HALTON
BOROUGH COUNCIL

JOINT COMMISSIONING STRATEGY FOR OLDER PEOPLE

2009 - 2014

Draft

CONTENTS

Executive Summary

PRINCIPLES OF THIS STRATEGY

This document sets out the overarching strategy for the commissioning, design and delivery of services to older people 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 Commissioning Strategic Plan.

The Strategy outlines the vision, aims and fundamental values and principles underpinning the design and delivery of services to Older People and identifies the local and national drivers and influences that impact on its delivery. It outlines the commissioning intentions relating to older people's services and will reference a range of specific strategies and documents that support in more detail particular workstreams.

The Strategy attempts to facilitate 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.

This document covers older people's commissioning within Halton, however it needs to be considered and developed within our current priorities. The sections that follow are not exhaustive, but have been identified through stakeholder and service user feedback, as well as being both nationally and locally acknowledged as priority areas for older people's services.

It is also important to acknowledge that this strategy gives a clear overview and aims to set the direction of travel for commissioning over the next three years, this will be achieved through the initial action plan that forms part of this document. The action plan will be reviewed and updated on an annual basis through the Older People's Local Implementation Team, this will be described in the Governance Arrangements below.

The Older People's Local Implementation Team's has dignity at the heart of developments in the future and this strategy aims to use the dignity agenda when considering the commissioning intentions of services in Halton. The dignity challenge states:

- Have a zero tolerance to all forms of abuse
- Support people with the same respect you would want for yourself or a member of your family
- Treat each person as an individual by offering a personalised service
- Enable people to maintain the maximum possible level of independence, choice and control
- Listen and support people to express their needs and wants
- Respect people's right to privacy
- Ensure people feel able to complain without fear of retribution
- Engage with family members and carers as care partners
- Assist people to maintain confidence and a positive self-esteem
- Act to alleviate people's loneliness and isolation

Objectives for the next five years

There are five key areas that make up the priority areas that will see commissioning investment for the next five years. Each of these areas will be addressed in more detail in the full document and are summarised later in this section. The financial investment within commissioning will focus on:

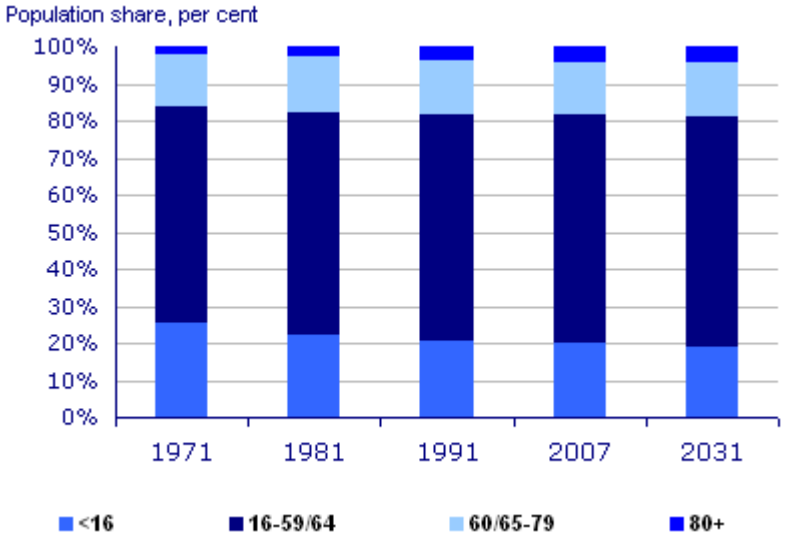
- The Development of Assessment, Care and Treatment Service (ACTS)
- Redesign of dementia services to ensure a shift from bed based investment to a greater proportion of community or prevention services
- Development of Psychological support for stroke survivors
- Increased specialist training linked to major illness and mental health (e.g. Stroke, depression, dementia etc.)
- Redesign of low-level information provision for older people's services
- Commissioning of additional extra care units

A number of additional commissioning priorities will emerge throughout the life of this strategy and many will only become apparent once completion of reviews and evaluation of existing services. Any newly commissioned, redesigned or continued service will have at it's heart all of the messages from the Dignity agenda. This will ensure that all services will be in a position to offer the highest level of quality for Older People in Halton.

The Issue facing older people

Ageing Population

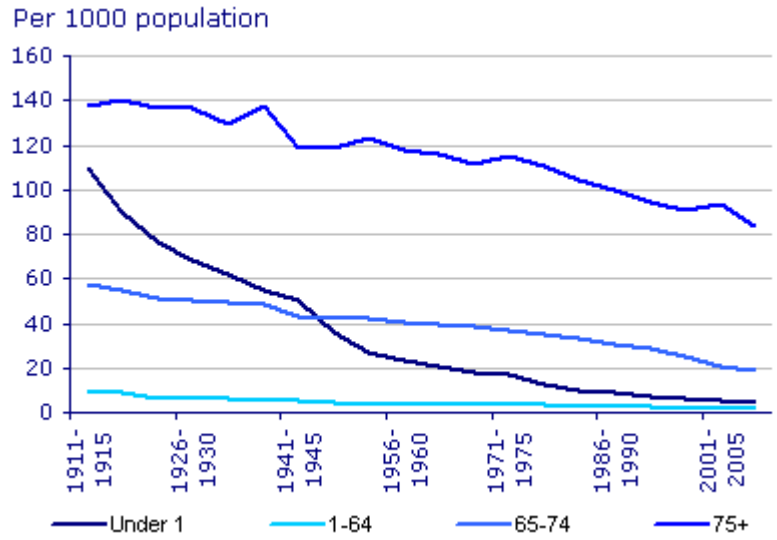
The percentage of the population aged under 16 has been declining since 1995 and this coupled with an ageing population has for the first time ever, seen the under 16 population drop below the percentage of the population of state pensionable age. Average growth in the population aged over state pensionable age between 1981 to 2007 was less than one per cent per year, however, between 2006 and 2007 the growth rate was nearly 2 per cent.



This growth is partly due to the number of women born in the immediate post World War Two baby boom who reached state pensionable age in 2007. These women were born in 1947, the men born in the same year will state pensionable age in 2012.

The fastest growing age group in the population are those aged 80 years and over who currently constitute 4.5 per cent of the total population. This age group has

increased from 2.8 per cent to 4.5 per cent between 1981 and 2007 and this trend is expected to continue over the coming decade. The reasons attributed to this increase include improvements in mortality at older ages over the second half of the 20th century.



The mortality rate in England and Wales for the population aged over 75 has fallen from 137 deaths per thousand in 1911 –1915, to 83 deaths per thousand in 2006 – 2007. The mortality rate for the population aged between 65 and 74 has declined by two thirds over the same period, from 57 to 19 deaths per thousand.

Although Halton is below the national mortality rate in the above age groups the trends are the same and the older population in Halton is expected to increase as follows.

Halton population aged 65 and over, in five year age bands, projected to 2025.

	2008	**2010**	**2015**	**2020**	**2025**
People aged 65-69	5,200	5,400	7,300	7,000	7,100
People aged 70-74	4,300	4,500	4,900	6,600	6,400
People aged 75 – 79	3,300	3,400	3,700	4,100	5,700
People aged 80 – 84	2,200	2,300	2,500	2,900	3,200
People aged 85 and over	1,800	1,800	2,100	2,500	3,100
Total Population 65 and over	**16,800**	**17,400**	**20,500**	**23,100**	**25,500**

- **Older People's Mental Health –**

Most older people in the UK have good mental health and well-being, but a significant minority have mental health symptoms that impact adversely upon their quality of life, increasing feelings of isolation or exclusion.

Truly person centred services and health promotion activities, by necessity, span a wide range of teams and services and we need to provide a vision for partnership working across Primary Care, Social Care and Specialist Services, Local Authority Housing, Statutory, Independent and Not for Profit sectors.

Most importantly, we need to explore working in partnership with the people who are experiencing our services – the clients, their family and carers. If our services are not known, used and trusted by our local population, we have failed.

- **Detection of Major Illnesses –**

Life expectancy at birth is a major indicator of overall health and whether the local population die younger than England as a whole. Life Expectancy is a key Government target: The national Public Service Agreement (PSA) for improving the health of the population aims:

- To increase the life expectancy at birth in England to 78.6 years for men and to 82.5 years for women by 2010 and;
- Reduce the inequalities in life expectancy at birth by 10% between the lowest fifth of local authority districts and the average for England by 2010.

Halton is a Local Authority district that experiences some of the poorest health, and thus are required to meet differential 'stretched' mortality targets to narrow the inequalities gap. An indicator of whether we are achieving this is to look at the gap between local life expectancy at birth and national figures. Life expectancy for both Males and Females has improved in Halton between 1991-1993 and 2004-2006 with Males living on average an extra 2.4 years and females living an extra 0.6 years.

- **Accommodation based services –**

Within the Joint older people's commissioning strategy we need to consider the accommodation needs of Older People. This relates to a range of provision including nursing, residential, extra-care housing, sheltered accommodation, registered social landlord and privately owned properties. As well as considering the mix of people supported to live in their own home compared to residential, we also need to consider an individuals needs in relation to being able to access services in the community and ensuring that no matter where older people live they are not subjected to social isolation, which could lead to a range of health and wellbeing problems.

Halton has a population of 118,208 and approximately 22,000 people over 60 of these 22,000 in excess of 8,100 are living alone, this represents 37% of people over 60. (*Source :Housing Needs Survey 2005)*

- **Quality of life –**

As life expectancy increases, the quality of life of older people is becoming a key policy concern both at a National and local level. However, there has been little research investigating the specific experiences, life circumstances and needs of older people.

One of the key issues to emerge is the importance of social groups, activities and networks in promoting and enhancing quality of life among older people. Also ensuring that older people are supported to remain engaged and an active part of society is vital to help maintain a high quality of life.

- **Personalisation –**

Personalisation means thinking about care and support services in an entirely different way. It means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about what, who, how and when they are supported to live their lives. It requires a significant transformation of adult social care so that all systems, processes, staff and services are geared up to put people first.

IMPLEMENTATION PLAN –

The implementation plan for the first year of this strategy is available through the Older People's Commissioning Manager for Halton or via the Older People's Local Implementation Team who will be accountable for the plan, this includes the refresh of the strategy and the development of a year 2 implementation plan.

SECTION ONE: COMMISSIONING IN CONTEXT

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**

WHAT IS COMMISSIONING?

The audit commission's definition of commissioning states that it is:

"The process of specifying, securing and monitoring services to meet individual's needs both short and long term".

As such, it covers what might be viewed as the purchasing of services as well as a more strategic approach to shaping the market for complex health needs right through to early intervention and prevention services. Simply put, purchasing is the process by which services are obtained to meet the needs of service users and carers. However we must also consider the definition of procurement:

Procurement relates to the process of securing services and products that best meet the needs of service users and the local community for the time the specific needs exists. The corporate procurement strategy includes the expectation that the procurement of services will be based in three principles. Purchasing a service via a contract to meet the current need. Maintaining effective and up to date procurement procedures and ensuring that procurement meets the borough's key corporate objectives.

If commissioning is seen as providing strategic direction, then contracting can be defined as:

The management of the legal arrangements between the local authority and service provider agencies, which lay down the standards of the service, costs and the monitoring arrangements. As such it provides a quality assurance service to the local authority.

Strategic commissioning essentially integrates all the components of the commissioning process, described within four main functions:

- Information gathering (needs analysis and mapping of resources)

- Establishing policy and strategy for the investment and dis-investments of services
- Developing good service practice
- Research and evaluation.

This commissioning strategy will outline the six key priorities that have emerged from recent consultation, through the Joint Strategic Needs Assessment and through the Halton & St Helens NHS Commissioning Strategic Plan.

The aim of this strategy will be to outline the priorities clearly so that we can develop true Joint commissioning processes between all areas of the Local Authority, the Hospital Trusts, Halton & St Helens NHS, the voluntary sector, independent sector and service users and carers. The final point becoming ever more important as more people look to direct payments or individualised budgets as their preferred method of managing their life after retirement.

A MODEL OF COMMISSIONING

The Government White Paper, 'Our Health, Our Care, Our Say: Improving Community Health and Care Services' clearly outlines the importance of delivering change through joint commissioning with Primary Care Trusts, Local Authorities and Practice Based Commissioning clusters.

This will be the key vehicle for shaping services around needs and choices and ensuring a balance of provision from low (prevention) to high level (specialist Treatment) support.

Practice Based Commissioning has to be an integral part of the commissioning framework so that it can react to patient needs, but also plan longer-term developments for future commissioning priorities and service provision. The White paper emphasises that there must be a focus on local areas and outcomes rather than reorganisation. All commissioning organisations and providers need to improve the evidence base and the outcomes framework to support overall performance. The culture across the system has to continue to move to one of understanding what difference the service has made, not just how often has it been delivered.

There are a number of layers or types of commissioning – all of these methods can co-exist and the challenge within the current market is to adapt a system that allows us to utilise each layer to meet the needs of the local population. It is important to ensure that this is carried out whilst clearly adhering to the principles of World class commissioning as illustrated in fig 1

- Regional Procurement
- Local Central Commissioning – joint agency
- Local in-house commissioning – single agency
- Local neighbourhood commissioning – ' community pot' e.g Working Neighbourhood Fund etc.
- Local neighbourhood commissioning – e.g. Practice Based Commissioning
- Personal commissioning

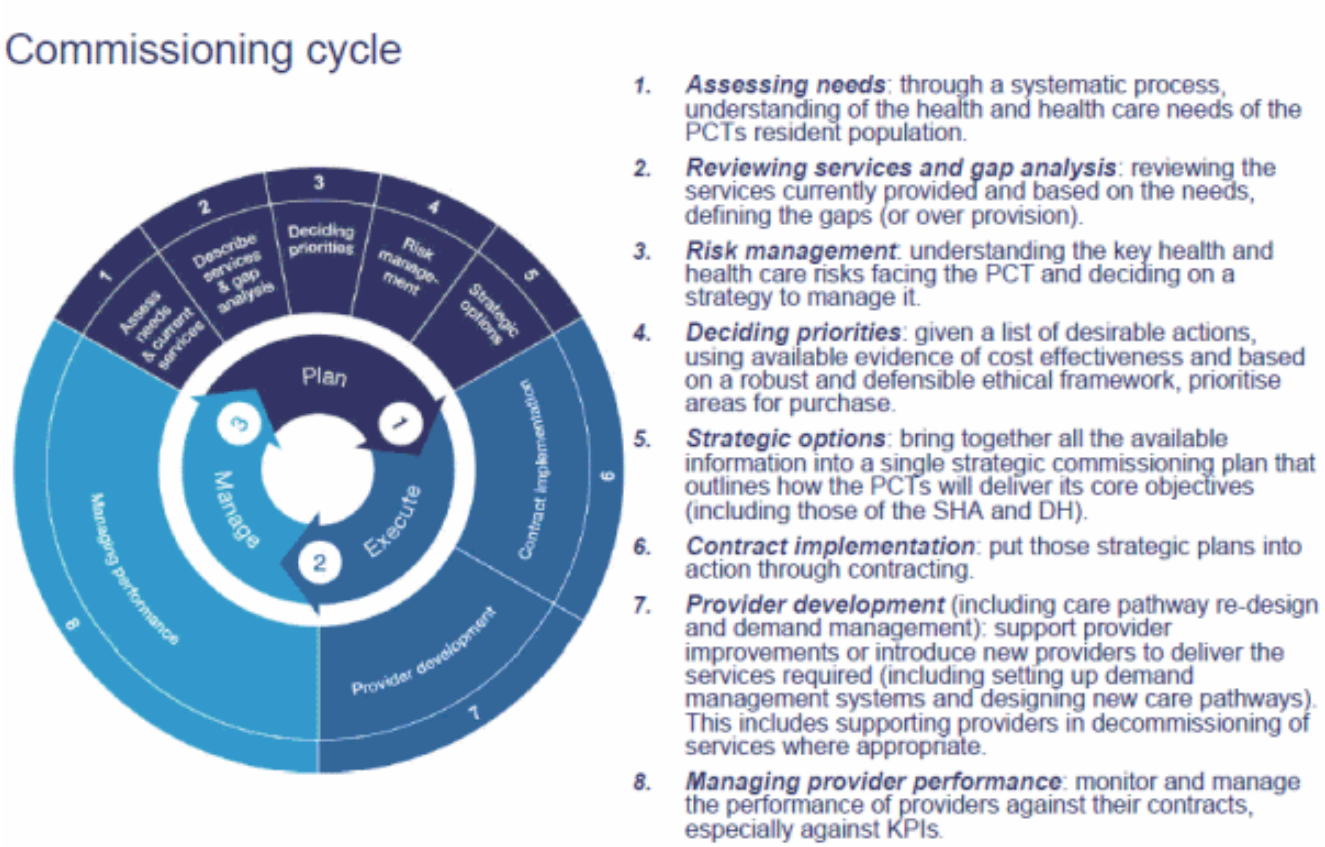
One of the driving forces at the local neighbourhood level is inequality of opportunity across service user or patient groups. It is clear that the drive to continue to develop and implement a clear prevention strategy, which is strongly supported in the White Paper, includes taking account of a wider group of citizens outside of traditional

social services. It begins to take account of the full needs of Older People, understanding that there is a need for access to health and acute services, but also that people want to access leisure, cultural and sporting activities. Older People still want to contribute to the economy through both paid and voluntary work and can offer huge knowledge, experience and are often highly skilled and motivated. Therefore commissioners need to adapt their individual plans and strategies and ensure that they are linked across health and social care and that all providers understand how they are contributing to all aims and objectives across the sector.

We will need to improve and work with those in Public Health to map incidence and need. The Joint Strategic Needs Assessment has already identified some of the obvious 'hotspots' that need to be addressed. This evidence will be linked to the Halton & St Helens NHS commissioning strategic plan that outlines seven priorities:

- Reducing harm from tobacco
- Reducing harm from alcohol
- Reducing harm from obesity
- Early detection of major illness (diabetes, heart disease, cancer, stroke etc.)
- Early detection of depression
- Quality of planned services (elective care)
- Quality of unplanned services (urgent care)

Fig 1



PARTNERSHIPS – MAKING A DIFFERENCE

Commissioners need to be responsive and, therefore, to enter into a more mature relationship with all providers. We must seek to maximise all the opportunities available by working with all service providers and partners to develop the highest quality of care.

This must include positive partnerships and working closely with voluntary, independent, community and faith groups across Halton. This approach will allow improved outcomes and a clearer understanding of each other's priorities and future direction.

These partnerships impact on a number of areas of commissioning from working with providers to assess the current capacity and quality of service, as well as identifying gaps in service. By using this level of intelligence we are able to understand what we need to commission more of and what needs to be decommissioned. This can and should go further by ensuring that every older person and carer in the borough has some method of having their voice heard so that we can get the true feelings and ideas of Halton residents. This will be described in more detail in section 3 – Consultation.

When developing meaningful partnerships we have to ensure that we consider both the strategic and operational implications. From a strategic point of view we have to ensure that all partners know all of the organisational objectives and how they link and which workstreams can be carried out jointly. Within Halton we can now operate within the remit of the section 75 partnership agreement that sets out to describe the lead commissioning agreements between the Local Authority and Halton & St Helens NHS as illustrated below:

"Each Partner retains Statutory responsibility for their functions carried out under the Commissioning Agreement. The vehicle for the delivery of such functions will be the LA ASC&H Commissioning Division for Older People, Learning Disabilities, Physical and Sensory Disabilities, Drugs and Alcohol and HIV aids. It will be the PCT Commissioning Division for Mental Health Services. Appendix 2 illustrates.

The lead arrangements for each partnership commissioning area are as follows:

Commissioning Area	*Lead Organisation*
Mental Health	*Halton and St Helens PCT*
Older People (inc Intermediate Care and older people's mental health)	***Local Authority***
*Alcohol and Substance Misuse**	*Local Authority*
Adult Learning Disability	*Local Authority*
Physical Disability	*Local Authority*
**The PCT will develop a joint PCT/LA role to support the commissioning of health outcomes for alcohol services*	

When we consider operational partnerships there are a number of elements to achieving success. Firstly the Local Authority, as lead commissioner for Older people's services, must demonstrate that the elements described under 1.1 earlier in this document are all working effectively to allow delivery of world-class commissioning.

COMMISSIONING OUTCOMES

The White Paper, 'Our Health, Our Care, Our Say: Improving Health and Care Services' consolidates the approach taken in the Green Paper ' Independence, Wellbeing and Choice' of theming together seven outcomes. These are:

1. Improved health and emotional wellbeing – health inequalities need to be addressed and are one of the main objectives of the Halton Health Partnership

2. Improved quality of life – people will be given the most appropriate support to help them remain independent and able to live at home.

3. Making a positive contribution – people will be able to influence decisions that affect their lives as a member of their community and carers and volunteers will be able to support them

4. Choice and control – those with additional needs and who most dependent will have more control and a range of options wherever possible

5. Freedom from discrimination – those with additional needs will be protected and will be free from abuse and discrimination

6. Economic wellbeing – More people will move into socially inclusive engagement and employment

7. Personal dignity – the dignity of people with additional needs and those at the end of their lives will be promoted.

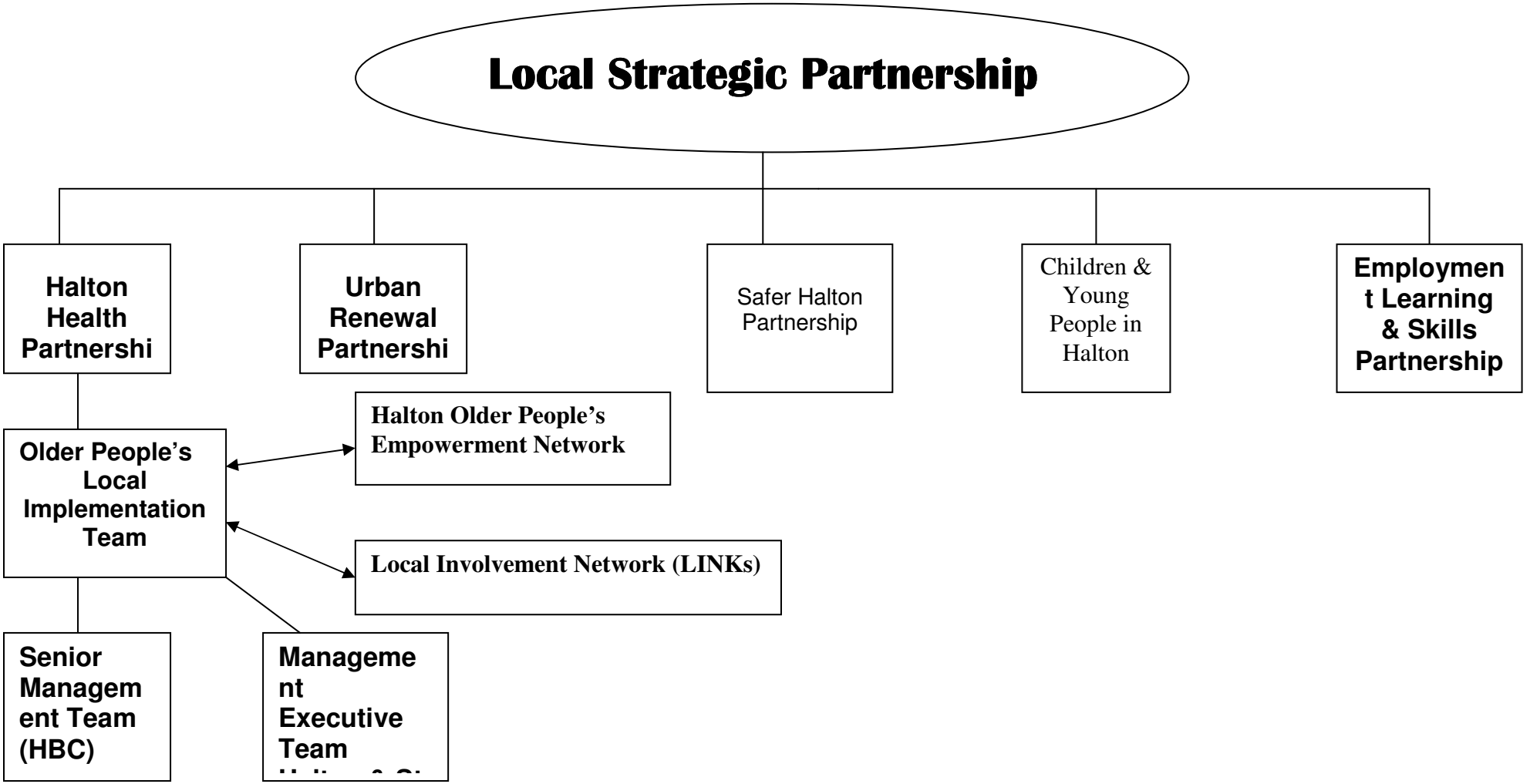
In order to achieve each outcome we need to develop a clear action plan that will identify the following:

- How we are going to commission strategically
- How we are going to commission locally
- How we are going to assist personal commissioning, and
- What we will ' decommission'

This action plan will be presented in section 7 of this strategy.

GOVERNANCE ARRANGEMENTS

The Older People's commissioning strategy is a joint document that sits across the Local Authority and NHS Halton & St Helens. This creates a range of complexities relating to the overall governance and implementation of the strategy.



The strategy sits alongside a number of key local and National documents as follows.

NATIONAL DRIVERS

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 importance of joint commissioning and ensuring quality research, data and evidence to effectively procure the right services to meet the needs of an individual.

Personalisation

On 17th 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.*

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. This strategy should be a catalyst for a change in the way that people with dementia are viewed and cared for England.

Framework for a fairer future – The Equality Bill (White Paper June 2008)

The above White Paper sets out some key messages relating to Equality, the vision for the paper is:
'Promoting equlity is essential for individuals to fulfil their potential, for the creation of a cohesive society and for a strong economy. A substantial body of equality legislation has been introduced over the last four decades, protecting millions of people from discrimination and promoting greater equality. But the legislation has become complex and hard to understand. The Bill will de-clutter and strengthen the law.'

Specifically in relation to age discrimination the Bill will contain powers to outlaw unjustifiable age discrimination by those providing goods, facilities and services in the future. To allow businesses and public authorities to prepare, and to make sure the law does not prevent justified differences in treatment for different age groups.

More information is available at:

http://www.equalityhumanrights.com/your-rights/age/

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) 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 a National Indicator set of 198 targets. The purpose of the LAA 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.

Advancing Well Strategy (2008-2011)

The 'Advancing Well' Strategy aims to promote more independent living and reduce the social isolation often experienced by older people by working closely with all providers of services for older people. The success of the strategy will depend on positive joint action internally, between the various departments of the Council, and externally with other public and private organisations and with local voluntary and community sector groups. To do this, Halton is committed to providing strong community representation for its older people and a network of services through local partnerships. This involves close links with various organisations, such as, transport, job centres, colleges, health facilities, sport and other leisure facilities, housing and other organisations involved in the delivery of services for older people.

The Strategy will help to develop radical new approaches to the way in which we deliver services for older people. These involve promoting health, well-being, quality of life, equality and independence. Such diversity of approach lies at the very heart of all the Councils strategies.

Commissioning Strategy for Carers (Due Sept 09)

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 Halton and St Helens Primary Care Trust, 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.

Local Area Agreement

The Local Area Agreement (LAA) is the framework used to deliver Halton's vision as mentioned earlier. The LAA is a target based process that focuses on the five agreed priorities.

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

There are a range of specific targets contained within the Local Area Agreement that are appropriate for Older people's services and are covered in Appendix 1

Local Involvement Network (LINk)

The Halton LINk has been established as part of a new government initiative for local communities to have a stronger voice in the way their health and social care services are planned and run. Halton Voluntary Action has been appointed to act as the 'LINk Host' for the Halton LINk.

In July 2006, the Department of Health published plans to strengthen the ability for local communities to influence the care they get through LINks. Until now, one of the ways the NHS has listened to patients has been through Patient and Public Involvement in Health Forums (PPIF), but they ceased in March 2008.

Halton LINk will build on the work of the previous forums but membership will be open to everyone who lives in Halton, or anyone who uses health or social care services in Halton. The LINk will cover all publicly funded health and social care services in the area, no matter who provides them.

Commissioning Strategic Plan

This document was produced in 2008 by NHS Halton & St Helens and clearly outlines the need to change, the key priorities and the investment required to make a difference within the health equalities in Halton. The Commissioning Strategic Plan offers three key areas that Halton and St Helens suffer with:

- Economic Deprivation (within the worst 10%)
- Worklessness (21% with 11% of these people receiving incapacity benefits)
- Smoking, obesity and alcohol and drug misuse.

Each of these factors is a significant determinant of health. Taken together they largely explain why our population has comparatively poor health and significantly lower life expectancy, in particular due to high levels of heart disease and cancer. Our Joint Strategic Needs Assessment clearly shows the unequal impact these issues have within our local population and in comparison to the average health experience of the people of England. The vision is to improve the health of our local population and based upon this vision, six ambitions have been identified:

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

SECTION TWO : OLDER PEOPLE'S MENTAL HEALTH

INTRODUCTION

Most older people in the UK have good mental health and well-being, but a significant minority have mental health symptoms that impact adversely upon their quality of life, increasing feelings of isolation or exclusion.

Truly person centred services and health promotion activities, by necessity, span a wide range of teams and services and we need to provide a vision for partnership working across Primary Care, Social Care and Specialist Services, Local Authority Housing, Statutory, Independent and Not for Profit sectors.

Most importantly, we need to explore working in partnership with the people who are experiencing our services – the clients, their family and carers. If our services are not known, used and trusted by our local population, we have failed.

The number of people aged 65 years and over is expected to rise by nearly 60% in the next 25 years - from 9.6 million in 2005 to over 15 million in 2031. The percentage of the total population who are over 65 is predicted to rise from 16% to nearly 20% in 2031 and 26.6% in 2071 and the biggest growth in relative terms will be amongst the oldest old[1]

Everybody's Business suggested that mental health problems in older adults affect 40% of older people visiting their GP, 50% of General Hospital Inpatients and 60% of care home residents.

These mental health problems include depression, anxiety, delirium, dementia, schizophrenia, bipolar disorder and substance misuse.

Everybody's Business estimated that 60% of people over the age of 65 suffer from long-standing physical illnesses and, for them, mental health problems, particularly depression and dementia, are more common and have a worse outcome.

DEPRESSION[1]

It is believed that 25% of people over the age of 65 living in the community have symptoms of depression serious enough to warrant intervention, but only a third of them discuss it with their GPs, and only half of those get treatment, primarily medication. Symptoms of depression increase with age, affecting 40% of people aged 85 and over.

DEMENTIA[2]

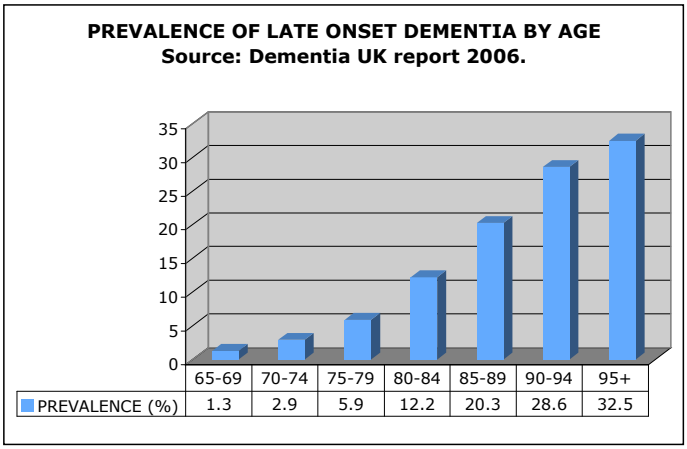
Dementia UK estimate that we currently have 700,000 people in the UK with dementia, of which 15,000 have Early Onset Dementia and 11,500 are from black and minority ethnic groups.

---

[1] Help the Aged Demographic Statistics 2006.
[2] Source: Dementia UK Report 2006

We expect the number of people with dementia to increase to 940,000 in the next 15 years and to 1,735,087 over the next 45 years. These are increases of 38% and 154% respectively. Almost two thirds of people with dementia have Alzheimer's and a quarter have Vascular dementia or Mixed dementia.

The prevalence of both early onset and late onset dementia increases with age, approximately doubling every five years.



The severity of dementia increases with age: 13% of people aged over 65 have severe dementia but this increases to 23% for people over the age of 95. 60,000 deaths each years are directly attributed to Dementia

Approximately 56% of people in institutions aged 65 to 69 have dementia. This rises to 65% in those aged 95 and over.

80% of people living in Elderly Mentally Infirm Homes have dementia.
67% of people living in nursing homes have dementia
52% of people living in residential care homes have dementia

There are currently 1,061 people over 65 diagnosed with dementia in Halton. This is expected to increase to 1,683 by 2025.

The table below outlines the current level of people diagnosed with dementia in each of the four local areas, the projected number for 2025 and the estimated costs to each of the local economies.

	2008	Cost to economy	2025	Cost to economy
Halton	1061	£25,766,385.00	1613	£39,171,705.00
Knowsley	1424	£34,581,840.00	1908	£46,335,780.00
St Helens	1891	£45,922,935.00	2774	£67,366,590.00
Warrington	1983	£48,157,155.00	3142	£76,303,470.00
Total	**6359**	**£154,428,315.00**	**9437**	**£229,177,545.00**

The natural history of dementia, for example, means that a substantial proportion of those affected will develop challenging behaviour, including symptoms such as

depression, hallucinations and delusions. For the system as a whole to work for people with dementia and their carers, these services need to be effective and available. This means services in the community that work for older people with both functional and organic disorders and therefore a mixture of both.

50% of people with dementia suffer from depression[3]

17% of Older People with depression will develop dementia (alzheimers)[4]

20% to 30% of people who have had a stroke will develop dementia (multiple infarct dementia)[5]

70% of people who have had a stroke will develop depression during recovery

LOCAL DEMENTIA STRATEGY (due for publication Oct 2009)

Halton and St Helens Boroughs and Halton and St Helens NHS have drawn up a Joint Commissioning Strategy for dementia to address the objectives of the National Dementia Strategy (NDS) with a view to achieving the best possible local health and social care services for people with dementia and their carers.

The commissioning strategy is structured around the four thematic areas of the NDS: 'Raising Awareness', 'Early Diagnosis and Support', 'Living Well with Dementia' and 'Delivering the NDS'. In addition, it addresses key issues raised in a review in 2009 by the Halton Scrutiny Committee of services for younger adults with dementia.

There is currently a 'Cycle of Stigma' that prevents people seeking help and services from offering help. The strategy proposes a number of commissioning actions that are intended to break this cycle through a public health programme, a public information programme, and the provision of information to relevant groups of employers. These commissioning actions are not repeated in this document, but ensuring implementation will be the responsibility of the Older People's Commissioning Manager and the Older People's Local Implementation Team. This will be assisted by joint work with Childrens Services to ensure that non-stigmatising information is included in school curricula and through community engagement activities.

Currently only a small percentage of people with dementia ever receive a diagnosis and when they do it is usually in the latter stages of the illness. The commissioning of an Assessment Care and Treatment Services (ACTS) is proposed for each of the boroughs which will ensure that early and high quality assessment and support is available to all. This will include access to counselling and to a Dementia Care Advisor who will provide an enduring point of contact through time.
The 'Living Well with Dementia' set of objectives is focussed on improving current services such as home care, carer support, intermediate care, residential care and end of life care to ensure that they meet the needs of people with dementia and the needs of their carers. Current services have been mapped and evaluated against these six objectives and actions that will help to guide commissioning developments for each area of service have been defined.

---

[3] Blazer,1980
[4] old age psychiatry;Rodda J, 2008
[5] Telemichi et al, 1992

KEY FINDINGS FROM NEEDS ANALYSIS

Using the Improving Access to Psychological therapies workforce tool, this provides an estimation of mental health morbidity for each PCT locality. It applies national data to establish the weekly prevalence of common mental health problems in Halton and St Helens. Using these figures the tools applies a number of assumptions concerning the impact of deprivation and the likely presentation and detection of common mental illnesses and provides an adjusted weekly prevalence for a number of disorders.

The assumptions are:

- Only 50% of people suffering from depression and/or anxiety will actually present in Primary Care.
- Only 50% of people presenting in Primary Care will actually be detected as having depression and/or anxiety
- The index of deprivation applied is specific to those with common mental health problems.
- Mixed anxiety and depression consists of 4 groups: -
    - Those treated as though they have depression
    - Those treated as though they have an anxiety disorder.
    - Those treated as though they have both anxiety and depression
    - Those with Post Traumatic Stress Disorder (PTSD) who form 22% of total with Mixed Anxiety and Depression
- The proportions of severity of depression are: -
    - Mild – 20%
    - Moderate – 40%
    - Severe – 40%

When we consider the above set of data we can clearly identify a range of gaps that we need to address. Only half of people present in primary care so specific work is required to reduce the stigma attached to mental health and support more people to visit their GP.

Detection and diagnosis rates are low and targeted training around all forms of mental health, particularly dementia is required to give GPs the support and expertise required to quickly and effectively help people in Halton.

Mental health can be particularly challenging for Older People as their circumstances can change significantly. Retirement, bereavement, loss of health, loss of mobility and isolation are all factors that have a huge impact on an individuals mental health and wellbeing and all of these areas need to be considered as we develop services now and in the future.

COMMISSIONING INTENTIONS

Halton is in the process of developing a range of specific workstreams that will begin to address some of the issues that have been raised above. The main developments are the completion and implementation of a local Halton & St Helens dementia strategy and an updated Older People's Mental Health Strategy. The aim of these documents is to clearly define the direction of travel and the commissioning priorities for the next three years.

The following are some of the main commissioning intentions from the two strategy documents:

- Development of Assessment, Care and Treatment Service (ACTS)
- Review existing provision of bereavement services in Halton
- Continue to work with adult mental health services to deliver consistent and efficient services for Older People in Halton
- Develop peer network service for Dementia.

PLANNED INVESTMENT

- Investment has already been agreed to continue to support the low-level dementia reading group.
- In addition the Working Neighbourhood Fund has agreed to commission a peer support network for people diagnosed with dementia. This will see an initial two-year pilot, which will incorporate a partnership between Age Concern and the Alzheimers Society.
- Business plans and service specifications have been developed for the Assessment, Care and Treatment Service and funding decisions will be made before September 2009.
- Investment is available from both the Local Authority and NHS Halton & St Helens to fund a training programme relating to dementia.

SECTION THREE : DETECTION OF MAJOR ILLNESSES

INTRODUCTION

Life expectancy at birth is a major indicator of overall health and whether the local population die younger than England as a whole. Life Expectancy is a key Government target: The national Public Service Agreement (PSA) for improving the health of the population aims:

- To increase the life expectancy at birth in England to 78.6 years for men and to 82.5 years for women by 2010 and;
- Reduce the inequalities in life expectancy at birth by 10% between the lowest fifth of local authority districts and the average for England by 2010.

Halton is a Local Authority district that experiences some of the poorest health, and thus are required to meet differential 'stretched' mortality targets to narrow the inequalities gap. An indicator of whether we are achieving this is to look at the gap between local life expectancy at birth and national figures. Life expectancy for both Males and Females has improved in Halton between 1991-1993 and 2004-2006 with Males living on average an extra 2.4 years and females living an extra 0.6 years.

The gap between England life expectancy and local life expectancy in 2004-06 shows a different picture with neither males nor females closing the gap (3.02 years and 3.15 years difference between Halton and England life expectancy respectively for males and females). Halton females have the third worst life expectancy in the country and males have the 6th worst life expectancy in the country.

Trends in Life Expectancy, 3 Year Rolling Averages

	Males	Females
Halton	74.3	78.4
St Helens	75.3	80.2
National	77.3	81.6

KEY FINDINGS FROM NEEDS ANALYSIS

A significant factor that contributes to the above figures is the early detection of major illness (Cardiovascular Disease, diabetes, respiratory, Cancer and Stroke). The NHS Halton & St Helens Commissioning Strategic plan outlines the Case for change and the vision / actions that are required to move forward the health inequalities agenda that is one of the top priorities in the borough.

The case for change outlines some of the key headlines for Halton and St Helens:

- Cancer mortality is 20% higher than the national average
- Cardiovascular Disease is 25% higher and Coronary Heart Disease 29%

- The three above account for 200 excess deaths compared to the National average.

- The success of current screening programmes for Breast, Cytology, Bowel cancer and Cardiovascular Disease demonstrates the value of early detection of ill health, both in terms of reducing mortality rates and in reducing the costs of treatment.

- The current total investment in early detection across Halton & St Helens is approximately £1.5m (this is <0.3% of total expenditure); this is disproportionate to the total spent on planned and urgent care. More investment is required upstream to reduce the costs of expensive treatments.

- In order to reduce the cancer mortality rates we need to extend the existing cancer screening programmes by lowering the age ranges and widening out to include other tumour groups.

- Stroke costs the NHS and the economy about £7 Billion per year: £2.8 Billion in direct costs to the NHS, £2.4 Billion of informal care costs (e.g. the costs of home nursing borne by patients' families) and £1.8 billion in income lost to productivity and disability. Outcomes in the UK compare poorly internationally, despite our services being among the most expensive with unnecessarily long lengths of stay and high levels of avoidable disability and mortality.

COMMISSIONING INTENTIONS

As mentioned in the key findings detection of major illnesses is an agreed element of the commissioning strategic plan. This document is the responsibility of NHS Halton & St Helens as the lead organisation on delivering an improvement against a number of targets. However, there is a need to work across all stakeholders and all services within the borough to support continued improvement. The following are some of the areas that will begin to address the health inequalities:

- **Leadership:** it is proposed that an executive director provides leadership supported by a bespoke project management team to oversee the commissioning, implementation and performance management of these programmes.

- **Screening / access to diagnostics and management plans:** the development of systematic health checks will involve inviting people for the following diagnostic tests in order to assess risk for major illness such as respiratory disease (COPD) Cardiovascular disease and diabetes. The tests provided will be; blood pressure test, full blood test (liver function, cholesterol), screening spirometry and CVD risk assessment.

- **Workforce development:** in order to develop a social marketing unit at the PCT, it has been estimated that a total of 10 whole time equivalent posts will be required. It is the intention for this to be a shared resource across the Primary Care Trust in order to deliver the objectives of this strategic plan.

- **Stroke services:** we need to redesign stroke services to ensure that we get the best out of the resources we currently use, and this should mean targeted

local investment. On the back of the National Stroke Strategy, Halton has completed a mapping exercise of existing local service provision to identify needs and gaps. This mapping exercise clearly identified three areas that needed more investment.

- **Communication support**
- **Psychological therapies**
- **Early supported discharge**
-

PLANNED INVESTMENT

- **Early detection services –** plan to increase the funding from current levels £1.5m to £5.7m in 2012/13.

- **Social Marketing –** the development of a social marketing team at the Primary Care Trust will be supported by significant investment reaching £1.5m by 2013. This intelligence will be used to inform robust strategies for improving the health of our local population across all priority areas.

- **Personalised risk management programmes -** biggest investment will be funding personal risk management programmes offered to patients as a result of their screening / diagnostic tests, this will include investment in leisure and lifestyle capacity, total investment will reach £9.5 million by 2013.

Early detection services investment plan

Investment	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Social Marketing Team	0.0	0.5	0.5	0.5	0.5
Social Marketing schemes	0.0	0.5	0.8	1.0	1.0
Screening management team	0.0	0.2	0.2	0.2	0.2
Screening (BP,FBT,Screening spiro,CVD risk)	0.0	0.8	1.8	3.4	3.4
Diagnostic test (Spiro, Echo, ECG)	0.0	0.1	0.3	0.5	0.5
Cancer screening (national programme)	0.0	0.8	0.9	1.0	1.1
Personalised plan management	0.0	0.1	0.1	0.1	0.1
Personalised risk mgt programme	0.0	1.8	4.6	9.5	9.5
Prescribing costs	0.0	0.8	1.5	2.2	2.7
Sub-Total	**0.0**	**5.6**	**10.7**	**18.4**	**19.0**
Benefits					
Reduced acute admissions	**0.0**	**-0.3**	**-0.8**	**-1.0**	**-1.0**
Total	**0.0**	**5.3**	**9.9**	**17.4**	**18.0**

- **Stroke** investment will be £85,000 in Halton over each of the three years beginning 2008/09. This local investment will be targeted on the three areas as mentioned in commissioning intentions.

SECTION FOUR : ACCOMMODATION

INTRODUCTION

Within the Joint older people's commissioning strategy we need to consider the accommodation needs of Older People. This relates to a range of provision including nursing, residential, extra-care housing, sheltered accommodation, registered social landlord and privately owned properties. As well as considering the mix of people supported to live in their own home compared to residential, we also need to consider an individuals needs in relation to being able to access services in the community and ensuring that no matter where older people live they are not subjected to social isolation, which could lead to a range of health and wellbeing problems.

Halton has a population of 118,208 and approximately 22,000 people over 60 of these 22,000 in excess of 8,100 are living alone, this represents 37% of people over 60. (*Source :Housing Needs Survey 2005)*

In addition to this the Joint Strategic Needs Assessment found that 48% of older person households contained a household member with a disability or limiting long term illness. Couple households were more likely to contain someone with a disability/limiting long-term illness (57%) than single person older households (43%). Not only is there a correlation between disability and limiting long-term illness with deprivation but also this relationship is stronger than for social isolation. There is thus an emerging picture of multiple negative effects on an older people's health and well being combined with deprivation. This means that the individuals' capacity to improve their health and well being is mitigated by the lack of economic and social resources to draw upon.

In the 2001 Census, 12.48% of people in Halton aged 65 and over were without central heating. The age group with the highest percentage are people aged 85 and over at 15.25%. These percentages are of particular concern given the concentration of people without central heating in areas of deprivation. It will be important for older people to be targeted as part of wider fuel poverty strategy given the combined effect of this age group being highly susceptible to the cold with rising fuels and limited financial resources.

Whilst the Housing Needs Survey collated information on household income, savings and benefits received, not all respondents were willing to answer questions relating to finances. Over half (58%) of older person households have less than £5,000 savings, rising to 67% of singles and falling to 46% of couples. Almost a fifth of couples and only 8% of singles have significant savings of over £30,000. Given the correlation between older people living in areas of deprivation and faced with increased risks to their health, this means they are also less likely to cope with unplanned events. Again early intervention, which prevents a problem escalating, will be key.

KEY FINDINGS FROM NEEDS ANALYSIS

EXTRA CARE HOUSING

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

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

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

Comparison of extra care units with other Boroughs

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

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

RESIDENTIAL AND NURSING ACCOMMODATION

Key findings from needs analysis

The factors that impact on future demand for residential and nursing care includes:

- Long term funding for social care
- The Personalisation Agenda
- The Government's dementia care strategy
- Change of government
- Economic downturn, for example on recruitment problems in the sector, or the impact of rising unemployment on the communities and individuals ability to cope
- Assistive technology in the community and within care homes
- Breakthroughs in medical treatment of dementia
- The extent of funding and development of extra care housing
- Primary care commissioning and PCT funding of continuing care
- Demography

Older people aged 65 and over in local authority residential care, independent sector residential care, and nursing care.

	2008	2010	2015	2020	2025
Total number of older people in residential and nursing care during the year, purchased or provided by the CSSR	563	584	688	775	855

Source : (POPPI Tool)

The figures in the table above are an estimation based on population and trend data, they take into account the expected rise in the older population and the increase s in how long people live. However one of the key priorities for Halton is the continued support for people to remain independent in their own homes.

The last five years has seen a dramatic reduction in the number of older people who have moved into residential or nursing care in Halton and although there will be increasing pressures over the next fifteen years we can still anticipate rates below the National average. The continued development of Intermediate Care, Telecare, early intervention and prevention services will play an important role in reducing the level of increase in residential placements and support older people to remain independent in their own home.

Reclassified Description	2004/05	2005/06	2006/07	2007/08	2008/09
Community Care - SP	1.81%	1.46%	2.51%	2.01%	2.36%
Direct Payments	1.01%	1.00%	1.38%	1.79%	1.88%
Domiciliary Care	10.60%	11.74%	12.12%	13.67%	12.88%
Early Intervention/Prevention			3.57%	5.16%	6.99%
In-House Reablement & Intermediate Care	13.34%	12.92%	14.07%	14.26%	15.30%
Joint Equipment Service		0.70%	1.06%	0.81%	2.24%
Older Peoples Team & Hospital Team	8.52%	8.93%	8.55%	8.71%	10.40%
Residential & Nursing	64.72%	63.26%	56.75%	53.58%	47.96%
Total	**100%**	**100%**	**100%**	**100%**	**100%**

The table above clear demonstrates the shift in investment over the last five years in Halton. A 16% reduction in residential and nursing and more investment in community and prevention services. This trend is set to continue over the next three years.

COMMISSIONING INTENTIONS – extra care housing

- Current core need has been identified for 166 units of extra care housing provision. This will increase by an additional 48 units by 2017. In addition there is a current need for 11 units of extra care provision for older people with learning disabilities.
- Initially, the response to this need will be the development of four additional extra care schemes each providing forty to fifty units by 2013. There will be some take up by couples, which will increase the numbers of people benefiting from the service.
- Some of the places in the extra care services will be designated for low to medium support and the services will also be appropriate for older people with learning disabilities.
- Needs assessments should be revisited annually to update the analysis and will be undertaken through the Joint Strategic Needs Assessment.

- There is an equal demand for services in the two main centres of Halton, Runcorn and Widnes. It is proposed that as far as possible, depending on available sites, that the services should be located equally between the two towns.
- The location of individual schemes must be appropriate to the needs of older people.

All of the above commissioning intentions are subject to successful funding bids and availability of appropriate resources.

COMMISSIONING INTENTIONS – Residential care housing

The residential care strategy lays out a direction for commissioning residential and nursing care homes places for Halton citizens that is:

- Based on local, regional and national research
- Informed by consultations with key stakeholders
- Develop dignity in care workstream to support improvement in service quality
- Founded on values and effective working relationships with providers
- Designed to meet known forecast future demands
- Assessed related to service users presenting needs and their levels of dependency
- Flexible and outcome focused in it approach to procurement and contracting
- Joint with the PCT
- Offers a fair price to service providers within the resources available to the council
- Review the changes that have taken place in a number of residential homes linked to their re-registration to cover EMI nursing provision.

PLANNED INVESTMENT

Funding for extra care housing will be identified as business plans are progressed. In addition the development of extra care will be dependent on positive partnership working with providers, registered social landlords etc.

SECTION FIVE : QUALITY OF LIFE

INTRODUCTION

As life expectancy increases, the quality of life of older people is becoming a key policy concern both at a National and local level. However, there has been little research investigating the specific experiences, life circumstances and needs of older people.

One of the key issues to emerge is the importance of social groups, activities and networks in promoting and enhancing quality of life among older people. Also ensuring that older people are supported to remain engaged and an active part of society is vital to help maintain a high quality of life.

This is an important aspect of this strategy and each of the previous sections plays a part in ensuring people's maintained quality of life, but also all service areas should make sure that they do not reduce quality because of an individual's circumstances. For example if an older person moves into a residential home, but still wants to visit a local social group, leisure activity, church etc. they should still be encouraged and actively supported to do this. Too often an individuals health need becomes the priority at the expense of any aspirational or well-being requirements.

To achieve this we need to consider information provision, prevention, re-ablement and personalisation.

KEY FINDINGS FROM NEEDS ANALYSIS

Quality of life is often the most difficult area to collect meaningful evidence to support any case for change, but at the same time can be the most powerful in supporting an individual to remain independent and maintain the best possible quality of life. We often use case studies to tell the story rather than rely on data that can be difficult to quantify. Also when considering people's needs to maintain their own personal quality of life they are hugely diverse. One person might need support to visit a relative in hospital, whereas another might want to go for a pint each afternoon to the local pub.

Although this begins to present challenges to commissioners it also offers opportunities to be creative and look for ways to develop partnership working as well as learn from best practice in other areas.

INFORMATION PROVISION

'You don't know what you don't know' a quote from an older person attending the Older People's conference 2007. Although an obvious statement it clearly demonstrates the starting point when we consider low-level services that support an improved well-being or quality of life. Information is a vital component to ensure that local people have access to the services and facilities that they need and that they are receiving consistent quality.

In Halton there are already a range of services that support older people and their carers to get the information that they require.

- Sure Start to Later Life
- Halton Direct Link

- Age Concern Information service
- Age Concern Outreach service
- Community Bridge builders
- Reach for the Stars
- Health Trainers

Each of the above offers something different for an individual service user and it is clear that we already have in place a range of excellent services that offer a high quality to anyone accessing them, however there is still a need to develop a more co-ordinated approach to information, prevention and low-level support services. If we can implement a strategy to achieve this over the next two years we will be in a strong position to start shifting the resources required from high-level crisis intervention to moderate or low-level preventative services.

A review of the services above as part of an overall review of information provision will take place before the end of 2009/10 and will be supported by the development of a communication strategy for older people's services in Halton.

INTERGENERATIONAL WORK

Halton has only relatively recently embarked on a thematic focus of intergenerational activity, since April 2009. The approach is centred around positive activity to generate positive perceptions; building on what unites young and old, not what is problematic or divides.

We have already identified several catalysts of activity to generate and build community relations to support broader social capital across Halton.

The development of the first intergenerational conference clearly demonstrated the diversity of people within the local community who would like to be involved in intergenerational work in the future. Almost 200 local people attended the event across a range of ages, this has given us a base to start developing local engagement in planning future workstreams. By adopting an approach that utilises community development networks, voluntary sector; statutory organisations and community groups the spread of involvement will be diverse and far reaching. Future plans set out to utilise a community development approach to bring together a wide range of existing services to deliver creative activity and inspire community involvement and participation to generate social capital.

PREVENTION

Recent government publications clarify the intended direction that Local Government, National Health Services, Independent and voluntary sectors are expected to embark on. They also identify how this direction could be achieved within the current constraints of the local economy.

Local service users in Halton have an expectation that they should receive the highest quality services that are designed around local needs as well as being flexible enough to meet the aspirations of users and carers. In addition service users should always have a choice – even in essential services. This level of service provision should always be the aim of all commissioners and providers within Health, social care, independent and voluntary sector.

To achieve the aims and ambitions of the local population is not just the responsibility of the Local Authority as they are not the only provider of such services. There has to be a strong emphasis on partnership working and developing robust agreements that support and enhance the ability of staff and services to work quickly and effectively to address the needs of individual service users. There has to be within these agreements clear demonstrations on how we are going to achieve our aspirations, not a list of obstacles that will prevent development.

Partnership commissioning has been at the heart of ensuring that effective partnerships are in place to support the modernisation agenda. This can be clearly demonstrated through the development of the Section 75 Partnership Agreement that clearly identifies the processes and protocols expected from commissioning in all organisations. The agreement is important as it covers Halton & St Helens NHS, Halton Borough Council and St Helens Council.

In Halton we can draw on a significant service provision in relation to citizenship, inclusion and engagement and preventive low-level services.

Citizenship, inclusion and engagement

- **Halton OPEN (Older People's Empowerment Network)** – an autonomous group of older people who meet to discuss the latest agenda for local service users and community. The group has an elected board of 15 members and has a wider membership of 654 that it consults with. There are also two members of Halton OPEN that sit on the Older People's Local Implementation Team and regularly feedback issues directly from the public.
- **Participation groups** – six groups offering primarily social interaction, but also offering older people an opportunity to feed into Halton OPEN and the Older People's Implementation Team. There are currently six participation groups that are supported by Age Concern, Windmill Hill, Halton Lodge, Hale Village, St George's Court, Castlefields and Bridgewater
- **Dignity Champions –** Newly formed and supported through the Older People's Local Implementation Team the Dignity Champions will report on the Dignity in Care agenda as part of the Local Area Agreement.
- **Area Forums –** available to all residents in Halton
- **Residents meetings** – Castlefields, Brookvale, Neighbourhood Management Areas, Halton Brook
- **Mental Health forum –** Peer network group for mental health service users that feeds directly into the Mental Health Local Implementation Team.
- **Halton Carers Forum –** direct support group for carers in Halton
- **Local Involvement Networks (LINKS)**

Prevention and minimum intervention

- **Befriending service –** a volunteer led service delivered through Age Concern that offers a regular visit to some of the most isolated older people in the borough. The service currently has in excess of 60 volunteers all carrying out a weekly or fortnightly visit.
- **Telefriending service** – A volunteer led service delivered through Age Concern that offers a regular phone call to older people who have some degree of social isolation or who are waiting until a befriending volunteer can be recruited. The service has three volunteers that support fifteen older people.

- **Home Safety checks** – The service is delivered through Age Concern and offers a comprehensive check into an older persons home. The service identifies risks in the area of fire, crime and falls and works with key stakeholders to make appropriate referrals. The service completes in excess of 300 checks per year.
- **Helping hand service** – A pilot service was delivered through Age Concern in 2008/09 offering low-level practical jobs for older people. The service is supported by volunteers and in the first year completed 200 small jobs. The service plans to expand during 2009/10 linked to the newly developed handyperson service.
- **Traders Register** – The register is available to all older people in the borough through Age Concern. It has a range of over 40 local traders registered and allows service users to access traders that are insured, must supply references and have been quality tested to give extra piece of mind. The service averages 100 enquiries per month.
- **Shopping service** – The service is provided through Red Cross and offers shopping for older people with limited mobility who have no other means of accessing their food requirements. The service is currently supporting 22 long-term clients and has capacity to support another 10 short-term clients.
- **Information service** – A signposting and low-level casework service that offers information to older people on any topic they require. The service has in excess of 500 enquiries per month and there has been a change into more people with higher needs or requiring some form of low-level advocacy.
- **Sure Start to Later Life** – A service delivered through Halton Borough Council, working in partnership. Four information officers offer a range of support to older people who have completed a low-level self-assessment of their needs.
- **Reach for the Stars** – Delivered through the Halton & St Helens Primary Care Trust the service offers volunteers who support older people into social activities. The service is designed to help people build confidence and access services that meet their short and long term needs. The service supports in excess of 350 older people per year.
- **Complimentary Therapies** – weekly community sessions that supports in excess of 200 older people each year.
- **Fresh Start** – is a weight management programme that is offered through the Healthy Living Programme via Halton & St Helens Primary Care Trust,
- **Fit to Dance** – the service offers three sessions at the Brindley, Ditton Community Centre and Murdishaw Community Centre. The service has supported 119 older people from April 2008 – Dec 2008.
- **Dance activities** – 14 additional dance groups accessible to Older People (8 in Runcorn, 6 in Widnes)
- **Recipe for Health –** A healthy eating programme delivered through the Healthy Living programme
- **Warden services** – Community based service offered through Halton Borough Council and linked to Intermediate Care.
- **Telecare –** Initial pilot service took place in 2006/07; the service has expanded dramatically and now has received mainstream funding.
- **Mens Health programme –** a pilot service that targets men accessing healthcare at an earlier point. The service is aimed at men who are 40+ and in its first year has already supported 95 men through health checks and 10 week taster sessions.
- **Arts –** a range of projects supporting the arts including: painting, camera group, 5 craft groups, cake decorating, and pottery.

- **Dementia reading group –** a pilot service that carries out poetry readings for people diagnosed with dementia. The service is carried out in two venues, one in the community and one within a residential care setting.

RE-ENABLEMENT AND INTERMEDIATE CARE

As commissioners we have to look toward prevention far more than treatment or crisis management. The population projections linked to health and lifestyle concerns point to major financial shortfalls for Health and social care in the future. The details in the section above show some of the targeted low-level work that is already being delivered in Halton, however it is important to acknowledge that alongside these services we must maintain and improve our higher level re-enablement services.

By ensuring that re-enablement, prevention and information work together we will be able to support all of an individuals needs and not just their priority health or social care need. Below is a menu of services already available in Halton.

Intensive time limited interventions

- **Intermediate Care Gold service**
- **Intermediate Care sub-acute unit**
- **Home from Hospital scheme** – service delivered by Red Cross and offers service users up to six weeks support for a range of low-level tasks once the service user has left Hospital.
- **Re-ablement service**
- **Dorset Gardens (Extra Care Housing)**
- **Sheltered housing**
- **Intermediate Care beds OakMeadow**
- **Rapid Access and Rehabilitation Service (RARS) –** aims to design **a** programme of activities to help people to live as independently as possible.
- **APEX falls exercise programme –** time limited exercise programme to support the mobility of people who have suffered or at risk of a fall.
- **Weight Management groups –** 13 separate weight programmes, some private and some provided through health (Runcorn x8, Widnes x5)

COMMISSIONING INTENTIONS

Halton is in the process of developing a range of specific workstreams that will begin to address some of the issues that have been raised above.

- Develop and implement prevention strategy

- Complete a communication strategy for older people's services

- Review existing information services to inform commissioning priorities and direction for the future.

- Develop outcome framework to collate evidence data for low-level services.

PLANNED INVESTMENT

Joint investment has been agreed through the Vulnerable Adults Taskforce for the next three years. This investment will be used to initially develop and then implement the prevention agenda. This work will be supported by external evaluation, the role of

this evaluation will be to demonstrate the impact and outcomes that have been experienced by the service user, the carer, the service, the Local Authority and NHS Halton & St Helens.

SECTION SIX : PERSONALISATION

Personalisation means thinking about care and support services in an entirely different way. It means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about what, who, how and when they are supported to live their lives. It requires a significant transformation of adult social care so that all systems, processes, staff and services are geared up to put people first.

The traditional service-led approach has often meant that people have not received the right help at the right time and have been unable to shape the kind of support they need. Personalisation is about giving people much more choice and control over their lives and goes well beyond simply giving personal budgets to people eligible for council or health funding. Personalisation means addressing the needs and aspirations of whole communities to ensure everyone has access to the right information, advice and advocacy to make good decisions about the support they need.

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 their services they receive". This approach is one element of a wider cross-government strategy on independent living.

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.

This means a common assessment of individual social care needs, emphasising the importance of self-assessment. The role of social workers will focus on advocacy and brokerage rather than assessment and gate keeping. This is a move from the model where the individual receives the care determined by a professional, to one where the individual is firmly at the centre, identifying what is important to them in delivering the care they need to be as independent as possible. This is called a 'a person centred planning' approach.

In the future, all individuals who are eligible for publicly-funded adult social care will have a personal budget. The budget will be clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs, including their broader health and well-being. Having an understanding of what is available will enable people to use resources flexibly and innovatively, no longer simply choosing from an existing menu, but shaping their own menu of support.

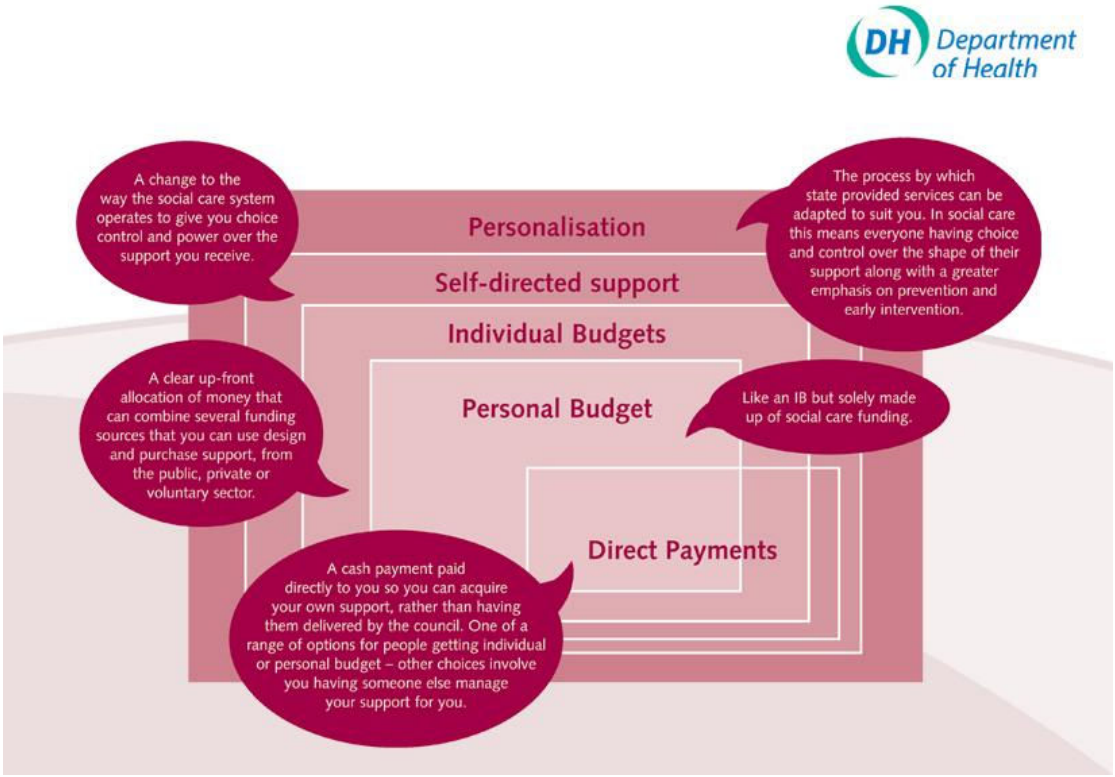
Progress to date

The Government has provided a Social Care Reform Grant to support the implementation of Personalisation.

A "Transforming Adult Social Care Change Board" (TASC) has been established to oversee the strategic planning and implementation of personalisation in Adult Social Care. This is chaired by the Strategic Director, Health & Community. Representatives from Corporate Services, NHS Halton & St Helens, users of social care services and

their carers all sit on the Board. In addition a Self Directed Support Group oversees dedicated work streams on Finance, Workforce, Commissioning and Outcomes.

Personalisation is a number one priority for the Department of Health. There are new targets that will accompany the Governments directives, but there is a clear expectation that by March 2011 significant change will have taken place. The Care Quality Commissioners already tracking progress on implementation. As such, Personalisation is probably one of the most significant policy developments since the implementation of the Community Care Act in 1993.



PERSONALISATION IMPLICATIONS FOR COMMISSIONING

- Ensuring the right balance of investment between different services- aggregated and disaggregated investments – as well as the appropriate balance between cost, quality and value for money to meet local needs.
- Shaping the market – so that high quality, flexible and responsive services are available for personal budget holders and self-funders
- Ensuring that people have access to information and advice to make good decisions about their care and support, however it is funded
- Finding new collaborative ways of working that support people actively to engage in the design, delivery and evaluation of services
- Developing local partnerships, particularly between health and social care, which produce a range of services for people to choose from and opportunities for social inclusion and community developments
- Commissioning prevention and well-being services – which promote the public good, but which would not be purchased by individuals, as well as some widely used services to more flexible specifications e.g. domiciliary care
- Ensuring all citizens have access to universal community services and resources such as transport and leisure activities.

SECTION SEVEN : REVIEW OF THE PREVIOUS OLDER PEOPLE'S COMMISSIONING STRATEGY

The Commissioning Strategy for Older People in Halton was published in 2004 and covered the period between 2004 – 2008. The strategy included a needs analysis and details of the current provision of service in Halton. From this data it went onto identify fifteen key recommendations that would form the basis of the implementation of the strategy. This section will look at how we have performed against some of these recommendations as well as considering some of the wider performances we have achieved over the previous four years.

Introduction

There have been a number of dimensions to the improvement journey within Halton, all of which have had to be in place to deliver sustainable improvement. These dimensions to improvement include:-

- Strategic Approach/Leadership
- Commissioning and Investment Strategy
- Meaningful Engagement
- Performance

These four key areas underpin the core outcomes contained in 'Our Health, Our Care, Our Say', and are integrated into the work undertaken by the Directorate and our partner agencies. These outcomes include: -

- Health and Well being
- Quality of Life
- Positive Contributions
- Choice and Control
- Discrimination and Harassment
- Economic Well Being
- Personal Dignity

Strategic Approach/Leadership

Joint working arrangements with NHS Halton & St Helens have developed strongly since 2005, with a whole system approach to promoting health, independence and well being. A number of new initiatives, such as a Sure Start to Later Life Scheme and links to the Bridge Building Scheme ensures people have increasing opportunities for an active and independent lifestyle. There is collaborative working with NHS Halton & St Helens in respect of services for Older People with Mental Health needs (fully integrated Community Mental Health Team, with single line management).

The development of an Advancing Well Strategy clearly recognises the impact that population ageing will have in the Borough and illustrates the need for raising the profile of Older People in the Borough. The Strategy is targeted at over 50s and is the first step in identifying the need for a major culture shift away from merely providing resource intensive high-level interventions toward low-level preventative services which promote social inclusion and positive mental health, thus reducing the need for some services.

Another element to the Advancing Well Strategy is to act as a tool that reaches across all Council Directorates as well as key partners and stakeholders. The Advancing Well Strategy has six key themes that cut across a range of service provision and aim to reflect the needs and aspirations of Older People. The six themes are: -

- **Transport** – Allowing Older People to Travel Safely and Access Services around the Borough
- **Employment & Education -** Enabling Older People to find Paid and Voluntary Work
- **Health** - Ensuring Older People are in Good Health Longer
- **Safe & Independent Living** - Supporting Older People to Live at Home in Comfort
- **Advocacy & Financial Services** – Providing Reliable and Easy Access to Financial and other Advice Relevant to Older People
- **Communication & Information** - Ensuring Older People are Involved in the Decision Making Processes relating to Local Services

The Halton Safer Homes Group is a multi-agency meeting, chaired by Cheshire Fire & Rescue Service, which works directly to implement key objectives from the Safer Halton Local Strategy Partnership. The Group has representatives from HBC, NHS Halton & St Helens, Police, Fire Service, Voluntary Sector and Community Groups.

There have been significant developments within Safeguarding Vulnerable Adults, as well as improved reporting, recording and training processes, there is also better working with Police and other organisations in ensuring relevant adherence to policies and procedures. Older People's Care Management now includes management of an Adult Protection Co-ordinator and oversight of the Older People's Community Mental Health Team employed within the 5 Boroughs Mental Health Trust.

Between 2004 and 2006, the Local Implementation Team (Older People) identified a number of prominent professionals and service users to undertake the role of 'Older People's Champion'. This role focused primarily on ensuring that the voice of Older People was heard and considered as part of the planning and implementation process. More recently the role of 'Older People's Champion' has been redefined to reflect the national agenda relating to personal dignity. 2009 has seen the appointment of a dignity co-ordinator to further improve the initial work started by the older people's champions.

Reviews of contracting and partnership arrangements have taken place and the completion of the section 75 partnership agreement along with the section 75 agreement for intermediate care clearly demonstrate the positive strides that have been made in the last four years.

There have been strong developments within Multi-Disciplinary Teams and although more still needs to be done particularly in relation to early intervention we have joint processes in place through, **Social Care in Practice**, **Rapid Access and Rehabilitation Service (RARS), Intermediate Care, Healthy Living Programme.**

One of the biggest areas of success over the last four years in Halton has been the reduction in placements in residential and nursing care. We saw a reduction of 36% over the period of 2003-04 – 2007-08. In addition to this reduction we have seen an increase in investment in Intermediate Care, which has resulted in positive outcomes

for service users in the community, to support many more older people to remain independent in their own homes and enjoying an improved quality of life. 2008/09 saw a joint agreement for funding between the Local Authority and Halton & St Helens NHS, this stability has subsequently allowed the service to develop and implement a Gold standard for Intermediate Care. It has also allowed for the newly opened sub-acute unit at the Halton General Hospital site in Runcorn.

Commissioning and Investment Strategy

Commissioning has developed widely rapidly and the post of joint Commissioning Manager for Older People now sits across Health and Social Care. The lead organisation for the post is the Local Authority, however it also sits within partnership commissioning in NHS Halton & St Helens. This allows the post to consider all aspects of commissioning and understand the key priorities across both organisations.

Significant commissioning achievements include:-

- Dorset Gardens Extra Care Scheme
- Dementia service
- Carers Breaks
- Sure Start to Later Life
- Lifeline and wardens development
- Meals service
- Re-tendering of domiciliary care contracts, including realignment of in house service to a short term service

In supporting this Change Strategy, a pool of change money was agreed, made up of £400k of NRF matched with £200k from both Social Care and NHS Halton & St Helens base budgets. This formed what is known as the Vulnerable Adults Taskforce Programme.

The Vulnerable Adults Taskforce Programme has been instrumental in commissioning a range of services that support well being, independence, health, leisure etc. These include the pilot Evercare service, Domiciliary Pharmacy, (both now mainstreamed by the PCT), low-level Podiatry, Telecare, Falls Service, Home Safety Checks, Traders Register, Shopping Service, Reach for the Stars. In addition the Local Authority is now working with partners to develop an outcome framework for the Local Area Agreement outcome 3 of the Healthier Communities and Older People block. This framework pulls together low-level activity across a wide range of areas, all targeted towards improving the health and well-being of local Older People.

One of the main criteria that the Vulnerable Adults Taskforce Programme is linked directly to emergency admissions, readmissions and length of stay. There have been a number of projects that have made a positive impact in this area including the Mental Health Liaison Nurse, Falls Service, Podiatry, Evercare and Telecare.

An improvement on 2005-06 is that the Community Warden and Telecare Service are fully integrated with the Falls pathway. This has effectively supported the preventative agenda and in many cases preventing the need for hospital admissions.

The Directorate has made significant advances in the use of assistive technology (e.g. door sensors to monitor wandering or fall detectors etc) to promote independence and choice.

Following the successful housing stock transfer the Lifeline and Wardens services were transferred to social care thus strengthening integration of care and support services.

Our first Extra Care Housing Scheme (in partnership with Riverside) opened on schedule in October 2006 (40 units at Dorset Gardens, Runcorn) to improve outcomes for people living independently in the Community. In-house home care are delivering the care, and developing a model of care provision, which meets the needs of an extra care facility. The Council continues to work with housing providers to develop Extra Care housing further and this is a key priority for the next five years.

There has been a particular focus on early prevention to reduce higher-level support services and signpost to non care managed support when necessary. This ensures people maintain their independence and quality of life. There has been extensive joint work in developing programmes/range of services to support vulnerable people to lead an active lifestyle and thus support the 'seven dimensions of independence'. Support has been given for programmes within the Healthy Living Programme including: -

- Reach for the Stars (programme to support older people into social activity),
- Health trainers,
- Participation groups and the Older People's Empowerment Network that allow local older people to have a voice and contribute to a number of formal bodies.
- Support for information provision through the development of Age Concern outreach information service and the Sure Start to Later Life project.

A comprehensive review of Care Management processes and systems has taken place, with all documentation redesigned to ensure need is identified consistently and risk managed appropriately.

An evaluation of the outcomes of intermediate care services was completed and led to the development of the Intermediate Care Gold service, which includes the new Intermediate Care unit at Halton Hospital. This service has consistently demonstrated an impact on reducing dependency, delays in hospitals and hospital admissions. Home care has moved to provide a 24/7 service and a specialist intensive domiciliary service for those with dementia is in operation

Joint working has been established with the Welfare Benefits Service and Fairer Charging Team thus leading to improved benefits maximisation and take up and timeliness of financial assessments.

There has been an increase in the use of Self Assessment in regards to helping individuals work out what equipment could help them remain independent. This self-assessment method as helped reduce the time it takes to get the equipment required and it has worked best for people who have less complex permanent disabilities.

Training and development remain as a key objective to support professional development. The Local Authority's Training Section has commissioned a number of events regarding Management Development. The first is a dual qualification consisting of the Institute of Leadership and Management (ILM) level 5 and the National Vocational Qualification (NVQ) in Management level 4 or 5, dependent on role within the organisation. In addition Halton Borough Council and Halton and St Helens NHS are currently attending a joint Management Development Programme, with a view to developing a joint approach across Halton.

Meaningful Engagement

The Council has a number of initiatives to enable Older People to engage in programmes to express their views with regard to service development, planning and review.

Improved engagement activities since 2005 include: -

- A consultation resulted in a change of provider for Community Meals;
- 123 responses from Older People in respect of the Advancing Well Strategy;
- Regular attendance from Halton's Older People Empowerment Network (OPEN) on the Local Implementation Team (LIT);
- More than 100 older people attended a recent annual conference
- Almost 200 people attending the first intergenerational conference in 2009.

The Older People's Empowerment Network (OPEN) is the main Older People's Group that acts as a focal point for gaining views and feeding them into key strategic planning groups like the Older People's Local Implementation Team. This was identified through the Vulnerable Adults Taskforce as an area for development (see Section on Commissioning & Investment Strategy). In addition, Older People have access to area forums, the Older People's conference and Age Concern's participation groups.

Although Halton OPEN set's it's own agenda based on the needs of local Older People they also react to local consultation topics and have offered support on: -

- Extra Care Housing
- Telecare
- Sure Start to Later Life
- Residential Care
- Carers issues
- Dementia Strategy

Each of the low-level Voluntary Services are supported to record Service User satisfaction as part of their contract or service level agreement. Questionnaires are a popular way of doing this, however we have also worked successfully to deliver the Older People's conference and the intergenerational conference, focus groups for the development of a men's health project and utilising technology for an event with Stroke Service Users and Carers, by operating an interactive question and answer session with data being illustrated as soon as the question had been answered. Service Users found this method of consultation particularly satisfying, as they were able to see that their views were being collected in a meaningful way.

One of the key themes that came directly from Older People at the 'Making a Difference' Conference in 2005, was information provision. Older People didn't know what was available or how to access it. This was mirrored in the recent intergenerational conference with over 90% of the requests for services already being available in the borough. This demonstrates that there is still much work to be completed in relation to communication and information provision.

A number of key services have been developed to help this process; Sure Start to Later Life, Reach for the Stars, Health Trainers and Age Concern Outreach information. In addition a directory of services is currently being developed to support even better information provision in the Borough.

There have been three successful Older People's conferences. Each conference is attended by in excess of 100 Older People and a range of professionals from all service areas. The conferences are an opportunity for local people to ask questions, understand progress in service delivery and contribute to future service developments. The conference was the starting place for the development of the Sure Start to Later Life project.

Halton Borough Council and Halton & St Helens NHS have undertaken a Joint Strategic Needs Assessment for Halton to identify the demographics of the borough as well as detailed analysis of the current picture in relation to performance, needs and gaps. The Joint Strategic Needs Assessment is a piece of work that needs to be completed on an annual basis. In relation to low-level services a mapping of existing services and service provision is currently being undertaken through the older people's working group that is chaired by the Operational Director, Cultural and Leisure Services. The mapping was completed during the Summer of 2009 and will now form part of the development of an early intervention strategy.

Performance

Commissioning and Investment Strategy describes some of the changes made, but have they improved outcomes? Performance for Social Care has traditionally been measured by DoH Performance Assessment Framework indicators, and below some of these are discussed. However these indicators have all significantly improved over the last 4 years supporting the achievement of a 3 star Social Services rating. Many of these are proxies for outcomes, and establish trends in performance across a system.

Rightly performance has increasingly been focussed on developing outcome measures. However we also have a journey and story to tell – this demonstrates some significant change with a dramatic increase in the number of older people supported at home alongside a decrease in long term residential and nursing placements. Standard output data is still provided and has been improved in relation to the consistency and frequency of collection, however the developments within outcome measures has seen a significant improvement in understanding the true impact of particular services. This has been demonstrated through the Vulnerable Adults Taskforce, which has begun the process of developing specific outcome data on the Mental Health Liaison Nurse service and the Falls clinic. We are currently working with partners to establish the impact of interventions in both areas on Hospital admissions, readmissions and length of stay. Although only in the initial stages it appears that both projects have made a significant impact on their key target areas.

The Council has been proactive in providing the opportunity for older people to take control of their own care. Halton is highly placed in the local authority league table for the use of direct payments. The Council is also promoting the use of telecare systems to help people live at home, in conjunction with the Halton Direct Link, 24-hour contact centre. Initiatives such as Halton Direct Link have led to an increase in the number of services accessed at a community level.

The number of adults and older people receiving Direct Payments as at 31st March 2009 (per 100,000 population) increased from 165 during 2005-06 to 283. This remains an area of very good performance and is higher than comparator Councils. (The main uptake was from older people, people with learning disabilities, people with sensory impairment, carers and black and minority ethnic groups).

The Council continued to improve on it's very good performance on the number of older people helped to live at home; from 111 during 2005-06 to 144 per 1,000 of the population aged 65 and over. This was higher than agreed target of 139.

Intensive homecare also increased (from 9.7 during 2005-06 to 11.1 per 1,000 of the population aged 65 and over). The estimated number of households who purchase intensive homecare through Direct Payments also increased (from 2.28 during 2005-06 to 3 per 1,000 of the population aged 65 and over) and performance exceeded the council planned target of 2.30.

There was a slight decrease from 74 during 2005-06 to 54 per 10,000 of the population aged 65 and over in the number of Older People admitted to residential and nursing care. This was in line with the plan and remains very good performance.

Development areas

The following points demonstrate where targets have been partially achieved, but still have some attached actions that need completion.

- The Older People's Local Implementation Team has maintained a high level of stability over the last five years. Chaired through the Local Authority and with a Primary Care Trust vice chair the Board has been able to operate as a fully functional multi-agency partnership board. It has been involved in modernisation, but there are still questions raised about the full impact and position the OP LIT has. The OP LIT only has direct commissioning control over a small budget (Vulnerable Adults Taskforce) and still struggles to fully influence other areas of work. **(See action 4,5, and 6 of the action plan)**

- Halton Older People's Empowerment Network (OPEN) remains the best source of consultation within the borough. The network provides a voice to local Older People who are able to sit as executive members on the OPEN board and be involved in conference's tackling local issues. Three members of Halton OPEN currently sit on the Older People's local Implementation Team and one member sits on the Stroke Core Strategy Group.

  The membership of Halton OPEN has now exceeded 600, but plans need to be developed to ensure that the full membership of the network is utilised and not just the executive committee members. **(See action 7 and 8 of the action plan)**

- The commissioning pot that is overseen by the Older People's Local Implementation Team (the Vulnerable Adults Taskforce) was fully audited in 2008. The Older People's Local Implementation Team does have some level of performance reporting mechanisms in place, but they are currently being redeveloped in line with the changes being made through the restructure of the board. **See Action 5 above.**

- In respect to links to the accommodation strategy this has been partially achieved, there is now a housing sub-group of the Older People's Local Implementation Team and this will need to be a priority when looking at Extra Care Housing, residential care, and developments in the Home Improvement Agency. It will also be vital in the current economic climate. **(See action 6 and 13 of the action plan)**

- The following strategies have been developed and are available to support this document:

  Advancing Well strategy
  Extra Care Housing
  Transport Plan
  Housing Strategy
  Commissioning Strategic Plan
  Carers Strategy
  Intermediate Care Gold Standard
  (See action 9, 10, 11, 12 and 13 of the action plan)

- The implementation of the Single Assessment Process has not been as successful as anticipated. Poor sign up and slow decision making have resulted in a deficiency in full coverage and this looks set to continue in the near future. An update and relaunch of the steering group is planned during 2009, this will include ensuring the correct membership of the meeting. **(See action 14 of the action plan)**

SECTION EIGHT : IMPLEMENTING THE STRATEGY

JOINT COMMISSIONING STRATEGY ACTION PLAN

No	Key Actions	Lead Responsibility	Links to local target	By When	Comments
1	To ensure service planning officers are clear in their role of supporting commissioning by provision of high quality evidence.	Older People's Commissioning Manager / Manager of Service Planning	NI7 – Environment for a thriving third sector A4H – Making a difference by providing services which meet the needs of vulnerable people A4H – Making a difference by making sure people have excellent access to services and facilities	Ongoing	Develop communication and reporting process between Commissioning and Service Planning. Ensure workplans are linked between both areas
2	Commissioning decisions are made based around the highest level of monitoring evidence that is available and that this be obtained through the contracts department and commissioners.	Older People's Commissioning Manager	NI5 – Overall satisfaction with the area. Links to all service specific NI targets.	Ongoing	Evidence reported to relevant reporting forums including the Halton health Partnership, Older People's Local Implementation Team etc.
3	There is enough capacity within the contracts team to fully support the commissioning requirements needed for effective commissioning of Older People's services.	Divisional Manager Planning & Commissioning		2010 -11	Reviewed under KPMG and Tribal review of Partnership commissioning. This will be dependent on future commissioning decisions.

4	Strengthen the Older People's local Implementation team to become more of a strategic commissioning body.	Chair Older People's Local Implementation Team	NI 7 – Environment for a thriving third sector. NI 124 – People with a long-term condition supported to be independent and in control of their condition. NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently. A4H – to ensure that no-one experiences barriers to accessing good quality care and support because of their culture, ethnicity or sexuality. A4H – to ensure that all older people have the opportunity to enjoy a good quality of life.	Initial implementation Sept 2009 Low-level Review Sept 2010 Strategic review to be carried out in Sept 2011	New Terms of Reference in draft format at present. Need to strengthen membership as well as agreeing business priorities.
5	Improve reporting and performance frameworks of the Older People's Local Implementation Team.	Older People's Commissioning Manager	Links to internal team plan and World-Class commissioning intentions	Sept 2009 Review Sept 2010	Reporting process and performance framework to be completed

6	Develop Housing sub-group of the Older People's Local Implementation Team.	Divisional Manager Planning & Commissioning	NI124 – People with a long-term condition supported to be independent and in control of their condition. NI142 – Number of vulnerable people supported to maintain independent living	May 2009 set-up of meeting Extra care development 2010-2014	The newly formed group will need to be responsible for developments within Extra Care, the refresh of the Older People's accommodation strategy and linking in with the Dignity agenda across housing.
7	Implement commissioning links between Older People's Commissioning Manager and Halton Older People's Empowerment Network (OPEN)	Older People's Commissioning Manager and Chair of Halton OPEN	NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently. A4H – To support communities to be engaged in the design and delivery of public services and solutions to improve the health and wellbeing of all our residents.	Ongoing	Commissioning manager to agree a method of reporting to and from Halton OPEN to improve engagement, consultation and service user involvement in planning.
8	Carry out audit of Halton OPEN members to develop an agreed database of what people's interests are and how they want to be involved.	Older People's Commissioning Manager and Chair of Halton OPEN	NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently.	End of 2009	Audit will target existing members of Halton OPEN to establish how people would like to be consulted and what where their areas of interest.

			A4H – To support communities to be engaged in the design and delivery of public services and solutions to improve the health and wellbeing of all our residents.		
9	Develop and implement a prevention strategy, which includes intergenerational initiatives.	Operational Director – Older People Operational Director – Cultural services	NI 7 – Environment for a thriving third sector. NI17 – Perceptions of anti-social behaviour NI120 – All-age all cause mortality NI124 – People with a long-term condition supported to be independent and in control of their condition NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently. NI142 – Number of vulnerable people supported to maintain	End of 2009 for strategy Implementation plan Jan 2010 - 2013	Baseline audit has been completed and mapping of existing activity underway.

			independent living A4H – to ensure that all older people have the opportunity to enjoy a good quality of life.		
10	Complete development of a local stroke strategy	Head of Partnership Commissioning – NHS Halton & St Helens	NI124 – People with a long-term condition supported to be independent and in control of their condition NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently. A4H – Making a difference by ensuring that when people do fall ill from some of the major diseases, they get the best care and support.	End of 2009 for strategy Implementation plan Jan 2010 - 2013	Mapping of service provision has been completed. Audit of existing performance against National Quality Markers is almost completed and will be repeated on an annual basis to demonstrate progress, gaps, good practice and deficiencies in service.
11	Complete the renewing of the Older People's Mental Health strategy	Older People's Commissioning Manager / Head of Partnership commissioning (NHS Halton & St Helens)	NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently. NI150 – Adults in contact	Complete by March 2010	Work is underway in a number of areas to refresh the strategy, but will need to be completed after the proposed implementation of the Assessment Care and Treatment Service.

			with secondary mental health services in employment A4H – Making a difference by providing services, which meet the needs of vulnerable people.		
12	Produce a local dementia strategy	Older People's Commissioning Manager	NI124 – People with a long-term condition supported to be independent and in control of their condition NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently. A4H – Making a difference by ensuring that when people do fall ill from some of the major diseases, they get the best care and support.	Strategy completed by Oct 2009 Implementation plan Jan 2010 - 2013	Project plan in place
13	Renew and update the older people's accommodation strategy.	Divisional Manager Planning & Commissioning	NI124 – People with a long-term condition supported to be independent and in control of their condition. NI142 – Number of	March 2011	

			vulnerable people supported to maintain independent living		
14	Ensure that objectives for implementation of Single Assessment Process are agreed and that the steering group takes joint ownership to oversee completion.	Single Assessment Process Co-ordinator			
15	In line with local needs projections and working in partnership with Halton & St Helens NHS, Registered Social Landlords, Private sector and Housing associations, develop business case and funding application to support Extra Care housing bid.	Divisional Manager Planning & Commissioning	NI124 – People with a long-term condition supported to be independent and in control of their condition. NI142 – Number of vulnerable people supported to maintain independent living	Ongoing Implementation 2010 - 2014	Draft plans currently being drawn up.
16	Increase and improve the effectiveness of the membership of Halton OPEN	Older People's Commissioning Manager and Chair of Halton OPEN	NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently. A4H – To support communities to be engaged in the design and delivery of public services and solutions to improve the health and wellbeing of all our residents.	Ongoing	See action points 7 & 8

17	Explore the possibility of developing, with Halton OPEN, a mystery shopping service to measure the effectiveness of existing services in Halton.	Older People's Commissioning Manager and Chair of Halton OPEN	NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently. A4H – To support communities to be engaged in the design and delivery of public services and solutions to improve the health and wellbeing of all our residents.	Ongoing	See action points 7 & 8

Appendix 1 - Local Area Agreement targets specific for Older People's Services.

Priority	***Indicators***	***Baseline (2007/08 unless specified otherwise)***	***Targets 2008/09***	***Targets 2009/10***	***Targets 2010/11***	***Lead partner (in bold) & supporting partners***
NI 5	Overall satisfaction with the area	Place survey indicator	TBC	TBC	TBC	HBC HVA PCT Police RSLs
NI 7	Environment for a thriving third sector	Place survey indicator	TBC	TBC	TBC	HVA HBC PCT Police
NI 8	Adult participation in sport	24% (2004)	27%	29%	30%	**LA** PCT Vol Sector
NI 15	Serious violent crime rate	Baseline 90 crimes recorded. 2% reduction target	2%	2%	2%	**Cheshire Constabulary & CDRP Partner agencies.**
NI 17	Perceptions of anti-social behaviour	Baseline 35% Target 27%	25%	23%	17%	**CDRP Partners / (Community Safety Team)**

Priority	*Indicators*	*Baseline (2007/08 unless specified otherwise)*	*Targets 2008/09*	*Targets 2009/10*	*Targets 2010/11*	*Lead partner (in bold) & supporting partners*
NI 30	Re-offending rate of prolific and priority offenders.	Baseline to be set by Home Office using JTrack system,.	TBC	TBC	TBC	**Cheshire Constabulary / Probation** & CDRP Partner Agencies / (Community Safety Team)
NI 32	Repeat incidents of domestic violence	For introduction in APACs in 2009/10 when coverage complete	-	-	-	Cheshire Constabulary & CDRP Partner Agencies
NI 33	Arson incidents	98.734 per 10,000 population	85.681 per 10,000 population	74.533 per 10,000 population	64.931 per 10,000 population	**Fire & Rescue Service**, Police + PCSOs, Youth Services, HBC, Schools, Businesses
NI 39	Alcohol-harm related hospital admission rates	2339.2	2428.1	2488	2521.2	**PCT** Hospital Trusts Mental Health Trusts LA / DAAT Police Schools Vol sector
NI 40	Drug users in effective treatment	New Indicator	TBC	TBC	TBC	CDRP

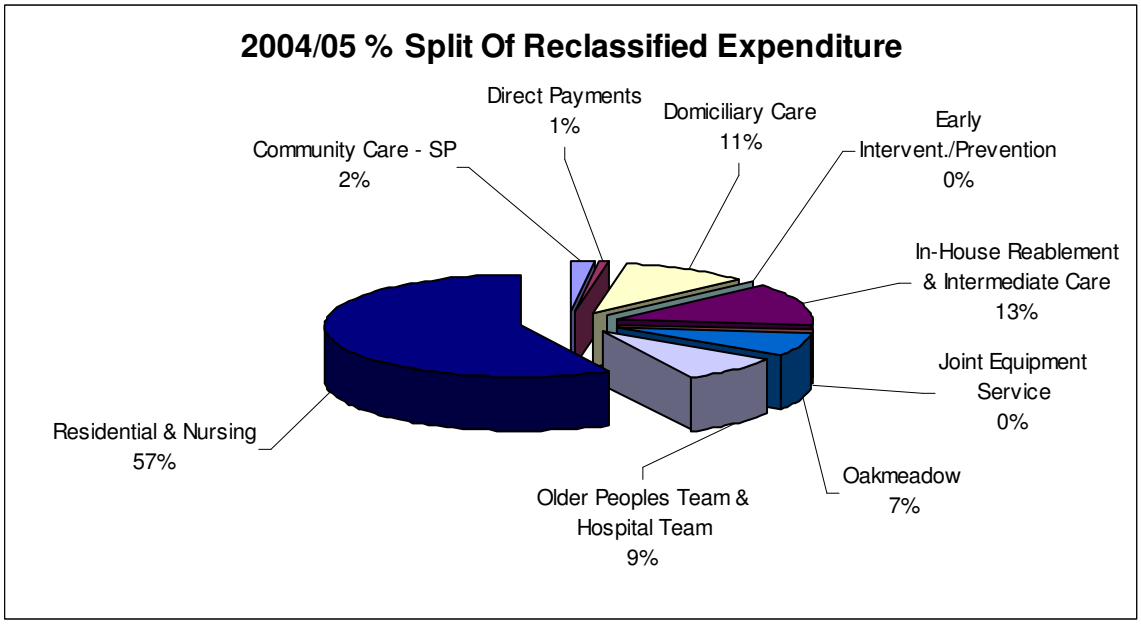
Priority	*Indicators*	*Baseline (2007/08 unless specified otherwise)*	*Targets 2008/09*	*Targets 2009/10*	*Targets 2010/11*	*Lead partner (in bold) & supporting partners*
NI 120	All-age all cause mortality	Males 805 Females 607	Males 780 Females 590	Males 755 Females 574	Males 731 Females 558	**PCT** LA Acute Trusts
NI 123	16+ current smoking rate prevalence	N/A (not calculated in this way before)	1038	1082	1128	**PCT** LA Acute Trusts Schools/colleges
NI 124.	People with a long-term condition supported to be independent and in control of their condition	N/A	TBC	TBC	TBC	**PCT/LA** Acute trusts Vol sector
NI 139	People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently	N/A	TBC	TBC	TBC	**LA** PCT Vol sector
NI 142	Number of vulnerable people supported to maintain independent living	94%	94.7%	95.3%	96%	**LA** PCT Cheshire Probation DAAT Vol sector Private sector

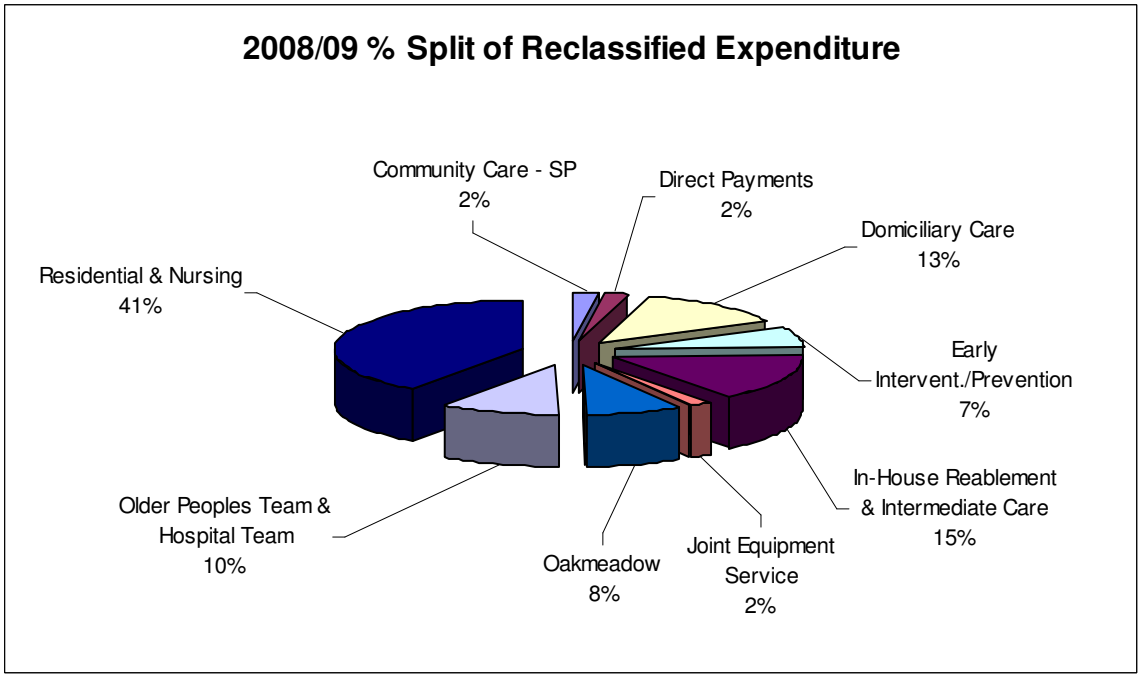
Priority	*Indicators*	*Baseline (2007/08 unless specified otherwise)*	*Targets 2008/09*	*Targets 2009/10*	*Targets 2010/11*	*Lead partner (in bold) & supporting partners*
NI 150	Adults in contact with secondary mental health services in employment	*N/A*	**TBC**	**TBC**	**TBC**	**LA** PCT Job Centre Plus
NI 153	Working age people claiming out of work benefits in the worst performing neighbourhoods					Job Centre Plus HBC
NI 154	Net additional homes provided	483 (estimate)	519	519	519	RSLs Housing Industry HBC
NI 173	People falling out of work and on to incapacity benefits					Job Centre Plus HBC
NI 175	Access to services and facilities by public transport walking and cycling					HBC Transport Operators Transport partnership
NI 175	LTP1A – Access to Whiston Hospital	29%	60%	60%	60%	

NI 175	LTP1B – Access to Warrington Hospital	0%	20%	30%	30%	

Appendix 2 –

Financial information





The pie charts above clearly demonstrate the shift that has already taken place in older people's services. This particularly shows the reduction in funding for residential and nursing provision that now only accounts for 41% of the overall budget compared to 56% four years ago. In addition early intervention now makes up 7% of the budget, whereas there was less than 1% provision four years ago.

Table 1 below shows the % change year on year for each of the descriptive areas. This again clearly demonstrates the financial increase in early intervention / prevention.

Table 1

Reclassified Description	2004/05	2005/06	2006/07	2007/08	2008/09
Community Care - SP	265,726	217,792	393,061	338,072	381,449
% Year on Year Change		***-18%***	***80%***	***-14%***	***13%***
Direct Payments	147,734	149,931	216,229	301,467	303,922
% Year on Year Change		***1%***	***44%***	***39%***	***1%***
Domiciliary Care	1,553,411	1,754,806	1,898,841	2,298,401	2,084,917
% Year on Year Change		***13%***	***8%***	***21%***	***-9%***
Early Intervention/Prevention			559,111	867,030	1,130,931
% Year on Year Change				***55%***	***30%***
In-House Reablement & Intermediate Care	1,955,835	1,930,607	2,205,538	2,398,189	2,477,298
% Year on Year Change		***-1%***	***14%***	***9%***	***3%***
Joint Equipment Service		104,094	166,286	135,927	362,090
% Year on Year Change			***60%***	***-18%***	***166%***
Oakmeadow	1,068,711	1,074,249	1,044,956	1,186,013	1,302,886
% Year on Year Change		***1%***	***-3%***	***13%***	***10%***
Older Peoples Team & Hospital Team	1,249,343	1,334,154	1,339,324	1,464,480	1,683,736
% Year on Year Change		***7%***	***0%***	***9%***	***15%***
Residential & Nursing	8,420,460	8,379,520	7,848,906	7,822,388	6,461,000
% Year on Year Change		***0%***	***-6%***	***0%***	***-17%***