP 2 Milestone: Continue to survey and quality test service user and carers experience of services to evaluate service delivery to ensure that they are receiving the appropriate outcomes	Failure to demonstrate outcomes and work with service users to improve them could mean that poor services are provided to the people that need them and ultimately reduce the Directorate's performance rating	Contact Centre Surveys undertaken on new service users to test service experience Surveys undertaken on specific topics through the year so that outcomes are tested and views on service improvements are sought.	Nov 2010	✓	The new service users contact centre survey has been replaced by a quality of life questionnaire that is undertaken with all service users at review these include questions about service provision so that feedback on services can be obtained and acted upon. The lifeline service user survey ahs been updated and is also undertaken at review so that feedback on services can be obtained and acted upon.
HP 3 Milestone: Following the publication of the new national guidance on complaints, review, develop, agree and implement a joint complaints policy and	Failure to respond to the statutory performance agenda and care frameworks could impact on the people the Directorate provides services to and the performance rating of the Directorate.	An annual performance strategy is created that details all the checks and balances in place so that performance is monitored appropriately. This includes a timetable of the reporting and testing mechanisms that are used	Septe mber 2009	✓	A Performance Strategy has been created and forwarded to the Operational Director for approval.

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
procedure to ensure a consistent and holistic approach		to monitor performance.			
HP3 Milestone: Develop a preliminary RAS model and explore impact on related systems	Failure to follow a staged approach to developing the preliminary RAS model will not highlight areas of concern and meet NI 130 targets.	A ongoing monitoring of performance development, highlighting findings and taking appropriate action to amend the RAS	April 2010	✓	The Personalisation team is evaluating Halton's bespoke questionnaire. Points allocated are being fed into the developing Desktop RAS which will be available at the end of April 2010 to test a further 10 physical and sensory disability service users and 10 older service users, The outcome of this test will be evaluated and any necessary changes made to the questionnaire and RAS. Following these changes the RAS will be tested on a further 20 service users before general roll out.
	Failure to review on going performance development to ensure RAS is continually updated	Regularly review RAS with appropriate managers, and provide progress reports on a monthly basis	March 2010	✓	All social work teams have been informed of their Direct payment/ Individualised budgets targets for service users and carers for 2009/10 with monthly performance monitoring reports used to monitor progress to date. Feedback from Managers is also

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
					contributing to the development of the questionnaire and RAS future model.
	Failure to explore areas of concern on related systems and flag issues with manager	Regularly review RAS with appropriate managers, and provide progress reports on a monthly basis	March 2010	✓	Progress is reported via the Finance Work stream Group, TASC Board and Self Directed Support Board to address areas of concern. Training Plans have also been put in place for the Mental Health Team
HP3 Milestone: Review existing Direct Payment arrangements to ensure alignment with the personalisation agenda	Not consulting with all relevant parties throughout the process may delay the alignment of the agenda	Regular meetings of the Self Directed Support Groups will ensure all parties are informed and any areas of concern highlighted and considered. Consultation with service users arranged.	May 2010	✓	A Further meeting was held with the support group for service users and carers in March. Both Service users and carers were given an update or the progress with regards to the personalisation agenda. A pilot has also been undertaken with a number of individuals from Learning disability, Physical disability and Mental health services to undertake support planning. This has resulted in an increased uptake of people who have been given an individualised budget
HP3 Milestone: Review and deliver SP/Contracts	Failure to secure/retain adequate staffing resources within team to project manage tender process	Secure support from SMT to resource team at level needed to complete 2009/10 work programme	March 2010	✓	The tenders will be moving to the new Centre of Excellence. The staffing resource will move with it. There will be no staff resource left within the team to pick up further

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
procurement targets for 2009/10, to enhance service delivery and cost effectiveness		Limit opportunities for secondment to reduce loss of skills/knowledge within the team Agree priority work areas (based on risk) and offer advice and guidance only in respect to projects/tenders deemed low risk			tenders
	Unable to award contract due to lack of or poor quality of tender submissions	• Maximise opportunities for providers to submit comprehensive tenders by building in sufficient time for returns at each stage of the tender process. • Advertise tenders on a national basis. • Develop contingency plans for the extension of existing services subject to tender.	March 2010		Using Due North – HBC's new E tendering system. All tenders will move to new Centre of Excellence from April 10

Strategy/Policy/Service	HIGH Priority Actions	Target	Progress	Commentary
Housing	Private Sector Housing Conditions survey to be carried out, with resulting data disaggregated and analysed for race and disability	March 2010	✗	Whilst the survey and written report of the findings have been completed, the Council is still awaiting the raw data. This is expected to be available by May 2010, when it will be analysed for race and disability issues.
Business Support	Collection and analysis of biannual service user survey, disaggregated by equality strand	March 2010	✓	Completed

Service Planning	Carry out a consultation and scoping project to identify LGBT carers and potential carers to identify any specific needs not currently addressed, ensuring that services are responsive to needs	March 2010	✓	The scoping exercise was carried out in October 2009 and went out via a postal survey through the "Cheshire Cheese" magazine (which is a magazine that is sent to people that would describe their sexuality as gay, lesbian, bisexual or transgender) 97 surveys were sent out and non were returned. We are also addressing this issue at the NW Leads Network group, where it has been acknowledged that most people that would describe themselves as LGBT would prefer to use integrated services. HBC will however be contributing to the funding of a joined up helpline; along with other local authorities within the NW. I have also met with Linda Patel – Consultant for NW leads network who has made a number of recommendations which will be integrated into the refreshed Joint Commissioning Carers Strategy 2009 - 2012
Older People's Services	Appointment of a Dignity Coordinator to drive the agenda forward in relation to older people in health and social care settings	March 2010	✓	Dignity coordinator in post, action plan developed and being implemented.

APPENDIX FIVE – PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS
Health & Partnerships

The RAG symbols are used in the following manner:

		Objective	Performance Indicator
Green		Indicates that the milestone/objective will be achieved within the identified timeframe.	Indicates that the annual target will, or has, been achieved or exceeded..
Amber		Indicates that at this stage it is uncertain as to whether the milestone/objective will be achieved within the identified 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 the milestone/objective will not, or has not, been achieved within the identified timeframe.	Indicates that the target will not be achieved unless there is an intervention or remedial action taken.