



## Executive Board

Thursday, 13 January 2011 2.00 p.m.  
Marketing Suite, Municipal Building

A handwritten signature in black ink, appearing to read 'David W R'.

Chief Executive

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

#### PART 1

Item	Page No
<b>1. MINUTES</b>	
<b>2. DECLARATION OF INTEREST</b>	
Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda no later than when that item is reached and, with personal and prejudicial interests (subject to certain exceptions in the Code of Conduct for Members), to leave the meeting prior to discussion and voting on the item.	
<b>3. HEALTH AND ADULTS PORTFOLIO</b>	
<b>(A) MODERNISATION AND INTEGRATION OF DAY SERVICES AND OPPORTUNITIES FOR ALL ADULTS</b>	1 - 8

*Please contact Angela Scott on 0151 471 7529 or  
Angela.scott@halton.gov.uk for further information.  
The next meeting of the Committee is on Thursday, 27 January 2011*

Item	Page No
(B) ASSESSMENT OF PERFORMANCE REPORT 2009/10 FOR ADULT SOCIAL CARE	9 - 33

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

**REPORT TO:** Executive Board

**DATE:** 13 January 2011

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

**SUBJECT:** Modernisation and integration of Day Services and opportunities for all Adults

## **1.0 PURPOSE OF REPORT**

- 1.1 To outline the key issues and development plan for the modernisation and redesign of Day Opportunities for Older People and adults and seek approval to begin formal consultation with stakeholders.

## **2.0 RECOMMENDATIONS**

### **2.1 It is recommended that:**

- 1) that approval is given to the following as a basis for consultation with service users, families, carers, staff and key stakeholders commencing January 2011 on the following proposals:
  - i. To de-commission Older Peoples Day Services within the current format
  - ii. To integrate Sure Start To Later Life and Community Bridge Building Service.
  - iii. Redesign the current provision of Day Care within Oakmeadow.
  - iv. To de-commission Pingot Day Centre as a base for the delivery of Day Services.
- 2) The Strategic Director for Adults and Community, in consultation with the portfolio holder, be authorised to consider feedback in response to the consultation, to consider this with other information and return to the Board with recommendations.

## **3.0 SUPPORTING INFORMATION**

- 3.1 There has been a significant and growing emphasis, in recent national and local strategy reports, on the need to change the way adult social care services are delivered in response to the demographic challenge of an ageing population within an

environment of reducing resources, and on the need for a whole system response built around personalised services with increased emphasis on prevention, early intervention and enablement.

- 3.2 The change in the structure of the population presents a significant challenge to health and social care services. Life expectancy has increased considerably with a doubling of the number of older people since 1931. Between 2006 and 2036, the number of people over 85 in England will rise from 1.055 to 2.959 million, an increase of approximately 180%. Ill health and disability increase with age and this is reflected in the forecast that the number of people over 65 with a limiting long term illness in England will increase from 3.9 million in 2009 to 6.1 million in 2030 which is likely to be accompanied by an increase in the demand for support across the continuum of need.
- 3.3 A number of alternative approaches to traditional Day Services have been developed over the past couple of years; with a key focus on Early Intervention and Prevention, meaningful activities, employment and volunteering however Older Peoples day services continue to be delivered based on a traditional building based model, and in isolation to other developments. In addition, older people do not always have the same access to deliver to services which are available to younger adults.

#### **4.0 CURRENT SERVICES**

- 4.1 The current services identified within this redesign model are:

- Sure Start To Later Life for Adults
- Community Bridgebuilders
- Older Peoples Community Day Care
- Oakmeadow Day Centre
- Adult Placement
- PSD Day Services
- Specialist Day Services for Adults with a Learning Disability
- Pingot Day Centre

- 4.2 These Services can be characterised as follows:

##### **4.2.1 Sure Start To Later Life**

Sure Start to Later Life supports Older People to review their options and make informed choices about their own futures, by helping them to find the right information, services and support, at the right time, in order for people to maintain or regain independence, good health and wellbeing within their own homes and local communities. Information Officers provide an assessment of people's lifestyle needs to enable older people to access community activities and engage with people in order to prevent social isolation. The service works closely and cohesively with mainstream services to identify

barriers and opportunities that will ensure that all services are accessible for the people they support.

The service aims to respond flexibly and creatively, empowering individuals to achieve realistic goals to improve their quality of life. Information Officers do this by taking positive action through meaningful engagement and promoting social inclusion.

The team operates a flexible pattern of working. It is the aim of the service to be flexible to user needs and times of contact. The team operates on a span of duty that begins no earlier than 8.00am and end no later than 9.00pm.

Access to the service is by the person or professional referral.

### Options

- 1) Continue to deliver the service in its current format; that is only available to Older People.
- 2) Integrate with Community Bridgebuilders Service, to provide a single access point to all Day Opportunities and Early Intervention Services- providing a service for all Adults
- 3) Decommission the service

#### 4.2.2 Community Bridge Builders

The service is pan disability and is provided to the most socially isolated who have physical and sensory disability, mental health issues, learning disability and older people. The service is also offered to a number of carers and to people aged 16-18 as part of their transition from children's to adult services. Although there are similar schemes in the country, Halton are the only council to offer this service across all service areas. The current referral system allows any assessment team to refer to the service. After referral, Bridge Builders work with individuals to identify activities or services with which they would like to engage and provide practical support to enable them to do this. The Bridge Builders also work directly with the mainstream services to see what barriers there are to people with disabilities using their service and build capacity with these services to support people with disabilities using their services.

### Options

- 1) Continue to deliver the service in its current format
- 2) Integrate with Sure Start To Later Life
- 3) Decommission the service

## 4.2.3 Older People Community Day Care

The Community Day Service, heavily underpinned by a committed group of volunteers, can offer up to 280 places each week to older people, many of who are aged over 80. Currently the service averages 114 places per week well under 50%. The sessions are held throughout the borough in local community settings or facilities on specific days of the week, providing early intervention, support to carers, relief from isolation, activities and mutual support.

This service operates on different days (note that there is no service on a Monday) at a range of venues. The rooms are rented by the session. The following establishments are used:

- Tuesday - Ditton Community Centre, Trinity Church, Southlands Court;
- Wednesday – Chapelfields Community Centre, Southlands Court;
- Thursday - Southlands Court
- Friday - Victoria Court.

The service is effectively a luncheon club with bingo attached. There is some variety e.g. a sing along or annual trip to the Trafford Centre but not enough to warrant the high cost of the service.

In addition, there are very few linkages with the Independent Living Centre in Runcorn.

### Options

- Continue to deliver the service in its current format
- Decommission the service
- Decommission the service and further develop alternative day opportunities within the community, ensuring these are utilised more effectively across all client groups

## 4.2.4 Specialist Services

Specialist Services are currently provided specifically for Adults with a Learning Disability, across a number of settings within the Borough, there is also a base at Bredon for people with more complex needs.

The service is accessible following an assessment by community bridge builders, and is only available to people who are FACs eligible.

There is a charge for the service, meals are not available, but attendees are encouraged to bring a packed lunch.

The service is available Monday to Friday 9am-4pm, although some activities are arranged for weekends and evenings. The overall aim of the service is to support people to become as independent as possible with involvement in meaningful community activities.

Personal care and medication support is available as required. The service is coordinated from Bredon.

- 4.2.5 As early as July 2004 the Executive Board recognised the need to re-design Day Services in response to the Government's Agenda, 'Valuing People, A New Strategy for Learning Disability for the 21st Century'. At this time it was agreed that there was a need for accelerated movement away from traditional building based services and to provide increased opportunities for people with learning disabilities, promoting social inclusion and independence. The examples of the closure of Astmoor as a base for Day Services for adults with learning disabilities and the huge variety and award winning schemes that have resulted since have clearly demonstrated the value of community based day services as a more effective and preferable model of service delivery.
- 4.2.6 The majority of service users who used to receive traditional services from Pingot now attend community venues or the businesses such as Country Garden Catering pioneered by Adult with Learning Disabilities Day Services. Some service users continue to use Pingot as a base from which to engage community activities, but these are few in numbers and ever decreasing.
- 4.2.7 The primary group still receiving some direct services at Pingot are those 8 PMLD service users for which appropriate community venues have been more challenging to identify. Nonetheless, around one third of activities accessed by the PMLD group are sourced outside of Pingot.
- 4.2.8 Given the direction of travel for meaningful daytime activities and the success of the progress already achieved by Halton's Day Services, it is evident that Pingot as a centre is no longer fit for purpose. The expense of maintaining the building and some of the staffing functions e.g. cook can no longer be justified.

### Options

- 1) To continue to deliver the service in its current format
- 2) To de-commission Pingot and the service be delivered in its entirety from within the community as the "Hub and Spoke" Model.
- 3) To further develop the "Hub and Spoke" model to include services for Older People.

#### 4.2.9 Oak meadow Day Centre

The Oak meadow Day Care centre operates on Monday, Wednesday, Friday and Saturday, for Older People and people with Dementia. The hours of operation are currently 9.30 to 4pm, although often people, who are dependant on transport, tend to be dropped off and picked up at different times- usually resulting in attendance for a shorter period of time.

The service is only available following a care management assessment, and tends to be restricted to one day per week, per service user. Peoples needs are reviewed on an annual basis within the care management reviewing processes, however once a person accesses day care they often remain for a number of years.

Activities tend to be limited and provided within a traditional model of day care e.g. Bingo, crafts etc. Meals are provided from the residential catering service.

There is no link or pathways from the Day Centre to the community, other day service providers or the service users within the residential unit; this limits opportunities around discharge planning and a wider focus on enablement.

There are no opportunities around weekend and Out of Hours activities, apart from 1 day centre session on a Saturday.

Although the day centre is “badged” as providing day care for Older People with Dementia, there is no evidence of any specialist activities/interventions around Dementia.

There are no linkages with younger adults groups, for example, learning or physical disabled groups and there are opportunities within Oakmeadow to develop services together.

Options

- 1) Continue to deliver the service in its current format
- 2) Develop an alternative enablement model, integrated with Adult Day Services
- 3) Decommission the service

## 5.0 **CONSULTATION**

### 5.1 **Staff and managers**

5.1.1 All staff and managers involved with these services will be consulted



and views sought.

## **5.2 Service Users and Carers**

- 5.2.1 All Service Users and carers who are directly involved with the services will be consulted on the options, and key individual issues and areas of concern discussed this will include:
- 5.2.2 Individual visits to the homes of users and carers of day services will be undertaken where this is required.

## **5.3 Consultation with Councillors**

- 5.3.1 A report to Health PPB will be presented to the January meeting, views and comments will be sought on the proposals. Where necessary, visits will be undertaken.

## **5.4 Consultation with interested bodies, key stakeholders and individuals**

- 5.4.1 A meeting is to be arranged with the trade unions. Key individuals in the community will also be contacted and external providers. This will include our key partners and strategic groups e.g. Older People's Local Implementation Team.

## **6.0 POLICY IMPLICATIONS**

- 6.1 Our health, our care, our say,' outlined the reform needed in both social and health care services to respond to the demographic challenge and rising expectations in the population. 'High quality care for all', the Darzi report, building on the direction set in the Our Health, Our Care, Our Say highlighted the need to improve prevention, deliver services as locally as possible, and deliver patient choice and personalisation. Putting People First and Transforming Social Care have provided clear direction for the required transformation of social care and have made it clear that the new adult care system requires a collaborative approach with a broad range of partners to redesign local systems around the needs of citizens.
- 6.2 The consultation period will last approximately 3 months.

## **7.0 FINANCIAL/RESOURCE IMPLICATIONS**

- 7.1 Overall efficiency savings will be made on service provision, further work will be undertaken during the consultation exercise to assess the savings.
- 7.2 A small amount of funding will be required to improve the availability

of activities and environment within Oakmeadow.

## **8.0 RISK ANALYSIS**

- 8.1 This proposal supports the continuing shift toward improved, quality, choice and control and an increase in preventative service provision, with a focus on efficient use of resources. If this proposal is not supported then the risk would be an increase in the numbers of people requiring Long term care provision within the community setting

## **9.0 EQUALITY AND DIVERSITY ISSUES**

- 9.1 This proposal recognises the issues of equality and diversity for a range of service users. It ensures that access to services is not restricted because of age, mental health and well-being, limiting illness. It also considers alternative and diverse methods to address the needs of people in Halton.
- 9.2 A Community Equality Impact Assessment will be undertaken.

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

DOCUMENT	PLACE OF INSPECTION	CONTACT
"High Quality Care For All" NHS next stage review. June 2008; DOH	Runcorn Town Hall	Sue Wallace-Bonner, Operational Director, Enablement

**REPORT TO:** Executive Board

**DATE:** 13 January 2011

**REPORTING OFFICER:** Strategic Director, Adults & Community

**SUBJECT:** Assessment of Performance Report 2009/10 for Adult Social Care

**WARD(S)** Borough-wide

### 1.0 PURPOSE OF THE REPORT

- 1.1 To advise the Executive Board of the National performance rating of the Adults and Community Directorate.

### 2.0 RECOMMENDATION: That Executive Board note the continuing improved performance of the Directorate as outlined in the Assessment of Performance report attached as Appendix 1.

### 3.0 SUPPORTING INFORMATION

- 3.1 The Adults & Community Directorate have their performance rated annually by the Care Quality Commission (CQC). The performance rating is linked to how well the Directorate provides social care services to all adults. The rating the Directorate receives feeds into the Comprehensive Area Assessment rating for Halton Borough Council. There is a requirement for Councils to publish its assessment rating and to present the findings to their Council's Executive Board.
- 3.2 Performance for 2009/10 has been rated, with an overall grade rating for delivery of outcomes as excellent which is classified by the CQC as 'overall delivering well above the minimum requirements for people'. In addition performance against each of the domains has been rated as detailed below:-

Delivering Outcomes	Grade Awarded 2008/09	Grade Awarded 2009/10
Improved health and emotional well-being	Excellently	Excellent
Improved quality of life	Excellently	Excellent
Making a positive contribution	Excellently	Excellent
Increased choice and control	Excellently	Excellent

Freedom from discrimination or harassment	<b>Well</b>	<b>Excellent</b>
Economic well-being	<b>Excellently</b>	<b>Excellent</b>
Maintaining personal dignity and respect	<b>Excellently</b>	<b>Excellent</b>

#### **4.0 POLICY IMPLICATIONS**

- 4.1 The actions contained within the CQC Annual Performance Report will all be addressed.

#### **5.0 FINANCIAL IMPLICATIONS**

- 5.1 There are no direct financial implications with the publication of the CQC Annual Report.

#### **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

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

To ensure that adults' carers continue to be supported in their caring roles.

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

To ensure that employment and educational opportunities continue to be maximised for the people that we provide services to.

##### **6.3 A Healthy Halton**

To ensure that the Council continues to engage in and provide activities that promotes the health & well being of people in Halton.

##### **6.4 A Safer Halton**

To continue to safeguard the people that we provide services to.

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

To ensure that performance evidence collected continues to evidence how local communities are supported and people are enabled to continue to live in their own homes.

#### **7.0 RISK ANALYSIS**

- 7.1 The risk of the changing performance framework must be managed so

that performance continues to improve. The Directorate will ensure that it monitors performance regularly in accordance with the performance monitoring framework it has adopted.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 These are identified in the Freedom from Discrimination or Harassment Outcome area and are addressed within the Council.

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

Document	Place of Inspection	Contact Officer
Self Assessment Survey, CSCI 2009/10	Runcorn Town Hall	Amanda Lewis, Performance Manager

# Assessment of Performance Report 2009/10

## ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :Halton

Contact Name	Job Title
Ann Ford	Compliance Manager
<p>The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.</p> <p>The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.</p> <p><b>Performing Poorly</b> - not delivering the minimum requirements for people. <b>Performing Adequately</b> - only delivering the minimum requirements for people. <b>Performing Well</b> - consistently delivering above the minimum requirements for people. <b>Performing Excellently</b> - overall delivering well above the minimum requirements for people.</p> <p>We also make a written assessment about</p> <p><b>Leadership and Commissioning and use of resources</b></p> <p>Information on these additional areas can be found in the outcomes framework To see the outcomes framework please go to our web site: <a href="#">Outcomes framework</a> You will also find an explanation of terms used in the report in the glossary on the web site.</p>	

## 2009/10 Council APA Performance

<b>Delivering outcomes assessment</b> Overall council is:	<b>Excellent</b>
<b>Outcome 1:</b> Improved health and well-being	<b>Excellent</b>
<b>Outcome 2:</b> Improved quality of life	<b>Excellent</b>
<b>Outcome 3:</b> Making a positive contribution	<b>Excellent</b>
<b>Outcome 4:</b> Increased choice and control	<b>Excellent</b>
<b>Outcome 5:</b> Freedom from discrimination and harassment	<b>Excellent</b>
<b>Outcome 6:</b> Economic well-being	<b>Excellent</b>
<b>Outcome 7:</b> Maintaining personal dignity and respect	<b>Excellent</b>



## Council overall summary of 2009/10 performance

Overall the council continues to perform excellently in achieving positive outcomes for people living in the borough.

The council has reported improved performance in improving outcomes in promoting and securing freedom from discrimination and harassment. There has been significant work in this area that has resulted in increased engagement and inclusion of minority communities and marginalised groups. Services have been established to meet specified needs and preferences.

The vision for social care is ambitious and aims for widespread transformation.

The council has a strong track record in highly effective leadership, good corporate and political support that collectively brings about continuous improvement.

There is mature, effective and productive joint working in the provision care services.

Strategies are well supported by local knowledge that reflects a high degree of engagement with communities and stakeholders. Commissioners are leading effective service transformation to deliver personalised services.

There is close working with providers to improve the quality and range of services as well as provide good value for money.

The council has a well developed approach to financial management and budget mechanisms are robust enabling alignment of resources for service transformation.

Workforce development remains responsive and integral to service requirements.

The workforce is stable; staff are well managed and supported in their roles.

Knowledge and information management systems are well developed and support continuous improvement.

There is strong alignment to strategic objectives in operational management and staff are aware of their responsibilities in delivering high quality services.

Performance management is well supported by robust scrutiny of data regarding service impact. Risk management is well

developed.

The council is self challenging and self aware and is able to anticipate changing service requirements.

People benefit from the councils ongoing commitment to quality, enablement and empowerment.

### Leadership

*"People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce".*

### Conclusion of 2009/10 performance

The council's vision for adult social care aims for the widespread transformation and personalisation of care services. The council and its partners have developed challenging, yet, achievable ambitions based on detailed local knowledge and effective consultation and engagement with people living in the borough.

Residents are actively encouraged to participate in and contribute to service design and delivery. Consultation is meaningful, targeted and well managed. The council has invested in developing a strong and productive relationship with the Local Involvement Network (LiNK) and the "Halton Together" coalition. As a result, service development reflects the views, needs, preferences and aspirations of people living in the borough.

Commissioning strategies that support and deliver the councils ambitions have been developed in the context of the Joint Strategic Needs Assessment (JSNA), local needs and the national priorities contained in 'Putting People First'. The transformation of adult social care services remains a priority for the council and the councils 3 year Business Plan (2009-12) commits the

directorate to meeting explicit and realistic objectives in this regard. The council continues to effectively manage a number of work streams to meet the performance milestones and strong progress has been made in direct payments, preventative and reablement services, and in the provision of a growing range of services for carers.

In addition, the council has taken a strong leadership role to personalise Mental Health Services. The council is currently working with NHS Commissioners, the 5 Boroughs Partnership Trust and Helen Sanderson associates to examine the cultural changes required to deliver personalised care, this work will then inform the redesign of processes and services so needs may be met in a self-determining and personalised way.

Corporate and political support for the change agenda remains strong. Elected members are visible in all key service areas and are well represented on planning and partnership boards. Members also remain active and committed in their challenge, support and scrutiny functions.

The council has a strong track record in effectively using performance management systems to increase its capacity, skills and knowledge to secure continuous improvement. As a result key priorities and targets are consistently met. The overall management of performance is comprehensive, systematic and well embedded.

The council continues to develop and refine a comprehensive workforce strategy and is fully engaged with the Integrated Local Area Workforce Strategy (IN LAWS) as part of the delivery of the wider transformation of services.

Systematic evaluation of training outcomes has been commissioned and is complete in two of four selected areas. There is continued support for the Social Work Trainee Scheme that offers a carer development route for council employees and is assisting the council with its recruitment and retention processes'. The council's sickness reduction target has been exceeded and reductions in the workforce to meet required efficiencies have been positively managed. The council is making measurable progress in recruiting and retaining a strong and stable workforce that is confident and competent to meet the challenges ahead.

### Key strengths

- Strong leadership, clear strategic direction and effective resource management
- Mature and effective partnership arrangements
- An informed understanding of local and national priorities
- Workforce development is actively managed
- Robust performance management and scrutiny arrangements

### Areas for improvement

- To continue with the transformation of personalisation of social care services

### Commissioning and use of resources

*"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value".*

## Conclusion of 2009/10 performance

The council and its partners promote effective and meaningful engagement regarding its commissioning intentions through a wide range of organisations and groups within the voluntary and community sectors. The Joint Commissioning Strategy for Carers (2009-12) was developed through ongoing consultations and contributions from stakeholders. The information, views and preferences collated have directly informed the council's strategic approach.

The Valuing People Now Regional Family Forum has worked with the Learning Disability Partnership Board to strengthen engagement with local families so they may directly influence policy development and commissioning activity.

Halton's Older Peoples Empowerment Network (OPEN) continues to be the council's most prominent forum for the inclusion of older people. The council has actively sought contributions from older people to inform the Older Peoples Commissioning Strategy, the Prevention and Early Intervention Strategy and the Local Dementia Strategy.

In addition, there is effective use of the JSNA. Partnerships are collaborative and mature, enabling partners to jointly consider and agree priorities and resource implications. There has been significant work in 2009-10 to jointly address the wider determinants of health including housing, employment, education and skills.

As a result, the councils commissioning activity is based on a solid understanding of the needs and views of the local circumstances. Challenges and opportunities are translated in to detailed, shared and well understood plans. Service quality and satisfaction rates are high and provide good value for money.

Financial management and monitoring remains robust. The council is making good progress in implementing phase one of the KPMG efficiency programme. This work will support and assist the council in meeting the required efficiencies for 2010-11. Work on phase two has begun

The council has a solid undertaking of its spending patterns and service costs as well as a strong record in the management of its budget. There is a three year financial strategy in place that acknowledges the changing social care environment and supports the modernisation of services. The council remains confident that its robust financial planning will support efficiency savings without detracting from the modernisation and quality of service provision.

The council remains proactive in working with providers to improve quality and meet the changing needs of the people using services. The council was one of twelve councils participating in a national pilot scheme Working Together For Change (WTFC). The programme is designed to support providers to adapt their service models to respond to the requirements of personalisation.

Three mental health service providers here have been involved, resulting in 51 outcome focused reviews. The reviews have led to bespoke care packages that better meet people's individual needs. The council is using the learning from the pilot scheme to inform strategic commissioning and considering the application of WTFC Framework in the full range of provider services. Active Support Training has been used in learning disability services to enable staff to improve outcomes for people using services. This approach is now being applied in supported housing and day service provision.

In addition, a framework agreement for the procurement of care and support for people with a learning disability or a mental health need has been developed. The framework emphasises people's rights to choice and control. Individual packages of care and support will be purchased with a revised specification that supports improved outcomes for people in these crucial areas.

There is also work with domiciliary care providers to develop an outcomes based quality assurance model. The model has been developed in consultation with providers for piloting in summer 2010.

There is strong evidence of the council taking assertive action to secure improvement when purchased services fall short of contractual expectations. The percentage of people placed in good or excellent services (94.4%) shows a significant improvement in performance.

The council, in partnership with the Primary Care Trust (PCT) has continued to work with providers to transform the wider health and social care market. Commissioners in the council, neighbouring authorities and the PCTS are jointly implementing a model of care that will expand the range of specialist support available in the community and move away from traditional bed based services. The development of community based models of care has already reduced the number of admissions to hospitals and reduced people's length of stay. Effective community support is promoting increased independence and low numbers of admissions to long term care.

As previously discussed (See Leadership) the key process for identifying needs across the borough has been the JSNA. The core data was refreshed and analysed in 2009 and included a summary of findings highlighting the latest information on local health inequalities. A second JSNA is being produced with recognition of the transformation of services across health and social care. The JSNA will be strengthened and will include service provision and market analysis, the inter-relation of key factors that contribute to well being and the identification of individual needs. This approach will enhance the council's current and robust understanding of local needs and assist the council in addressing the inequalities in health within the borough.

### Key strengths

- The effective use of the JSNA in commissioning activity
- High quality and good value for money services
- Highly effective use of resources and a balanced budget
- Risk management processes that are strongly embedded in the business planning framework

### Areas for improvement

No specific areas for improvement have been identified

### Outcome 1: Improving health and emotional well-being

*“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.*

### Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for this outcome from 2008-09 year into the

2009-10 assessment. The council has confirmed, through self declaration that it is continuing to perform at an excellent level in 2009-10 for this outcome. CQC will continue to monitor indicators of change to this performance.

### Key strengths

### Areas for improvement

### Outcome 2: Improved quality of life

*“People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services.”*

### Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for this outcome from 2008-09 year into the



2009-10 assessment. The council has confirmed, through self declaration that it is continuing to perform at an excellent level in 2009-10 for this outcome. CQC will continue to monitor indicators of change to this performance.

### Key strengths

### Areas for improvement

## Outcome 3: Making a positive contribution

“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported”.

**Conclusion of 2009/10 performance**

The Care Quality Commission has agreed to carry forward the judgement awarded for this outcome from 2008-09 year into the 2009-10 assessment. The council has confirmed, through self declaration that it is continuing to perform at an excellent level in 2009-10 for this outcome. CQC will continue to monitor indicators of change to this performance.

**Key strengths****Areas for improvement****Outcome 4: Increased choice and control**

“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.

### Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for this outcome from 2008-09 year into the 2009-10 assessment. The council has confirmed, through self declaration that it is continuing to perform at an excellent level in 2009-10 for this outcome. CQC will continue to monitor indicators of change to this performance.

### Key strengths

### Areas for improvement

## Outcome 5: Freedom from discrimination and harassment

“People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods”.

### Conclusion of 2009/10 performance

Fair Access to Care Services (FACS) continues to be the key determinate of individual eligibility for receiving services. The FACS criteria are based on an individual analysis of need and risk and levels of eligibility remain set at critical, substantial and moderate levels of need. There is also effective signposting to lower levels of support where people’s needs fall below eligibility criteria.

The council and its partners are developing Single Points of Access to specialised integrated services. The access points seek to offer people a seamless approach to services and improve the quality and consistency of the services available. The council has also worked with the Primary Care Trust (PCT) to develop lower-level community responses to emerging Mental Health problems as a means of preventing people developing more complex conditions.

This approach is congruent with the councils Early Intervention and Prevention Strategy and the promotion of independence and support in the community.

The council provides a wide range of information in a variety of formats to promote easy and equitable access to services.

Information is age, race, gender and culturally appropriate. It is well targeted and well publicised For residents for whom English is not a first language; the council has a contract with “The Big Word” service that may be accessed through the councils One Stop Shops or the 24 hour telephone contact centre. There is also a “Welcome to the Area pack” for migrants.

The council has also invested in a wide range of support, advice and guidance for Travelling Communities. Outcomes include increased access to health, dental services, children’s health and immunisation programmes and welfare and benefits advice.

The council, as part of the transformation agenda, has adopted the Universal Information, Advice and Advocacy Strategy. The aim of the strategy is to ensure a well co-ordinated approach across all sectors to effectively deliver information, advice and advocacy

to local residents.

The council is active in its responsibilities to people who fund their own care. The councils “Fair Access to Care Service policy” (republished in March 2010) re-inforces the councils commitment to supporting, directing and assisting people funding their own care to appropriate levels of support and fair charging.

The council remains committed to ensuring that services are provided without discrimination and acknowledge Equality, Diversity and Human Rights. The council has worked hard to address the under representation of people from Black Minority Ethnic (BME) communities and the Gay, Lesbian and Transsexual communities (LGBT). This year (2009-10) the council have established support groups for women, BME, LGBT and disabled employees. The groups, as well as developing their own work plan, will act as consultation panels to support policy development.

The council is providing financial support to develop an online community forum for LGBT carers. The forum intends to provide news, advice, guidance and personal support. A scoping exercise in September 2009 identified a (small) group of LGBT carers and this group have engaged and been included in designing appropriate service provision.

In 2008, the council committed a service to specifically provide floating support for people from BME communities. The service has continued to develop and has a case load of 15 people at any one time. Case study evidence demonstrates improved outcomes in health, economic well being and safeguarding.

The council also has a full complement of BME Community Development Officers based in mental health services. Officers are strongly engaged in local planning Fora and are members of the Mental Health Local Implementation Teams sub-group for social inclusion and carers. The Development officers have sought and encouraged contributions from BME groups in the area and are currently developing a training and awareness raising programme for front line staff.

In addition, the council continues to actively support the Women’s Centre. This service is highly valued and is a positive example of low-level support and advice improving outcomes for people not eligible for council services.

There are contractual arrangements in place to deliver both specialist and generic advocacy services to residents. There is good provision of Independent Mental Capacity Advocates (IMCAs) and Independent Health Advocates. The use of IMCA’s to support people who lack capacity has been assertively promoted throughout the council. In all Deprivation of Liberty Safeguards requests, the use of an IMCA is explicitly considered. Similarly, each Vulnerable Adults Abuse referral record clearly states whether the use of an IMCA is appropriate. The IMCA service is also fully represented on the Mental Capacity Act Steering Group (See Outcome

Seven). The IMCAs also have a regular programme of visits to front line staff/services to promote people's awareness of advocates and their use.

The council remains committed to achieving "Excellent" status within the Equality Framework for Local Government (EFLG) and has been instrumental in the development of key initiatives:-

A new Corporate Equalities Scheme has been approved by the Executive Board and Senior Management Team. The Scheme is tailored to complement the Equalities Framework for Local Government (EFLG) and contains an action plan that will contribute to the aims of the Corporate Scheme and support the EFLG. Robust staff guidance has been produced to assist staff carrying out Community Impact Reviews and Assessments (CIRA – formerly Equality Impact Assessments). The guidance will also be supported by a Staff Training Programme.

The council has a lead role in the delivery of safer local communities. The Director of Adult Social Care (DASS) is a member of the Crime and Disorder Reduction Partnership Board. The work of the board has significantly contributed to the reducing crime levels in the borough. (See Outcome Seven)

The councils Domestic Abuse Forum has been strengthened and has multi agency membership. The council have also appointed a Domestic Violence Co-ordinator who has made strong links with local services to provide a consistent and comprehensive approach to this issue.

The promotion of Community Safety and Cohesion remain high priorities for the council. There is a range of plans and initiatives at both borough and neighbourhood levels to improve communication, the sharing of intelligence and co-ordination of services to facilitate a multi-faceted response to addressing Community Safety issues.

The development of the Cohesion Officers Group bodes well for the council developing its knowledge of the local community, identifying tensions and disputes and enabling partners to act pro-actively to address areas of concern.

This approach will support the council's work in developing strong, safe and sustainable communities within the borough.

### Key strengths

- Ongoing achievement in the Local Government Equalities Framework
- Effective use of the Fair Access to Care criteria
- A proactive approach to meeting the needs of travelling communities, migrant workers and students from overseas
- Good performance in reducing crime
- Improvement in the engagement and inclusion of minority communities

### Areas for improvement

- To continue to improve the engagement and inclusion of BME groups and the gay, lesbian and transsexual communities.

### Outcome 6: Economic well-being

*“People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment”.*

### Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for this outcome from 2008-09 year into the 2009-10 assessment. The council has confirmed, through self declaration that it is continuing to perform at an excellent level in 2009-10 for this outcome. CQC will continue to monitor indicators of change to this performance.

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Key strengths

Areas for improvement

Outcome 7: Maintaining personal dignity and respect
<i>“People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life”.</i>

Conclusion of 2009/10 performance
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The council continues to give adult safeguarding a high priority. Citizens benefit from a strong commitment to the prevention and detection of abuse and neglect.

The council has remained active in exploring opportunities for continuous improvement in this important area of work. In 2009 -10, the council has reviewed a range of safeguarding policies, procedures and protocols including working protocols for working with the police and health partners. A new serious case review policy has been implemented and performance management of scrutiny arrangements have been strengthened. There is also work ongoing to apply the councils safeguarding performance management framework in partner agencies. Envisaged outcomes are consistent and good practice across all agencies, timely referral and effective interventions.

In addition, the council has undertaken a significant amount of work to raise professional and public awareness in relation to safeguarding and abuse. A range of information is available in a variety of formats. A new guidance booklet for people using direct payments has been introduced and safeguarding related web pages have been improved. Work to ensure that adult safeguarding is 'everybody's business' is being led by the publicity and information subgroup of the Safeguarding Adults Board. A major public campaign is scheduled for Winter 2010.

The current rate of safeguarding referrals remains consistent with those of similar authorities. There has been a small reduction in the numbers of referrals made during 2009-10 (359 from 373 in 2008-09). However, there is strong evidence that this reduction is due to effective referral and care management systems. Additionally, there has been an increase in the number of referrals received from health partners suggesting that there is raised awareness across agencies and concerns are recognised and referred appropriately. The council's performance in case completion remains very strong with 100% of cases being completed in the year.

The Halton Safeguarding Adults Board (SAB) in the council's key structure for the delivery of effective safeguarding within the borough. Since its inception in 2005 the board has been instrumental in development of the council's robust approach to safeguarding. In 2009-10, the board has been re-designed and re -focussed, The SAB is now chaired by the Director of Adult Social Services (DASS), its terms of reference have been reviewed and its membership has been extended to include senior managers from partner organisations. As a result, the board benefits from strong strategic leadership that provides direction, governance and scrutiny across the adult abuse, crime reduction (including hate crime) and domestic violence agendas. There are also strategic links between adult and children's safeguarding. This approach is supporting shared learning, best practice and continuous improvement in these key areas of work. In addition, the council's Portfolio Holder for Adults Social Care has now joined the Safeguarding Adults Board.

The council has continued to provide a good range of safeguarding related training opportunities across the wider health and social care economy. All set targets for safeguarding training have been met or exceeded. The council and its partners have also reviewed the contents and focus of training opportunities to ensure that training needs are met in the full range of health and social care settings. In addition, the local police force have committed to providing dedicated training courses for care management teams and professionals included in managing safeguarding referrals and investigations. The council has also provided specially designed training opportunities for people with a learning disability. This interactive programme has included “No Secrets” and hate crime. The course has enabled people with a learning disability to understand the concepts of abuse and neglect and to make appropriate referrals.

The Deprivation of Liberty Safeguards are effectively managed. A detailed policy and procedure is in place and widely circulated to all key stakeholders including long term care settings. There are appropriate numbers of trained section 12 doctors and Best Interest Assessors. Deprivations of Liberty Safeguards are managed by the multi agency Mental Capacity Act. The steering group is currently involved in reviewing policies and procedures, developing an electronic system for recording Best Interest Assessments and providing targeted training to promote best practice in this area. There is strong evidence that authorisations are properly considered and supported by an appropriate scheme of delegation.

The council appointed a dedicated Dignity in Care Coordinator in July 2009. This role is assisting and supporting the embedding of the councils Dignity in Care Campaign. Significant progress has been made in this regard, including a network of 17 dignity champions, customer care training and a Dignity in Action event. Two members of staff have recently won a dignity in care award and there is evidence that the concept of dignity is becoming integral to service design and delivery.

The council makes effective use of good quality regulated services. The council remains vigilant in monitoring the quality of service provision and takes assertive and timely action to address required improvements. Contract monitoring and supervision are proportionally applied to good effect.

The council continues to support and value the role of carers and families in meeting the needs of people who use services. In addition to the support carers receive to manage and maintain their caring responsibilities, the council works closely with carers to seek their participation in and contributions to service development. Carer’s rights and entitlements are effectively supported and promoted. There is increasing evidence that the council values carers as an important element of the wider social care workforce.

### Key strengths

- The council gives adult safeguarding a high priority
- An Adult Safeguarding Board that is providing leadership and scrutiny
- An ongoing commitment to the promotion of dignity in care
- The implementation of appropriate Deprivation of Liberty Safeguards
- Robust data and information management

#### **Areas for improvement**

- To continue to provide adult safeguarding awareness and training opportunities across the wider social care workforce
- To continue to raise the public awareness of adult safeguarding