

**JOINT COMMISSIONING STRATEGY  
FOR  
CARERS**

**2009 - 2012**

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## **PREFACE**

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

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

This Strategy is written as a practical document, including an action plan, to support services in Halton move towards a more focussed way of commissioning services over the next three years

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

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

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

## **SECTION ONE: COMMISSIONING IN CONTEXT**

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### **INTRODUCTION**

This document sets out the overarching strategy for the commissioning, design and delivery of services to people who are carers in Halton. The document stands alongside and complements the Corporate Plan for the Council, the Health and Community Directorate's Business Plan 2009-2012 and the NHS Halton and St Helens Primary Care Trust Plan. Halton Borough Council and NHS (National Health Service) Halton, jointly commissions services for Carers.

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

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

### **WHAT IS COMMISSIONING?**

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

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

Commissioning should be based on:

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

### **Definitions**

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

## Commissioning

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

## Integrated Commissioning

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

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

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

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

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

## **THE COUNCIL’S VISION**

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

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

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

## **NHS HALTON AND ST HELENS**

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

NHS Halton and St Helens mission statement encapsulates this approach:

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

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

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

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

The strategy describes how we will make a difference by:

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

## **HALTON'S VISION AND VALUES FOR CARERS**

(This was developed as a part of the 2006 – 2008 Carers Strategy)

### **Vision**

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

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

## Values

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

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

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



## WHO IS A CARER? / WHAT DO CARERS DO?

### Who is a Carer?

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

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

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

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

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

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

### What do carers do?

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

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

## THE NATIONAL CONTEXT

Many national Government policies and legislation influence local policy and the development, improvement and commissioning of services for carers. Some of these are outlined below:

- **The Carers (Recognition and Services) Act 1995**

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

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

### **National Carers Strategy**

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

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

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

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

The following diagram (on page 8) describes the ways in which the needs of the Carers can be effectively assessed

## A WHOLE AREA APPROACH TO ASSESSING NEED

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

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

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

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

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



## Personalisation

On 17<sup>th</sup> January 2008, the Department of Health issued a Local Authority Circular entitled “Transforming Social Care”. The Circular sets out information to support the transformation of social care signalled in ... *Independence, Well-being and Choice* and re-enforced in ... *Our Health, our care, our say: a new direction for community services*.

The Government approach to personalisation can be summarised as “**the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive**”. This approach is one element of a wider cross-government strategy on independent living, due for publication in 2009.

The Government is clear that everyone who receives social care support in any setting, regardless of their level of need, will have **choice and control** over how this support is delivered. The intention is that people are able to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual requirements for independence, well-being and dignity.

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

## THE LOCAL CONTEXT

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

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

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

Indicator set of 198 targets. The purpose of the LAA (Local Area Agreement) is to take the joint thinking of the Partnership enshrined in the Community Strategy, and make it happen through joint planning and delivery. Hence the five strategic themes detailed in the Community Strategy are mirrored in the LAA (Local Area Agreement).

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

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

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

## **SECTION TWO : NEEDS ANALYSIS**

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### **INTRODUCTION**

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

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

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

### **POPULATION AND SOCIO ECONOMIC DATA**

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

At present, Halton has a younger population than the national and regional averages. However, Halton mirrors the national picture of an ageing population, with projections indicating that the population of the Borough will age at a faster rate than the national average. In 1996 12.9% of the total population were aged 65 and over, by 2006 this had increased to nearly 14% and by 2015 this is projected to have increased to 17%, which could have a significant impact on the need for health and social care.

The population is predominantly white (98.8%) with relatively little variation between wards. However, in recent years, it has seen a small influx of Eastern European (Polish & Slovakian) migrants.

### **DEPRIVATION**

Deprivation is a major determinant of health. Lower income levels often lead to poor levels of nutrition, poor housing conditions, and inequitable access to healthcare and other services.

Deprivation, measured using the English Index of Multiple Deprivation (IMD) 2007, ranks Halton as the 30<sup>th</sup> most deprived authority in England (a ranking of 1 indicates that an area is the most deprived). This is 3<sup>rd</sup> highest in Merseyside, behind Knowsley and Liverpool, and 10<sup>th</sup> highest in the North West : St Helens (47<sup>th</sup>), Wirral (60<sup>th</sup>) and Sefton (83<sup>rd</sup>) are way down the table compared to Halton.

The 2007 IMD shows that deprivation in Halton is widespread with 57,958 people (48% of the population) in Halton living in ‘Super Output Areas’ (SOA’s) that are ranked within the most deprived 20% of areas in England.

In terms of Health and Disability, the IMD identifies 53 SOA's (Super Output Areas) that fall within the top 20% most health deprived nationally and that approximately 40,000 people (33% of the population) live in the top 4% most health deprived areas in England. At ward level, Windmill Hill is the most deprived area in terms of health. However, health deprivation is highest in an SOA (Super Output Areas) within Castlefields, ranked 32<sup>nd</sup> most deprived nationally.

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

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

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

*(Source: Index of Multiple Deprivation 2007)*

**HEALTH**

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

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

Average life expectancy in Halton was 76.1 years in 2003-05, compared to 77.7 years regionally and 78.7 years nationally. The figure for Halton has improved by 0.1 years since

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

**Health Deprivation Rank in Halton**

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

(Source: Index of Multiple Deprivation 2007)

**CARERS - HEALTH**

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

Data from this census shows that 13,500 of people in Halton provide formal or informal care, over 11% of the Halton population. National data (2001 Census) suggests that 11% of informal carers consider themselves to be in poor health, whilst in Halton the proportion appears to be higher, with 14% of all carers having felt that they were in poor health. Currently 10.85% of carers are receiving needs assessment or review and a specific carers' service, or advice and information. This clearly needs to be improved if threats to health and well-being are to be averted.



## Number of Informal Carers within Halton

	All People	Good Health	Fairly Good Health	Good Health	Not Good Health
1 to 19 hours – Provides care	7944	4858	2332		754
20 to 49 hours – Provides care	1891	937	645		309
50 or more hours – Provides care	3696	1429	1390		877
<b>Total</b>	<b>13531</b>	<b>7224</b>	<b>4367</b>		<b>1940</b>

## Provision of Unpaid Care

(This table pertains to Carers and is not generic)

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

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

<b>Greater Merseyside Average</b>	<b>11.53</b>
<b>North West Average</b>	<b>10.77</b>
<b>England Average</b>	<b>10.03</b>

The percentage of people in Halton who provide unpaid care to others, usually a close relative, is 11.4%. This means that 13,528 people are providing care for someone. This figure ranks 5<sup>th</sup> highest in Greater Merseyside and 8<sup>th</sup> highest in the

North West. The Wards with the highest numbers of unpaid carers are Windmill Hill, Hale, Heath and Beechwood where the figures are above 13%.

#### National Top 4 illnesses reported by Carers

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

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

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

#### ECONOMY, INCOME AND EMPLOYMENT

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

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

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

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

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

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

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

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

## **KEY MESSAGES FOR HEALTH AND SOCIAL CARE**

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

## **SECTION THREE: CONSULTATION**

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### **INTRODUCTION**

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

### **CARER CONSULTATION EVENTS**

Halton continually makes itself aware of the priorities and key messages that have emerged from the Carer Consultation events over the last 2 years, some of these include:

- Developing systems for primary care services to strengthen a stronger link in the referral of carers at the point of a deterioration or diagnosis of the cared for persons condition.
- Increasing referrals between statutory services, social care services and non-statutory/voluntary services in order to provide options and choice in carer support.
- Providing Information – need for increased access and types of information
- Identifying hidden carers.
- Continuing to support carers for a transitional period once “caring comes to an end” by supporting carers through bereavement counselling, support groups, training and support into paid work or voluntary work and encouraging carers to “build a life of their own” after they cease to be carers.
- Including carers “voice” and influences in service development; through participation in Local Implementation Team (LIT) Sub groups for carers, Carers Forums and Carers Reference groups.
- Continuing to provide breaks and respite for carers in order for them to sustain their caring responsibilities and have a life of their own.
- The consultation events have also highlighted the disadvantage suffered by older carers who have had benefits stopped once they reach pensionable age – yet still continue to provide care.

### **CARERS’ STRATEGY GROUP**

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

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

The Carers Strategy Group improves lines of communication and collaborative working between health, professionals and Carers in order to ensure that there are effective and appropriate services to Carers. The LIT Sub Groups for Carers feeds

into and from the Carers Strategy Group and have representatives from each team, including Mental Health, Adult Learning Disabilities, Physical and Sensory Disabilities, Drug and Alcohol Mis-use, Older People and Young Carers.

### **LOCAL IMPLEMENTATION TEAM (LIT) SUB GROUP (CARERS)**

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

It is the intention of Halton Borough Council to continue to devolve responsibilities as close to Carers as possible when shaping and developing services for Carers and the authority will be pro-active in encouraging and supporting carers to engage in the LIT Sub groups for Carers and the consultation events held across the borough.

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

There are current developments to establish a LIT Sub group for Young Carers. This will include representatives from service user groups, service providers and other stakeholders. Young adult carers will be given training and be allocated a mentor, so they are best able to participate in and contribute to, the LIT Sub groups and to enable them to share their views and opinions on current services and identify gaps in services. In order to include as many Young Carers as possible the LIT Sub group will operate at a time most convenient for young carers to attend. This group will take collective responsibility for allocating funds for young carers' breaks, with young carers' playing an active role in this process. This development will ensure Young Carers' issues feed directly in to the Carers' strategy group as a whole rather than being marginalised.

### **EQUAL OPPORTUNITIES SUB GROUP (CARERS)**

The purpose of the Equal Opportunities Sub group is to be responsible for the promotion of "equality" of opportunity for "Carers" across Halton. The aim is to implement the Carers Equal Opportunities Act 2004 into local services by monitoring and raising awareness of agencies, individuals and partnerships. It is intended that this will impact on improved health and wellbeing for carers and those people that they care for. The group will be responsible for developing and reviewing the action plan and provide quarterly progress reports to the Carers Strategy Group.

### **CARERS REFERENCE GROUP**

The role of the Carers Reference Group is to represent the "Voice of Carers" within Halton in discussions and in key partnerships with the local authority and other

service providers, relating to Carers issues, identifying gaps in services for Carers and to shape new or existing services for Carers. The Carers Reference group is overseen by a core membership. The Carers Reference Group is co-ordinated and “Chaired” by the Halton Carers Centre.

### **HALTON CARERS FORUM**

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

### **HALTON MENTAL HEALTH FORUM**

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

### **CARERS SUPPORT GROUPS**

The Halton Carers Centre organises two Carer Support Groups in Runcorn and Widnes who meet on a monthly basis. The aim of the groups is to provide a relaxing atmosphere where carers in Halton can talk about any issues or problems in their caring role, or just have a general chat over a coffee and a biscuit. The Carer Support Workers are on hand to provide information, support and advice. The Mental Health team co-ordinates 3 Mental Health Support Groups across Widnes and Runcorn.

### **HALTON CARERS CENTRE**

Halton Carers Centre is the first point of contact for unpaid carers of any age, caring for people with any condition in Halton. It provides information and advice via a drop-in service at the Carers Centre and/or telephone enquiries Monday – Friday. The Carers Centre is responsible for providing a wide range of services for carers including free training, bi-monthly newsletters, a wide range of leaflets, free day trips, holistic treatments, 2 Carers Support Groups, and self-referral to counselling services. The Centre also provides awareness presentations to professionals and other organisations in Halton in order to raise the profile of carers across the Borough.

### **LOCAL INVOLVEMENT NETWORK (LINK)**

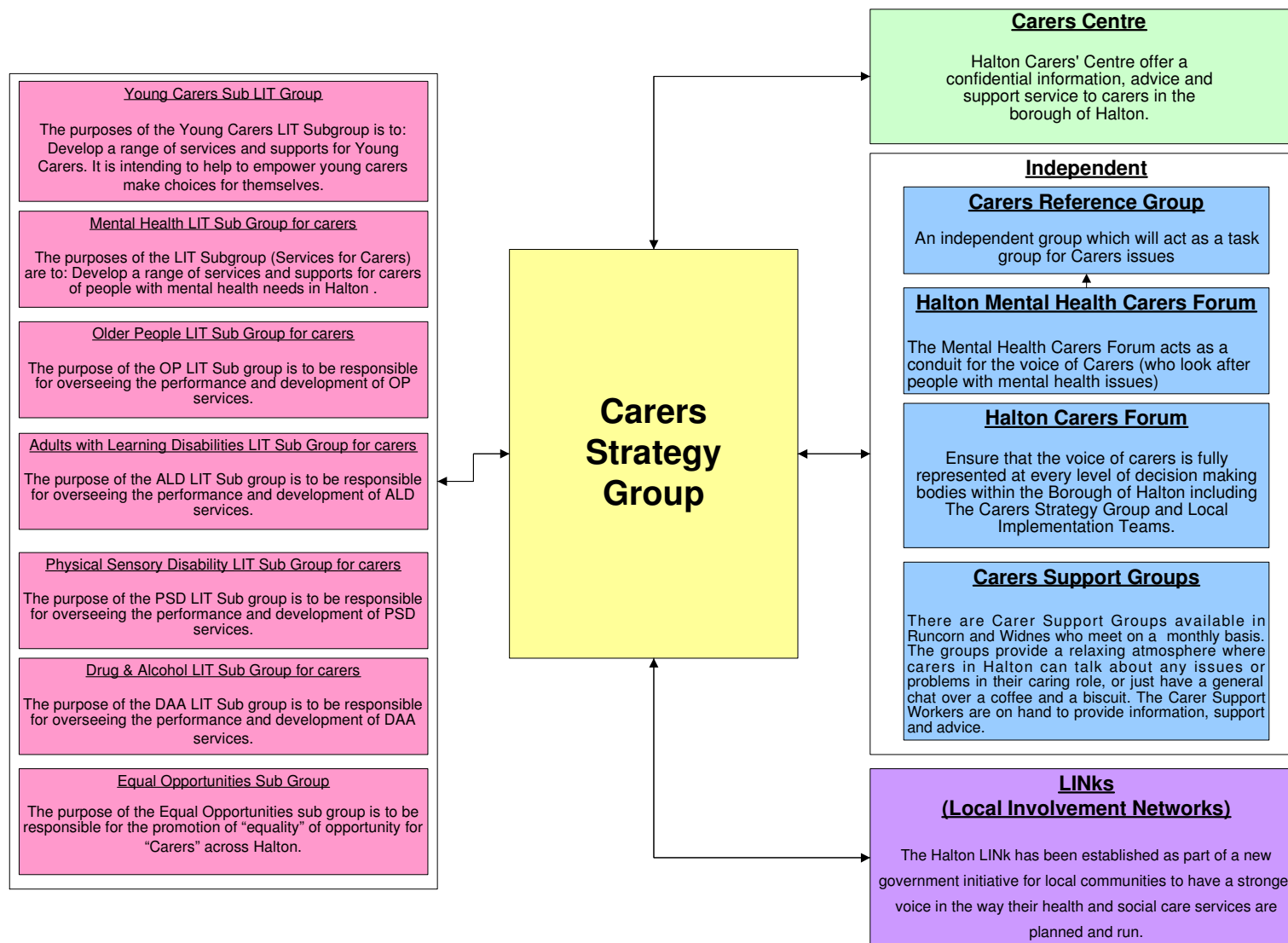
Halton LINK is a Government Initiative to enable communities to have a stronger voice in the way that Health and Social Care services are planned and run.

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

Halton LINK can;

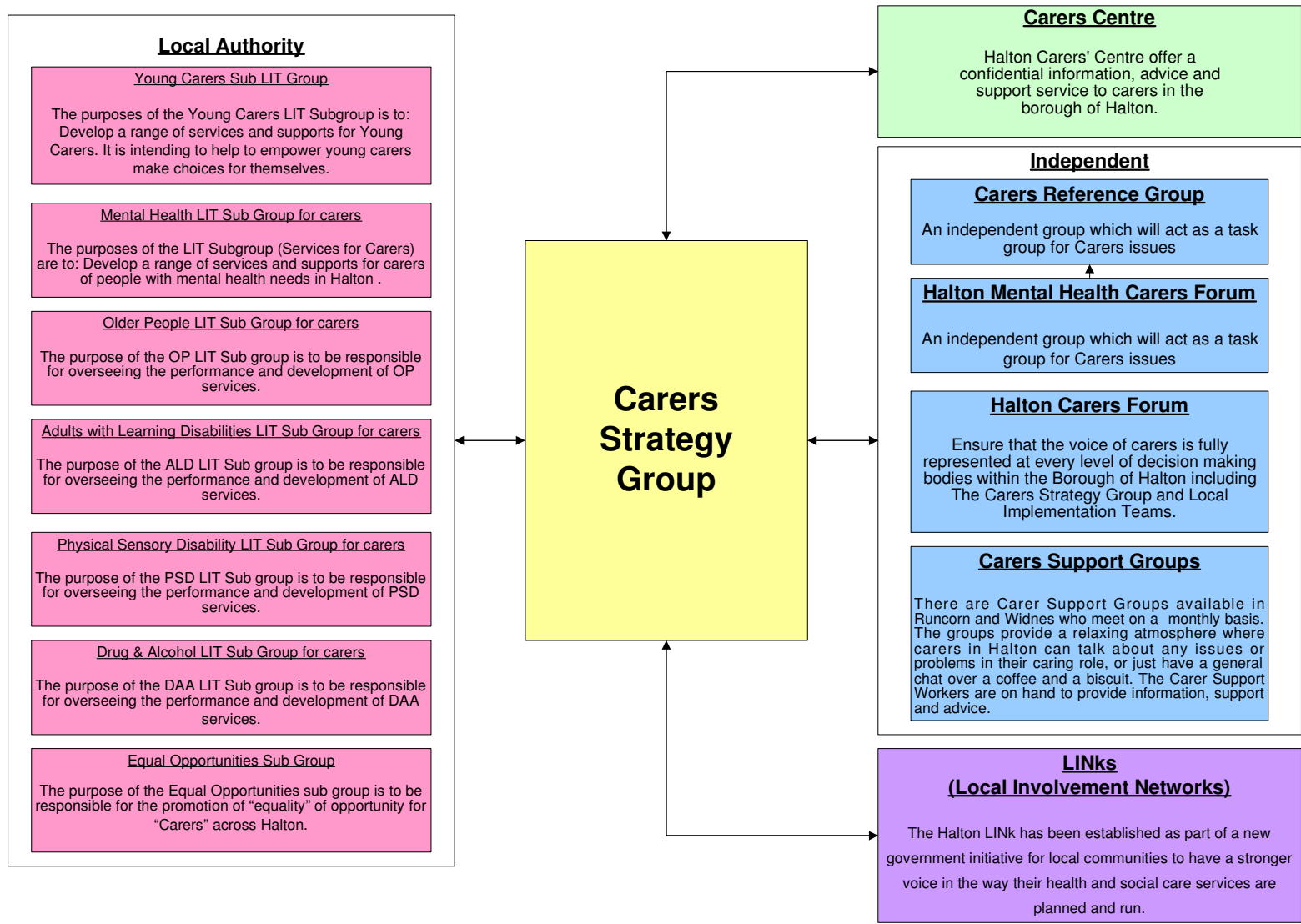
- Ask by local people what they think about their health and social care services and a chance to suggest ideas to help improve services.
- Investigate specific issues of concern to communities
- Use its powers to hold providers and commissioners to account and get results
- Ask for information and get an answer within a specified amount of time
- Carry out checks to see if services are working well
- Make reports and recommendations and receive a response
- Refer issues to higher authorities, when service providers seem reluctant to accept findings and take appropriate action.

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









## **SECTION FOUR : CURRENT PROVISION OF SERVICES AND COMMISSIONING INTENTIONS**

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### **INTRODUCTION**

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

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

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

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

Work is also taking place between Adult and Children Services to ensure that the transitional process for children with disabilities entering adulthood is as smooth as possible.

### **INTEGRATED AND PERSONALISED SERVICES**

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

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

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

### **Existing Provision**

**Telecare;** is a set of electronic sensors that is installed the cared for persons home that helps to make living at home safer. It is part of the community alarm service and does not use cameras. It is tailored to an individuals needs and its applications can vary from detecting excess smoke in the kitchen to floods in the bathroom. It can also tell if an area is too hot (cooker left on), or if the house is too cold (no heating on).

Just as important, Telecare can help us to know if you fall over or cannot get out of bed due to illness, and automatically contact a control centre for help.

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

**Carers Assessments;** There are currently 6 specific Assessors who provide assessments for Carers. The Assessors work within the Physical and Sensory Disability team, Mental Health team, Adult Learning Disability team, Parents of Children with Disabilities and the Older Peoples team (Runcorn and Widnes). The aim of the Local Authority was to increase the numbers of Carers receiving a service as a result of undergoing an assessment. In 2007 the Local Authority recruited Carer Assessors to identify and engage previously hidden carers, to raise the profile of carers and to respond more quickly to requests from Carers, for an assessment. This has led to an increase carers receiving an assessment of their needs and accessing a service as a result of that assessment.

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

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

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

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

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

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

### **Summary of Identified Needs**

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

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

### **Commissioning Intentions**

**Carers Assessments;** During 2008/9, there was an increase in the number of assessments undertaken that led to the Carers receiving a service. The work of the Carers Assessors will continue and it is anticipated that the levels of assessments undertaken during 2008/9 will continue from April 2009 onwards.

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

**Self Directed Support;** Build upon the foundations of Direct Payments to ensure that carers are involved in the development of the infrastructure to support the personalisation agenda. As part of this project, work will be progressed during 2009/10 on the development of a self-assessment process for Carers and the people they care for.

NOTE : It is important to note that a challenge for Halton (as part of the personalisation agenda) will be supporting carers that provide regular and substantial care and who meet the "substantial or critical" within the Fair Access to Care criteria (FACS), yet avoid carers breaking down. Already it has been acknowledged that it is only by taking a preventative approach and taking early intervention measures that avoids the carer's situation deteriorating to a point of crisis. (See appendices for Adult and Children's Services FACS guidelines)

## A LIFE OF THEIR OWN

### Introduction

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

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

Within Halton we have undertaken to define who is a carer and what access to breaks they can receive (See Appendix 3)

### Existing Provision

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

- **Oakmeadow**; provides a day-care service for people with dementia.
- **Hope Inclusion Time Success (HITS)**; provides Young Carers assessments on behalf of the local authority. They provide information, support, social activities and groups for young carers up to the age of 16 years. A Young Adult Carers' service for Carers' aged 16-21 is also provided in partnership with the Carers' Centre.
- **Emergency Respite Service**; provides emergency respite for carers, where it is deemed that there may be a potential situation that would arise if the carer was incapacitated. This is accessed through the emergency card system and is available 24/7.
- **Halton People into Jobs**; Outreach service providing information, advice and guidance relating to employment, learning or enterprise. Pre-Employment support with all aspects of job search e.g. CV's, application forms, interview preparation, sign posting to training. Waged options, work experience etc. Financial assistance from carers' grant for carers moving into employment.

### **Summary of Identified Needs**

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

From the analysis of information obtained from the Consultation Event held in February 2009 there was a consensus amongst carers that they experienced '*rushing or clock watching*' and that they found it hard, if not impossible to relax due to their caring responsibilities.

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

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

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

### **Commissioning Intentions**

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

- Halton Happy Hearts
- Alzheimer's Society
- Parkinson's Society
- Lets Go Club
- Runcorn and Frodsham District Mencap
- Halton Haven
- Halton Carers Centre

- HITS
- The Halton Leisure Cards

To fund additional voluntary groups in response to Carers feedback from the Carers Consultation held in February 2009, which includes;

- **Connect**; offers a weekly social club for people with learning/physical sensory difficulties allowing respite for the Carer or the opportunity for the Carer to be a part of the events. Connect's members choose the activities including; pool, table tennis, boccia, kurling, craft, bingo, disco, quiz, craft, music/singing workshops and daytrips – it's their decision. Connect also runs a football club for people with learning/physical disabilities.
- **Breathe Easy Halton**; offers support and information to those with lung complaints. Each month there is a meeting with a guest speaker. All are welcome. Social events and outings are held for the Cared and Carers.
- **HAFS**; provides monthly meetings including relaxation and massage therapy for carers, supervised trampolining and swimming sessions also general leisure and recreational activities. It offers carers breaks, including full advocacy service, helpline and reference library plus regular trips, outings and holidays.
- **A.C.E (Active Community Enterprise) Disco**; Set in St Basil' social club Hough Green on Thursday nights. Offers a disco & social evening throughout the year for people with learning disabilities.
- **Deafness Support**; provides support and respite breaks to young carers of deaf adults or siblings of deaf children.
- **Canal Boat Project**; offers a number of carers breaks and events which includes a 5 x day residential activity week in Barnsdon Dale, a canal boat residential and theatre visits for young carers.
- **Arch Initiatives**; provides one to one and group activities to young carers of with people alcohol or substance misuse.
- **Caring with Confidence**; is aimed towards improving support for carers aged 18 years and over by offering a course of sessions to develop carers knowledge and skills. Sessions are provided through the Halton Carers Centre.
- **Liverpool Personal Service Society (PSS)**; provides a sitting service for the cared for person, the PSS staff can either take the cared for person out for a break or can stay in the person's home; this enables the carer to have a period of respite. It has been agreed due to increased costs for the service, to put the contract out to tender; PSS have had a 3 month extended contract until a new service is contracted.

## INCOME AND EMPLOYMENT

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

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

- Introducing a Care Partnership Manager in every Jobcentre Plus District.
- Introducing specialist training for Jobcentre Plus advisers who work with carers. This will better equip advisers to recognise and deal with the



needs of carers and enable them to assist carers with returning to/staying in work.

- Funding of replacement care for those who are participating in approved training. This will enable carers who are not in full time work to take full advantage of training opportunities/employment related programmes operated by Jobcentre Plus.
- Ensuring that eligible carers have access to appropriate employment programmes/provision.

### **Existing Provision**

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

### **Summary of Identified Needs**

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

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

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

### **Commissioning Intentions**

To continue to fund and develop existing services;

- Halton People into Jobs
- Community Bridge Building Service
- Halton may support the Halton Carers Reference Group to consider the issue of inequality around areas of a pension-able age.

- To develop stronger working partnerships with Job Centre Plus, in order to provide better working opportunities for carers
  - Link into the 12 week training programme at Riverside College already planned to be delivered Autumn 2009
  - Carers to work with Jobcentre Plus to produce a leaflet explaining what the national strategy means locally
  - Establish a network of Carer Champions who have successfully combined work with caring responsibilities
  - Jobcentre Plus Care Partnership Manager to engage in discussions with Carer representative groups
  - Awareness raising for Jobcentre Plus advisers to take place to supplement formal training programmes to enable them to better understand the local issues
- Commission Halton Voluntary Action to co-ordinate the Volunteer Strategy for Halton Borough Council, which amongst other objectives will aim to provide additional volunteering opportunities for carers to gain work experience.
- Benefits Maximisation etc - Develop and distribute publicity leaflets to raise carer profile and inform carers about available services and benefits, within Halton. To link the development and distribution of leaflets to the Carers Promotional Strategy.

## HEALTH AND WELLBEING

### Introduction

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

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

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

At the Halton Carers Consultation in February 2009, carers reported that GP's rarely made referrals for them to access available carers services within Halton; they felt that they were in a prime position to inform carers about their rights and to signpost them, as soon as a "cared for persons" condition was either diagnosed or identified to have deteriorated.

### Existing Provision

**Enhanced GP services;** Halton and St Helens Primary Care Trust introduced a new scheme for GP practices in December 2007 this included practices receiving payment to "identify carers, provide information and services to carers, having a named carer lead and to develop more flexible services, enabling carers to access healthcare for themselves".

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

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

**Emergency Respite for Carers;** An Emergency Respite for Carers service was set up in August 2008. This is accessed via an assessment with the local authority and it has been highlighted that there is a need to put a contingency plan into place in the event of an emergency and the carer is unable to be with the cared for person.

Carers have said that they often worried or felt anxious in case they got ill or had to attend a funeral at short notice and they were unable to arrange care for the cared for person. Some carers said that they had refused to go into hospital for care, as they had no-one to look after the cared for person; again, this demonstrates the responsibility and pressure that carers often feel which impacts on their own health.

**Pamper and Holistic sessions;** Halton Carers Centre have commissioned Riverside College to deliver a pamper and holistic sessions

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

### **Commissioning Intentions**

- Update the information available to carers in formats that are fully accessible to a range of carers across Halton including; Adults, young carers, people from black, minority ethnic communities (BME), gay and lesbian carers (LGBT). The information will be available in printed leaflets, newsletters, local publication (The World, Inside Halton) and on the Halton Borough Council website.
- Continue to offer emotional support through the funding of voluntary groups including Halton Happy Hearts, Alzheimer's Society, Parkinson's Society, Connect, Breathe Easy, Lets Go Club, Mencap, Halton Haven, Halton Carers Centre etc and work with them on the development of publicity materials
- Ensure that through training and information Halton Borough Council staff are aware of and respond to issues raised by Carers.
- The PCT to continue to offer GPs the Enhanced GP Service for Carers.
- Develop stronger partnership links with PCT.
- To pilot the "demonstrator sites across Liverpool, St Helens and Halton; in order to develop stronger referral Pathways for Carers.
- To continue to provide the Emergency Respite for Carers Service/Emergency Card and to carry out a service review.

## **YOUNG CARERS**

### **Introduction**

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

- The child or young person does not have to live with the person they care for.

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

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

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

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

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

### **Existing Provision**

Halton Young Carers Project is run by HITS specifically for young carers, it is important that this project whilst providing a valuable service should not be the only option for young carers, who should be encouraged to take part in activities with their peers who are not carers. Other statutory and 3<sup>rd</sup> Sector organisations also provide services which are available to young carers across the borough, offering activities and support on an individual and group basis. There needs to be clearer referral pathways and priority of access for young carers to these services.

Messages from Carers’ consultation event 2009

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

managers. The care needs of the parent need to be assessed and met to prevent children providing care inappropriate to their age and capabilities.

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

### **Summary of Identified Needs**

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

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

- More responsive access into HITS
- Increased choice of activities and Young Carers breaks

### **Commissioning Intentions**

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

- **Deafness Support;** this is a pilot scheme which will allow for young carers of deaf adults and siblings of deaf children to access a variety of short breaks throughout the year, they may be one off events or repeated events. Breaks may include tickets or entrance fees to Chester Zoo etc
- **Canal Boat Project;** Includes various breaks such as 5 x day residential with watersports, horse riding, picnics etc, a 3 x day canal boat residential for up to 8 young carers and a London 2 x day trip to include theatre to see Blood Brothers, sight seeing and a meal.
- **HITS;** will provide outings of local and regional interest to individual and groups of young carers. Carers will influence the type of event/break through consultation.
- **Arch Initiatives;** will offer one to one and group respite activities for young people aged between 0 – 19 years. The one to one sessions will enable the young carer to focus on specific issues that may face them with regards to being affected by their parents drinking or drug mis-use.
- **Halton Haven;** Will identify and provide individualised breaks for young carers based on their personal circumstances and may include holidays, theatre and cinema tickets and football matches.
- **HAFS;** To contribute to the development of facilities of the new teenagers room by providing equipment, which includes wide screen T.V, plus P.C. lap tops and games.

## SECTION FIVE : PERFORMANCE AND FINANCE

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### PERFORMANCE ASSESSMENT

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

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

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

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

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

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

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

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

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

Work will be progressed during 2009/10 on the development of an appropriate Performance Framework to ensure that the Council and the PCT are appropriately positioned to respond effectively to the new performance requirements and this will include the development of an evaluation form. It is planned that the evaluation forms will be much more outcome based and will inform and influence the overall



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

## **FINANCIAL ANALYSIS**

### **Carers Grant 2008-2011**

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

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

As such the grant is currently utilized in the provision of services to carers. Outlined below are the details of planned spend during 2009/10 linked to the commissioning intentions outlined in section 4 of the strategy and identifies the number of carers that will be supported and breaks provided to those carers.

It should be noted that the Carers Grant is currently only available until March 2011 and it is unclear at the moment whether the Grant will continue past this date. It is anticipated that it would be unlikely that carers services could be funded within other resources currently available to the Local Authority. Therefore work will commence during 2009/10 on the development of a funding exit strategy outlining how the Commissioning Strategy could potentially be funded from April 2011; this could potentially look at alternative sources of funding from partner organisations or the redistribution of other funding available to the Local Authority.

### **2009/10 Carers Grant Allocation**

Allocation for HBC	£647,000
Children Services Allocation (20%)	-£129,400
<b>Total grant available for adult services</b>	<b>£ 517,600</b>

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

## FINANCIAL TABLES

### Older People's Service

Carers Grant allocation in 2009/10 = £180,360

Organisation/Team/ Service	Amount Allocated 2009/10	No. of Carers	No. of Breaks
OPW	£39,621	150	1100
OPR	£39,621	150	1100
Oakmeadow	£25,686	26	1352
Let's Go Club	£5,500	95	1100
Halton Zipper Club	£1,000	25	784
Halton Haven	£1,000	50	100
Alzheimer's Society	£30,000	120	700
PSS	£7,932	12	299
New Service to be commissioned : One to one care/sitting service (July'09 onwards)	£30,000	<b>TBC</b>	<b>TBC</b>
<b>TOTAL</b>	<b>£180,360</b>	<b>628</b>	<b>6535</b>

### Mental Health Service

Carers Grant allocation in 2009/10 = £32,000

Organisation/Team/ Service	Amount Allocated 2009/10	No. of Carers	No. of Breaks
MH Team	£26,000	100	900
Support Groups	£1,500	50	500
Training	£2,500	60	100
Contingency Fund (review Sept'09)	£2,000	N/A	N/A
<b>TOTAL</b>	<b>£32,000</b>	<b>210</b>	<b>1500</b>

### ALD Services

Carers Grant allocation in 2009/10 = £40,726

Organisation/Team/ Service	Amount Allocated 2009/10	No. of Carers	No. of Breaks
ALD Team	£24,976	164	1000
Connect	£5,000	30	1580
Mencap	£5,400	156	3430
St Basil Discos	£350	30	1500
HAFS	£5,000	24	720
<b>TOTAL</b>	<b>£40,726</b>	<b>404</b>	<b>8230</b>

### PSD Services

Carers Grant allocation in 2009/10 = £37,817

Organisation/Team/ Service	Amount Allocated 2009/10	No. of Carers	No. of Breaks
PSD Team	£22,000	102	747
Lets Go Club (swimming and sewing club)	£5,000	27	2280
Widnes and Runcorn Cancer Support Group	£5,000	80	1650
Breathe Easy Halton (BEH) Group	£1,420	10	30
Halton Happy Hearts	£1,500	70	2,000
Parkinson's Disease Society	£2,500	30	200
Contingency Fund (Review Sept'09)	£397	N/A	N/A
<b>TOTAL</b>	<b>£37,817</b>	<b>319</b>	<b>6907</b>

### Young Carers Services

Carers Grant allocation in 2009/10 = £15,000

Organisation/Team/ Service	Amount Allocated 2009/10	No. of Carers	No. of Breaks
Deafness support	£1,000	10	40
Canal Boat Project	£4,000	10	50
Contingency Fund	£1,000	N/A	N/A
HITS	£3,000	11	50
ARCH Initiatives	£4,000	40	200
Halton Haven	£1,000	10	20
HAFSC	£1,000	11	122
<b>TOTAL</b>	<b>£15,000</b>	<b>92</b>	<b>482</b>

**NOTE:** No specific carers grant allocation has been provided to Carers of people with Drug and Alcohol problems, as it was agreed by the LIT Carers Sub Group for Drug and Alcohol that work would take place to ensure the better utilisation of Carers Services provided by Halton Carers Centre. This would be kept under review by the LIT Sub Group – Further details about the work of this group can be found on page 21 of this Strategy.

### Generic Services

Carers Grant allocation in 2009/10 = £211,697

Organisation/Team/ Service	Amount Allocated 2009/10	No. of Carers	No. of Breaks
*Halton Carers centre - (HCC)	114,135	438	776
Emergency Respite	54,400	N/A	N/A

Service			
Publicity Materials	5,000	N/A	N/A
HCC – Complementary Therapy Service	13,000	250	1000
HCC – Carers Forum	9,162	800 - target members	460
HPIJ	16,000	40 – to be supported	N/A
<b>TOTAL</b>	<b>£211,697</b>	<b>1,528</b>	<b>2,236</b>

Halton & St Helens PCT contribute an additional £20k and the Children and Young People's Directorate contribute £30k to the infra structure and running costs of the Centre

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

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

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

## **SECTION SIX : IMPLEMENTING THE STRATEGY**

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### **INTRODUCTION**

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

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

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

The feedback will include;

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

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

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

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

### **JOINT COMMISSIONING STRATEGY ACTION PLAN**

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

Past records have demonstrated that we have exceeded targets/aims in certain areas; in particular we exceeded the number of assessments that were carried out in

2008/09. With this in mind, we will be pro-active in looking for opportunities to build upon our progress and update the action plan accordingly on an ongoing basis.

**ACTION PLAN FOR 2009 – 2012**  
(To be reviewed annually)

*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale
<b>1. Improved Health &amp; Emotional Wellbeing</b>						
1.1	Carer Assessments	To provide assessments for carers; a) Halton Carers Centre (low threshold self assessments) b) Halton Borough Council c) Consideration to be given to FACS criteria in light of the Self Directed Support project	Increase numbers of carers that access an assessment and lead to provision of service/information or advice to ensure that their needs are being met.	<ul style="list-style-type: none"> <li>• A life of their own</li> <li>• Income and Employment</li> <li>• Health and Wellbeing</li> </ul>	Halton Carers Centre Manager  Divisional Manager (Personalisation)  Carers Assessors  Carers Assessment Group	Ongoing – Review in November 2009
1.2	Department of Health Demonstrator Site	Partnership Bid to be to establish clear referral pathways and protocols for carers. To raise profile of carers issues and establish a more seamless service across Halton and St Helens	Increase numbers of carers accessing community based services and therefore reducing the deterioration of carer's health/conditions by providing information and services at an earlier stage.	<ul style="list-style-type: none"> <li>• Health and Wellbeing</li> </ul>	PCT Commissioning Manager (Community)  Service Planning Manager  Halton Carers Centre Manager	Ongoing – Review from Jan 2010 – Nov 2010
1.3	Complementary Therapy Service	Commission Halton Carers Centre to provide holistic therapies and	<b>250</b> carers having access for up to <b>1000</b> breaks in period	<ul style="list-style-type: none"> <li>• Health and Wellbeing</li> <li>• A life of their</li> </ul>	Halton Carers Centre Manager	Ongoing – Review quarterly

		pamper sessions, and trips	2009/10, leading to an improvement in health and wellbeing.	Own		
1.4	Promote Carer Issues	Distribute information through; newsletters, leaflets websites and face-to-face meetings.	Increase the numbers of previously hidden carers into services, resulting in more Carers within Halton, having increased knowledge about available services and their rights.	<ul style="list-style-type: none"> <li>• A life of their own</li> <li>• Income and Employment</li> <li>• Health and Wellbeing</li> </ul>	Carer Development Officer (in conjunction with all agencies and providers funded by the carer's grant and organisations including Primary Care Trust and Halton Borough Council)	Ongoing – Review in November 2009
1.5	Ensure that Halton & St Helens fully consider the needs of carers with the Development of Local Dementia Strategy	To provide clear direction of travel in relation to specialist services for people with dementia and their carers	Support the implementation of objective 7 from the National Dementia Strategy (see National Context – page 7)	<ul style="list-style-type: none"> <li>• Health and Wellbeing</li> </ul>	Joint Older People's Commissioning Manager	Ongoing
<b>2. Improved Quality of Life</b>						
2.1	Carer Participation	Increase involvement on groups: - a) LIT Sub Groups b) Carers Reference Group c) Carers Forum d) Personalisation	Commissioned services which meet the needs of the carer; and in which they monitor and evaluate throughout the year therefore	<ul style="list-style-type: none"> <li>• Integrated and personalised services</li> </ul>	Chairs of LIT Sub groups  Halton Carers Centre Manager  Divisional Manager	Ongoing – Review in November 2009



		Development Group	increasing the Carers voice and influence within service development		(Personalisation)	
2.2	Direct Payments	Assessors to offer and promote direct payments to those carers that wish to have more choice and flexibility in accessing services.	Increased choice and control for carers, ensuring that Carers have access to services, which offers more flexibility when Carers need it.	<ul style="list-style-type: none"> <li>• Integrated and Personalised services</li> <li>• A Life of their own</li> <li>• Health and Wellbeing</li> </ul>	Carers Assessors Direct Payments Team	Ongoing – Review in November 2009
2.3	Increased services for Young Carers	Halton Borough Council monitor the newly commissioned services suitable for young carers during the next carer's consultation	Young carers needs being met through increased flexibility and responsive services and which Carers have already influenced the commissioning of.	<ul style="list-style-type: none"> <li>• A Life of Their Own</li> <li>• Integrated and Personalised Services</li> </ul>	Young Carers Development Manager	Ongoing – Review in Jan 2010
2.4	Housing Support	Halton Borough Council to continue to include consideration for carers within their Housing Policy	Consideration being given to carers wishing to apply for housing	<ul style="list-style-type: none"> <li>• Integrated and Personalised services</li> </ul>	Housing Strategy Manager	Ongoing – Review in November 2009
2.5	Emergency Respite for Carers Service and Review	Opportunity to register for the Emergency Respite for Carers to those individuals where it is assessed as appropriate - Accessible through a Social Services Assessment for Carers.	Contingency plans for carers in case of an emergency reduce stress and anxiety	<ul style="list-style-type: none"> <li>• A Life of Their Own</li> <li>• Health and Wellbeing</li> </ul>	Divisional Manager (Intermediate Care) Service Development Officer (Carers)	Review – July 2009

2.6	Lifeline	Available for carers and the cared for – where it has been assessed as appropriate	Reduce stress and anxiety	<ul style="list-style-type: none"> <li>• A Life of Their Own</li> <li>• Health and Wellbeing</li> </ul>	Divisional Manager (Intermediate Care)	Review - October 2009
2.7	GP Enhanced Service for Carers	<p>a) Available to carers within Halton - offers identification and a more flexible approach to carers needing to access primary care services.</p> <p>b) An annual audit to take place, which includes individuals from HBC, PCT and carers; to ensure that system is meeting the needs of carers and can shape future developments.</p>	Increase carer's health and well-being and encourage carers to maintain their own health and to reduce long-term negative effects on carers.	<ul style="list-style-type: none"> <li>• A Life of Their Own</li> <li>• Health and Wellbeing</li> </ul>	PCT Commissioning Manager (Community)	Review - October 2009
2.8	Carers Breaks	To provide a range of breaks for Carers within Halton	To improve the quality of their lives by providing "time out" for Carers to focus on themselves and their own needs.	<ul style="list-style-type: none"> <li>• A Life of Their Own</li> <li>• Health and Wellbeing</li> </ul>	All agencies in receipt of Carers Grant funds	Review - quarterly
2.9	Leisure Cards	Halton Carers Centre to continue to issue Leisure Cards to carers who have registered with the Centre	To improve the quality of life to Carers within Halton and to offer the Carers chance to access flexible breaks when they most need	<ul style="list-style-type: none"> <li>• A Life of Their Own</li> <li>• Health and Wellbeing</li> </ul>	Halton Carers Centre Manager	Review - quarterly

			them.			
2.10	Develop a strategic approach to the distribution of Carer Information	Produce up to date Publicity Strategy 2009/12	To ensure that carers receive information and publicity to inform them about roles, responsibilities and expectations within their carer status, to indicate national and local developments and to outline services available within the borough for carers, better informing them about how they can influence and develop services within Halton.	<ul style="list-style-type: none"> <li>Leadership</li> </ul>	Service Development Officer (Carers) /Carer Development Officer HBC	Review – September 2009
<b>3. Making a Positive Contribution</b>						
3.1	Defining a Carer	Review the definition and evaluate impact on fairer distribution of carers breaks	Carers having increased access to carer services. Carer services supporting the transition of change for carers	<ul style="list-style-type: none"> <li>A Life of Their Own</li> </ul>	Service Development Officer (Carers)	June 2009

3.2	Carers' Day	To co-ordinate events and promote carers within Halton	Increase numbers of carers registering and accessing services within Halton	<ul style="list-style-type: none"> <li>• A Life of Their Own</li> <li>• Income and Employment</li> </ul>	Service Development Officer (Carers)/ Carers Development Officer	December 2009
3.3	Carers' Week	To co-ordinate events for carers and promote carer issues.	Increase numbers of carers registering and accessing services within Halton	<ul style="list-style-type: none"> <li>• A Life of Their Own</li> <li>• Health and Wellbeing</li> </ul>	Service Development Officer (Carers)/ Carers Development Officer	June 2009
3.4	Annual Carers Consultation Event	To set up an annual carers consultation.	<p>a) To shape and develop services for carers and to review current services for carers.</p> <p>b) To increase numbers of carers that attended previous events</p>	<ul style="list-style-type: none"> <li>• Integrated and Personalised Services</li> <li>• Health and Wellbeing</li> <li>• A life of Their Own</li> <li>• Income and Employment</li> <li>• Young Carers</li> </ul>	Service Development Officer (Carers)	January 2010
3.5	Promotional events and services	All partnership agencies to provide awareness raising presentations to raise the profile of carer's issues gathered through carer consultation events and feedback forms.	Improved services for carers by ensuring that staff understand the role of a Carer and the challenges that Carers face therefore being able to be more responsive and	<ul style="list-style-type: none"> <li>• Integrated and Personalised Services</li> <li>• Health and Wellbeing</li> <li>• A life of Their Own</li> <li>• Income and Employment</li> </ul>	Carers Development Officer (in conjunction with all agencies)	Review - August 2009

			receptive to Carers needs, when they access services.	<ul style="list-style-type: none"> <li>• Young Carers</li> </ul>		
3.6	Halton Carer Reference Group and Carers Forum	<p>a) Carer involvement in the shaping and monitoring of carer services</p> <p>b) Participation in national survey</p>	Services that will meet the needs of carers and enable services to be developed with a more transparent approach, therefore meeting the requests from Carers and ensuring a more equitable partnership within the development of those services.	<ul style="list-style-type: none"> <li>• Integrated and Personalised Services</li> <li>• Health and Wellbeing</li> <li>• A life of Their Own</li> <li>• Income and Employment</li> <li>• Young Carers</li> </ul>	Halton Carers Centre Manager	Review – November 2009
3.7	Continue to target “Hidden Carers”	<p>a) Briefing sessions for staff teams across Halton.</p> <p>b) Continue to raise profile of Young Carers through Development of LIT Sub Group for YC and Continue presence in Other LIT Sub groups.</p> <p>c) Develop presentation to be delivered in schools and colleges</p>	Increase numbers of Carers accessing services and therefore offer more Carers within Halton to receive the support and information that they need in order to maintain a life of their own and their health and wellbeing, as much as possible.	<ul style="list-style-type: none"> <li>• Personalised Services</li> <li>• Health and Wellbeing</li> <li>• A life of Their Own</li> <li>• Income and Employment</li> <li>• Young Carers</li> </ul>	Chair of Assessment Group and Sub LITS (Carers) for Local Authority, Carers Lead for PCT and Manager of Carers Centre and Carers Service Providers.	Review - December 2009

		<p>in conjunction with other partnership agencies.</p> <p>d) Provide presentations to GP's, during their protected learning time.</p> <p>e) Re-establish Equal Opportunities Sub Group for Carers</p> <p>f) PCT to continue to commission Building Common Ground workshops</p>				
<b>4. Freedom from Discrimination &amp; Harassment</b>						
4.1	Religion, Culture and Ethnicity data collation can inform development of carer services (Ashley House, Halton Carers Centre – already collect this information)	All agencies/organisations to collect carer data	Carers from religious cultural, ethnic and/or minority community groups can receive services more suited to meet their needs – resulting in increased inclusion. Increase the numbers of people from BME communities	<ul style="list-style-type: none"> <li>• Integrated and Personalised Services</li> <li>• A Life of Their Own</li> <li>• Health and Wellbeing</li> </ul>	All Agencies Equal Opportunities Sub Group	Review quarterly – via Equal Opportunities Sub group

			accessing services			
4.2	Lesbian, Gay, Bisexual or Transsexual (LGBT) Carers	To carry out a consultation event (attend LGBT group) Primarily within Halton but otherwise consult group out of area if unable to contact Halton association	Increase numbers of LGBT carers registering for a service, and therefore being able to offer them the support and information that they need in order to continue in their caring role and to maintain their own health and wellbeing.	<ul style="list-style-type: none"> <li>• Integrated and Personalised Services</li> <li>• A Life of Their Own</li> <li>• Health and Wellbeing</li> </ul>	Service Development Officer (Cares)	Review quarterly – via Equal Opportunities Sub group
4.3	Equal Opportunities Sub Group for Carers	Re-establish group and set up women's day with Making Space. Establish women who are carers from Black, Minority or Ethnic (BME) Communities	Increase numbers of carers registering from BME communities and provide respite breaks to meet their needs, and to increase numbers of Carers within Halton that contribute to the development of suitable services.	<ul style="list-style-type: none"> <li>• Integrated and Personalised Services</li> <li>• A Life of Their Own</li> <li>• Health and Wellbeing</li> </ul>	Service Development Officer (Carers)/ Making Space BME workers	Review October 2009
<b>5. Economic Well Being</b>						
5.1	Opportunities to enter Training or Employment	Job Centre plus will be delivering a new government initiative, encouraging and supporting those carers	Carers having increased choice to improve their economic status and/or skills and	<ul style="list-style-type: none"> <li>• Income and Employment</li> <li>• A Life of Their Own</li> </ul>	Job Centre Plus	Review - September 2009

		that wish to return to work/training; to be given the opportunity to do so. Job Centre Plus will be working in partnership with Riverside College to deliver a 12 x week course for People with Substance mis-use problems and carers that wish to return to work or gain training.	knowledge base, contributing to increased choice about their own lives.			
5.2	Halton People into Jobs (HPIJ)	Halton People into Jobs, to provide training and support to carers wanting to return to work or to access training which will enable them to increase their potential to acquire work	Carers having increased choice to improve their economic status and/or skills and knowledge base in order to secure employment if they so wish	<ul style="list-style-type: none"> <li>• Income and Employment</li> <li>• A Life of Their Own</li> </ul>	HPIJ	Review - quarterly
5.3	Training to Staff and Other Professionals	Training to delivered by Carer Development Officer, Halton Borough Council and Halton Carers Centre staff in partnership to other professionals	Improve partnership working and communication between teams in order to provide a more seamless service for Carers, and to ensure that Carers receive a more supportive and	<ul style="list-style-type: none"> <li>• Integrated and personalised services</li> </ul>	<p>Carer Development Officer</p> <p>Halton Carer Centre Manager</p>	December - 2009



			efficient response from service providers.			
5.4	Halton Borough Council Community Bridge Building Service	To help carers and the cared for person access practical help and support.	Increase confidence of Carers and improve potential to increase economic well being	<ul style="list-style-type: none"> <li>• A Life of their Own</li> <li>• Integrated and Personalised Services</li> <li>• Health and Wellbeing</li> </ul>	Principal Manager (Bridge Building Service)	Review – September 2009
5.5	Halton Carers Centre	Provides a signposting and information service for carers who wish to find out more about their rights about benefits and support.	Increase numbers of carers accessing benefits and increasing economic wellbeing.	<ul style="list-style-type: none"> <li>• A Life of Their Own</li> <li>• Integrated and Personalised Services.</li> <li>• Health and Wellbeing</li> <li>• Income and Employment</li> </ul>	Halton Carers Centre Manager	Review - quarterly
5.6	Caring with Confidence	Provides training about the knowledge and essential skills required as a carer	To increase carers confidence about their caring skills and knowledge, in a safe and supportive learning environment.	<ul style="list-style-type: none"> <li>• Health and Wellbeing</li> <li>• Income and Employment</li> <li>• A Life of their Own</li> </ul>	Halton Carers Centre Manager	January 2010
5.7	Halton Welfare Benefits Team	Can provide advice and information about carer's financial positions	Increase numbers of carers who are informed about financial implications and more informed about making	<ul style="list-style-type: none"> <li>• Income and Employment</li> </ul>	Welfare Benefits Manager	December 2009

			changes.			
5.8	Flexible Working for Halton Borough Council Employees	Halton Borough Council continue to offer flexible working conditions, policies and practices for employees who have caring responsibilities.	Reduced stress in working conditions for HBC staff that have caring responsibilities, therefore helping them to maintain better health and wellbeing and to support their caring status where possible.	<ul style="list-style-type: none"> <li>• A life of Their Own</li> <li>• Integrated and Personalised Services</li> <li>• Income and Employment</li> <li>• Health and Wellbeing</li> </ul>	HBC's Flexible Working Group	Review – September 2009
5.9	Increase support resources for Parents with Disabled Children	Establish Support Group for Parents with Disabled Children	To increase information support and networking for parents with disabled children.	<ul style="list-style-type: none"> <li>• A life of their own</li> </ul>	Halton Carers Centre Manager	Review; July, November and March
5.10	Maximise resources available to support delivery of Commissioning Strategy.	Develop of an exit strategy outlining how the Commissioning Strategy could potentially be funded from April 2011.	Use of resources will be efficient and effective; and will be targeted to meet identified commissioning priorities.	<ul style="list-style-type: none"> <li>• Effective planning and use of resources will impact on the delivery of all targets</li> </ul>	Carer Development Officer (in conjunction with all agencies and providers funded by the carer's grant and organisations including Primary Care Trust and Halton Borough Council)	Work to commence 2009/10- exit strategies to be complete by Sept 10.

- Where possible, linkages have been made with the current Adult Social Care Outcomes

Please note that the Action Plan will be reviewed and refreshed annually and that the deadlines, targets and priorities may change according to National or Local directives and through identified need as a result of the annual Carers' Consultation events.

## REFERENCES

1. A Community Strategy for a Sustainable Halton: 2006 – 2011
2. Halton Borough Council's 'It's all Happening in Halton' The Corporate Plan: 2006 – 2011
3. Parenting Support Strategy 2007-2010
3. The State of the Borough in Halton Report – 2008
4. Local Area Agreement 2008
5. Joint Strategic Needs Assessment (Health & Wellbeing) 2008
6. Young Carers - Is the harm still hidden? Best, Witton, Homayoun, Manning and Day – 2007

## GLOSSARY OF TERMS

NHS	National Health Service
PCT	Primary Care Trust
GP	General Practitioner
CSCI	Commission for Social Care Inspection
IMD	Index of multiple Deprivation
SOA's	Super Output Areas
LIT	Local Implementation Teams
FACS	Fair Access to Care
HAFS	Halton Autistic Family Support
LGBT	Lesbian, Gay, Bisexual and Transgender
HITS	Hope Inclusion, Time, Success
DAA	Drug and Alcohol service
AMH	Adult Mental Health team
DP	Direct Payments

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

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

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

The Carers and Disabled Children's Act 2000

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

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

### **The Children's Act (1989)**

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

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

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

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

Benefits of the legislation include:

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

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

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

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

### **The Mental Capacity Act (2005)**

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

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

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

### **The NHS and Community Care Act (1990)**

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

### **Quality Standards**

The King's Fund, after extensive consultation with voluntary organisations, statutory bodies, social service departments and health authorities, published **Quality**

**Standards for Local Carer Support Services** in 2002. There are five quality standards, which include:

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

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

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

### **Performance Framework**

With effect from 1.4.09, the work of Commission for Social Care Inspection transferred to the new Care Quality Commission; which is the auditing body for the Local Authority.

At the CSCI (Commission Social Care Inspection) Carers Improvement Board in February 2009, Baroness Young the Chair of the Care Quality Commission and senior managers in CSCI (Commission Social Care Inspection) highlighted that the new outcomes and performance characteristics require a significant shift in focus - giving far greater emphasis to support for Carers than in the past and with a need to evidence outcomes for Carers. This is really very radical, making Carers everybody's business in a way that has never quite been the case before.



### Defining a Carer in Halton

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

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

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

**ELIGIBILITY CRITERIA FOR CARERS OF ADULTS**

Support will be provided if you are a carer and if:

<b>Priority 1 Critical</b>	<b>Priority 2 Substantial</b>	<b>Priority 3 Moderate</b>	<b>Priority 4 Low</b>
<p><b>You:</b></p> <ul style="list-style-type: none"> <li>• Are providing substantial amounts of essential care and are at immediate risk of collapse</li> <li>• Are at immediate risk of abuse</li> <li>• Are at high risk in regard to health and safety</li> <li>• Are no longer willing or not able to care and there is a high risk of the cared-for person entering hospital</li> </ul>	<p><b>You:</b></p> <ul style="list-style-type: none"> <li>• Are providing substantial amounts of care and are at high risk of collapse</li> <li>• Are providing substantial amounts of care and without help the person cared for would need immediate care support</li> <li>• Are no longer willing or not able to provide care</li> <li>• Are at risk of abuse or risk with regard to health and safety</li> </ul>	<p><b>You:</b></p> <ul style="list-style-type: none"> <li>• Are providing substantial amounts of personal care and without some assistance you may no longer be able to provide care</li> <li>• Are at some risk to your health/safety</li> </ul>	<p><b>You:</b></p> <ul style="list-style-type: none"> <li>• Provide substantial amounts of care but experience limited difficulty in providing support to person cared for</li> <li>• Are at no risk with regard to health and safety</li> </ul>



**CHILDREN WITH DISABILITIES**

**NEEDS ASSESSMENT MATRIX**

**AND**

**ALLOCATION OF RESOURCES**

Severity Outcomes		LOW LEVEL OF NEED	MEDIUM LEVEL OF NEED	HIGH LEVEL OF NEED
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Be Healthy:</b> <ul style="list-style-type: none"> <li>• Nature of disability</li> <li>• Dependency</li> <li>• Demand on Carer</li> </ul>	Child needs routine medical checks only and requires no or minimal nursing care/support/treatment/	Child has unstable health and needs regular nursing care and support and/or complex medical care	Child has life limiting condition and requires daily nursing care and support and/or regular admissions to hospital	
	Child uses specialist equipment that does not require operational assistance	Child uses specialist equipment that needs operational assistance	Daily use of specialist equipment by child that needs operational assistance	
	Child has minimal therapy needs	Child has a planned programme of therapy	Child requires intense therapy programme	
	Child requires minimal help with personal care	Child needs daily support with basic self care functions e.g. eating, toileting, washing, dressing	Child is totally dependent on others for all basic self care functions e.g. eating, toileting, washing, dressing	
	Child is independently mobile	Child requires help with mobility and lifting	Child requires specialist aids for mobility	
	Child has some awareness of dangers and is able to function independently in the environment	Child has limited awareness of dangers and needs help to function in the environment	Child has no awareness of dangers and is dependent on others to function in the environment	
	Carer has no physical/mental health problems	Carer has some physical / mental health problems affecting ability to care	Carer has severe physical / mental health problems which have major implications for caring role	
	Low level of risk to health/safety of carer	Moderate level of risk to health/safety of carer	High level of risk to health/safety of carer	

Severity Outcomes		LOW LEVEL OF NEED	MEDIUM LEVEL OF NEED	HIGH LEVEL OF NEED
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Stay Safe:</b> <ul style="list-style-type: none"> <li>• Behaviour</li> <li>• Family dynamics</li> <li>• Support Networks</li> <li>• Environment</li> </ul>	Child requires supervision in some circumstances	Child requires continual supervision throughout the day and occasionally at night	Child requires constant monitoring/supervision both during the day and at night	
	Behaviour is not a risk to self or others (including self harm) and requires minimal management	Behaviour is a moderate risk to self or others (including self harm) and requires some input to manage	Behaviour is a serious risk to self or others (including self harm) and requires structured behaviour management programme	
	No child protection issues	Child has been subject to Section 47 enquiries/Child in Need Plan	Child has a Child Protection Plan	
	Child is only person in household with disabilities	One other person with disabilities who needs some support in household	More than one other person in household with disabilities who needs some support	
	More than one carer	Sole carer but has a support network	Sole carer with no support network	
	There are no pressures in the family other than caring for child	There are some other pressures in the family	There are complex family problems e.g. domestic violence, frequent changes in household, substance misuse	
	Where the child lives is a safe environment	There is sometimes risk for the child because of the physical environment	Where the child lives is not safe because of the physical environment	

Severity Outcomes		LOW LEVEL OF NEED		MEDIUM LEVEL OF NEED		HIGH LEVEL OF NEED	
		<input type="checkbox"/>			<input type="checkbox"/>		✓
		There is no risk of the child's placement breaking down		There is some risk of the child's placement breaking down		There is a high risk of the child's placement breaking down	
<b>Enjoy and Achieve:</b> <ul style="list-style-type: none"> <li>School</li> <li>Hobbies</li> </ul>		Child attends a unit in mainstream school, special school in the Borough or college		Child attends a special school in the borough with additional support or an out of borough placement		Child attends a complex needs out of borough placement with specialised package of support.	
		Child needs support to pursue interests and activities		Child needs 1 – 1 support to pursue inclusive interests and activities or requires specialised activities		Child can only pursue specialised activities with support	
<b>Make a Positive Contribution:</b> <ul style="list-style-type: none"> <li>Risky Behaviour</li> <li>Friendships</li> <li>Communication</li> </ul>		Child is confident and shows some understanding of risk situations		Child lacks confidence and is vulnerable to exploitation and bullying		Child has very limited understanding of risk situations and is extremely vulnerable	
		Child requires minimal support with communication		Child has significant communication difficulties		Child needs a skilled person to interpret communication	
		There are no difficulties in relationships with peers or siblings		There are stressful family relationships and/or some difficulties in relationships with peers		There is potentially harmful conflict with siblings and/or significant difficulties in relationships with peers	
		Child can adapt to different situations with support		Child needs to be prepared in advance for a change in routine		Child becomes extremely distressed following any small change to daily routine	

Severity Outcomes		LOW LEVEL OF NEED		MEDIUM LEVEL OF NEED		HIGH LEVEL OF NEED	
		<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Child able to express their views with support		Child needs specialist support in order to express their views		Child has extremely limited ability to express views even with support		
<b>Economic Wellbeing:</b> <ul style="list-style-type: none"> <li>• Finance</li> <li>• Housing</li> <li>• Transport</li> </ul>	The family are receiving all financial entitlements		The family needs to budget carefully to meet financial commitments		The family is on a low income and has financial problems		
	The family's accommodation is suitable and needs no adaptation		The family's accommodation is not totally suitable but does not need adaptation		The family's accommodation needs adaptation to meet the needs of the child		
	The child qualifies for low/medium rate DLA		The child qualifies for higher level DLA both for care and mobility		The child qualifies for higher level mobility DLA and needs a specially designed vehicle		
	The child will need support to continue in education, employment or training		The child will need individual support to continue in education, employment or training		The child will need a specialist adult care package		

## SUMMARY

Overall Assessment of Need	Description	<input type="checkbox"/>
<b>Low</b>	Need can be met by community based universal and/or preventive services	
<b>Medium</b>	Child would not have a reasonable standard of health and welfare due to a significant disability without the provision of specialist services	
<b>High</b>	Child has complex care needs requiring the input of specialist services	

## ALLOCATION OF RESOURCES

Level of Need	Criteria, including risk factors	Desired outcomes of services	Examples of services that might appropriately be provided at this level
<b>Low</b>	<p>1. Child needs routine medical checks only and requires no or minimal nursing care/support/ treatment</p> <p>2. Child uses specialist equipment that does not require operational assistance</p> <p>3. Child has minimal therapy needs</p> <p>4. Child requires minimal help with personal care</p> <p>5. Child is independently mobile</p> <p>6. Child has some awareness of dangers and is able to function independently in the environment</p>	<p>Promotion of child's health</p> <p>Maintain a satisfactory level of personal care</p> <p>Safeguarding the child against abuse or neglect</p>	<p>1. Information about community facilities</p> <p>2. Supported access to community facilities</p> <p>3. Referral to community organisations for support in the home</p> <p>4. Referral for occasional day and evening support within the community</p>



Level of Need	Criteria, including risk factors	Desired outcomes of services	Examples of services that might appropriately be provided at this level
	<p>7. Carer has no physical/mental health problems</p> <p>8. Low level of risk to health/safety of carer</p> <p>9. Child requires supervision in some circumstances</p> <p>10. Behaviour is not a risk to self or others (including self harm) and requires minimal management</p> <p>12. No child protection issues</p> <p>13. Child is only person in household with disabilities</p> <p>14. More than one carer</p> <p>15. There are no pressures in the family other than caring for child</p> <p>16. Where the child lives is a safe environment</p> <p>17. There is no risk of the child's placement breaking down</p> <p>18. Child attends a unit in mainstream school, special school in the Borough or College</p> <p>19. Child needs support to pursue interests and activities</p> <p>20. Child is confident and shows some understanding of risk situations</p> <p>21. Child requires minimal support with communication</p> <p>22. There are no difficulties in relationships with peers or siblings</p> <p>23. Child can adapt to different situations with support</p> <p>24. Child able to express their views with support</p> <p>25. The family are receiving all financial entitlements</p> <p>26. The family's accommodation is suitable and needs no adaptation</p> <p>27. The child qualifies for low/medium rate DLA</p> <p>28. The child will need support to continue in education, employment or training</p>	<p>Prevent breakdown of family or social networks</p> <p>Live in a safe home environment</p> <p>Promotion of social inclusion</p>	<p>5. Short term social work input on specific issues e.g. newly diagnosed, transition</p> <p>6. Signposting to other agencies for advice regarding issues such as allowances, housing and carer support groups</p>
<b>Medium</b>	<p>1. Child has unstable health and needs regular nursing care and support and/or complex medical care</p> <p>2. Child uses specialist equipment that needs operational assistance</p> <p>3. Child has a planned programme of therapy</p>		

Level of Need	Criteria, including risk factors	Desired outcomes of services	Examples of services that might appropriately be provided at this level
	<p>4. Child needs daily support with basic self care functions e.g. eating, toileting, washing, dressing</p> <p>5. Child requires help with mobility and lifting</p> <p>6. Child has limited awareness of dangers and needs help to function in the environment</p> <p>7. Carer has some physical / mental health problems affecting ability to care</p> <p>8. Moderate level of risk to health/safety of carer</p> <p>9. Child requires continual supervision throughout the day and occasionally at night</p> <p>10. Behaviour is a moderate risk to self or others (including self harm) and requires some input to manage</p> <p>12. Child has been subject to Section 47 enquiries/Child in Need Plan</p> <p>13. One other person with disabilities who needs some support in household</p> <p>14. Sole carer but has a support network</p> <p>15. There are some other pressures in the family</p> <p>16. There is sometimes risk for the child because of the physical environment</p> <p>17. There is some risk of the child's placement breaking down</p> <p>18. Child attends a special school in the borough with additional support or a specialised out of borough placement</p> <p>19. Child needs 1 – 1 support to pursue inclusive interests and activities</p> <p>20. Child lacks confidence and is vulnerable to exploitation and bullying</p> <p>21. Child has significant communication difficulties</p> <p>22. There are stressful family relationships and/or some difficulties in relationships with peers</p> <p>23. Child needs to be prepared in advance for a change in routine</p> <p>24. Child needs specialist support in order to express their views</p> <p>25. The family needs to budget carefully to meet financial commitments</p> <p>26. The family's accommodation is not totally suitable but does not need adaptation</p>	<p>Promotion of child's health</p> <p>Maintain a satisfactory level of personal care</p> <p>Safeguarding the child against abuse or neglect</p> <p>Support parents/carers in looking after child</p> <p>Prevent family breakdown or breakdown of social networks</p> <p>Live in a safe home environment</p> <p>Promotion of child's interests and social networks</p> <p>Promotion of social inclusion</p>	<p>1. Information about community facilities</p> <p>2. Supported access to community facilities</p> <p>3. Regular day and evening support within the community</p> <p>4. Short term social work input on specific issues e.g. newly diagnosed; transition</p> <p>5. Outreach support from Community Support Workers</p> <p>6. Basic level direct payments</p> <p>7. Occasional overnight stays up to 45 nights a year</p>

Level of Need	Criteria, including risk factors	Desired outcomes of services	Examples of services that might appropriately be provided at this level
	27. The child qualifies for higher level DLA both for care and mobility 28. The child will need individual support to continue in education, employment or training		
<b>High</b>	1. Child has life limiting condition and requires daily nursing care and support and/or regular admissions to hospital 2. Daily use of specialist equipment by child that needs operational assistance 3. Child requires intense therapy programme 4. Child is dependent on others for all basic self care functions e.g. eating, toileting, washing, dressing 5. Child requires specialist aids for mobility 6. Child has no awareness of dangers and is dependent on others to function in the environment 7. Carer has severe physical / mental health problems which have major implications for caring role 8. High level of risk to health/safety of carer 9. Child requires constant monitoring/supervision both during the day and at night 10. Behaviour is a serious risk to self or others (including self harm) and requires structured behaviour management programme 12. Child has a Child Protection Plan 13. More than one other person in household with disabilities who needs some support 14. Sole carer with no support network 15. There are complex family problems e.g. domestic violence, frequent changes in household, substance misuse 16. Where the child lives is not safe because of the physical environment 17. There is a high risk of the child's placement breaking down 18. Child attends a complex needs out of borough placement with specialised package of support 19. Child can only pursue specialised activities with support	Promotion of child's health  Maintain a satisfactory level of personal care  Safeguarding the child against abuse or neglect  Support parents/carers in looking after child  Prevent family breakdown or breakdown of social networks  Live in a safe home environment	1. Information about

Level of Need	Criteria, including risk factors	Desired outcomes of services	Examples of services that might appropriately be provided at this level
	<p>20. Child has very limited understanding of risk situations and is extremely vulnerable</p> <p>21. Child needs a skilled or familiar person to interpret communication</p> <p>22. There is potentially harmful conflict with siblings and/or significant difficulties in relationships with peers</p> <p>23. Child becomes extremely distressed following any small change to daily routine</p> <p>24. Child has extremely limited ability to express their views even with support</p> <p>25. The family is on a low income and has financial problems</p> <p>26. The family's accommodation needs adaptation to meet the needs of the child</p> <p>27. The child qualifies for higher level mobility DLA and needs a specially designed vehicle</p> <p>28. The child will need a specialist adult care package</p>	<p>Promotion of child's interests and social networks</p> <p>Promotion of social inclusion</p>	<p>community facilities</p> <p>2. Frequent day and evening support within the community</p> <p>3. Intensive individual social work support</p> <p>4. Outreach support from Community Support Workers</p> <p>5. Enhanced level direct payments</p> <p>6. Regular overnight stays over 45 nights a year</p>

Level of Need	Criteria, including risk factors	Desired outcomes of services	Examples of services that might appropriately be provided at this level
			<p><b>In Exceptional</b></p> <p><b>Circumstances:</b></p> <ol style="list-style-type: none"> <li>1. Foster placement</li> <li>2. Residential placement</li> </ol>

