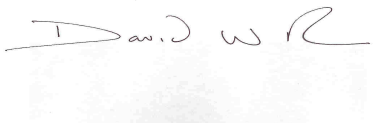
Public Document Pack

Executive Board

Thursday, 16 October 2014 2.00 p.m.
The Boardroom, Municipal Building



Chief Executive

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

PART 1

Please contact Angela Scott on 0151 511 8670 or
Angela.scott@halton.gov.uk for further information.

The next meeting of the Committee is on Thursday, 6 November 2014

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: 16 October 2014

REPORTING OFFICER: Strategic Director – Children and Enterprise

PORTFOLIO: Children, Young People & Families

SUBJECT: Youth Provision

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 The report provides an update on the proposed restructure and tender for Youth Provision within the Borough.

2.0 **RECOMMENDATIONS: That Executive Board**

1) **Approve combining universal and targeted provision for young people into one contract; and**

2) **Delegate approval of the specification for the contract for youth provision to the Strategic Director for Children and Enterprise in consultation with the Lead Member for Children, Young People and Families.**

3.0 **SUPPORTING INFORMATION**

3.1 On 3rd November 2011 the Board agreed to the redesign of the services to young people and approved extending provision from 11-19 and up to 25 years for those young people with additional needs to 10 to 19 years and up to 25 years.

3.2 From April 2012 Halton Youth provision has been primarily delivered through contracts with Catch 22 and Young Addaction. Catch 22 have been responsible for delivering the Universal Youth Provision at a cost of £450,000 per annum. Early Intervention and Targeted Outreach Provision for young people has been delivered by Young Addaction at a cost of £450,000 per annum. Both these contracts end on 31st March 2015.

3.3 We are proposing to continue to maintain the current strategy of delivering youth provision in targeted hotspots areas for risk taking

behaviour, while maintaining access for all children and young people. However, in, order to provide a more flexible and efficient service it is proposed to combine both the universal and the early intervention and targeted outreach into a single contract.

3.4 The youth provision will continue to identify and respond to statistical analysis of data regarding substance misuse, teenage conceptions and youth related anti-social behaviour. This will often take the form of working in partnership with voluntary agencies, schools and children's social care to support particular pieces of work. Examples of these include:-

- Anti-social behaviour projects;
- Teens and Toddlers Project;
- Reducing teenage conceptions;
- Amy Winehouse Foundation/Skills for Change;
- Reducing under 18 alcohol related hospital admissions;
- Duke of Edinburgh Awards;
- Major's Award; and
- Youth cabinet/Involve Group.

3.5 It is proposed that a service specification is developed for a single tender and that approval of this specification is delegated to the Strategic Director for Children and Enterprise, in consultation with the Lead Member for Children, Young People and Families. We will look to involve young people in this work and will encourage potential Providers to collaborate with the local voluntary, community and faith groups in any proposed tender bid.

3.6 The new tender will continue to support the recent progress made in reducing teenage conceptions, under 18 hospital admissions for alcohol misuse and youth related anti-social behaviour. In addition, analysis of current use of provision will also be undertaken to ensure resources are appropriately targeted.

4.0 FINANCIAL IMPLICATIONS

4.1 Through combining the two separate contracts and seeking a more flexible approach to the delivery of youth services we will be looking to make efficiencies. Once the specification has been completed the level of efficiency can be identified.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children & Young People in Halton

Children and young people aged 10yrs to 19yrs will continue to have access to clubs and street based activities.

5.2 Employment, Learning & Skills in Halton

Children and young people aged 10yrs to 19yrs will continue to have access to informal education and leaning opportunities in Halton

5.3 A Healthy Halton

Children and young people will continue to have access to interventions aimed at improving health and well-being

5.4 A Safer Halton

Children and young people will continue to be engaged in positive activities, aimed at reducing anti-social behaviour.

5.5 Halton's Urban Renewal

N/A

6.0 RISK ANALYSIS

6.1 An assessment of risk will be carried out as part of the tendering process. Any highlighted risk will need to be addressed by the interviewed provider during the interview process.

6.2 The most significant risk for Halton will result in the failure to award the contract because providers do not meet the criteria or comprehensively demonstrate their abilities, knowledge and skills to meet the requirements of our specification.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 Equality Impact Assessments will be completed and each provider through the tendering interviews will be expected to demonstrate their commitment and abilities in engaging with young people across the spectrum of need, background, culture, identity, disability and sexuality

7.2 Additionally the young people's panel will explore and challenge in detail the abilities, knowledge and skills of the frontline staff in addressing these aspects as a means of making sure the new provider/s are committed and able to achieve equality of access and opportunity.

8.0 REASON FOR THE DECISION

8.1 To agree to combining the current youth service provision and to go out to tender for services for April 2015.

9.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

9.1 Maintaining the current provision was considered; however the need for a more flexible service and the opportunity to look for efficiencies has necessitated the change.

10.0 IMPLEMENTATION DATE

10.1 The new service would need to be fully operational by April 2015.

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

Document	Place of Inspection	Contact Officer
Specification for Universal Services Specification for Early Intervention and Targeted Services	**2nd Floor, Rutland House Runcorn**	**John Bucknall Commissioning Manager**

REPORT TO: Executive Board

DATE: 16 October 2014

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Choice, Control, Inclusion - Commissioning Strategy for Adults of Working Age living with physical disability in Halton 2014-2019

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To seek Executive Board approval for adoption and implementation of Choice, Control, Inclusion - Commissioning Strategy for Adults of Working Age living with physical disability in Halton 2014-2019 and supporting evidence paper.

2.0 RECOMMENDATION: That Executive Board endorse Choice, Control, Inclusion - Commissioning Strategy for Adults of Working Age living with physical disability in Halton 2014-2019.

3.0 SUPPORTING INFORMATION

3.1 Fulfilling Potential: Making it Happen (DWP 2013) sets out the Governments strategy for those living with disability. Emphasis is placed on delivery through partnership across the public and private sector with disabled people and their representative organisations to overcome barriers faced and promote new ways of working to deliver meaningful outcomes.

3.2 In Halton the number of working age adults reporting that their activity is limited by illness or health problems is significantly higher than nationally. Projections show that numbers of people living with more than one long term condition will increase and potentially this will limit the activity of more people.

3.3 'Choice, Control and Inclusion' takes an integrated approach to improving the health and wellbeing of disabled adults aged 18-64 in the Borough. The strategy brings together commissioning intentions of Public Health, the Clinical Commissioning Group, and Adult Social Care. This holistic approach will strengthen informal support and through effective prevention and early intervention minimise the need for more formal care.

3.4 This strategy does not include the needs of disabled children or those aged 65+. The former are overseen by Halton Children's Trust which sets integrated commissioning as one of its priorities. There are a number of strategies setting out needs and commissioning intentions for older people including Dementia Strategy, Stroke Strategy, Prevention and Early Intervention Strategy.

3.5 Choice, Control and Inclusion has been informed by local people through engagement events, open consultation with the public, health and social care providers, clinicians and other professionals. Discussions have also taken place with local disabled people and Halton Disability Partnership.

3.6 The Strategy has been considered by the Health Policy and Performance Board at the September 2014 meeting.

3.7 'Choice, Control and Inclusion' and the included action plan adopt the three national themes of :

i. Early Intervention
ii. Choice and Control
iii. Inclusive Communities

The priorities for 2014-19 have been developed with disabled people:

Priority 1 - Promote the social model of disability to overcome the barriers faced by disabled people and build responsive, inclusive communities

Priority 2 - Support disabled people to have choice and control in their lives

Priority 3 - Improve outcomes for people living with disabilities and their carers through high quality, personalised services

Priority 4 - Recognise the expertise and assets of disabled people and use these to improve services

Priority 5 - Ensure efficient and effective use of resources

3.8 Halton's Better Care Board will oversee progress in implementing 'Choice, Control and Inclusion' and is accountable to the Council's Executive Board and NHS Halton Clinical Commissioning Group's Governing Body.

4.0 POLICY IMPLICATIONS

4.1 This strategy will support progress in local delivery of Fulfilling Potential and the three national outcomes frameworks for the NHS,

Adult Social Care and Public Health.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The action plan within the strategy contains a summary of resources required. These are primarily investment of staff time to effect the change or redirection of current investment to achieve service redesign. This is deliverable within existing staffing structures and funding levels; however the need to make efficiency savings across the system may impact on successful delivery of the strategy.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The strategy considers the needs of young disabled people in transition to adulthood

6.2 Employment, Learning & Skills in Halton

Many disabled people wanting to work face barriers to employment. This is considered in the strategy and the action plan .

6.3 A Healthy Halton

Delivery of 'Choice, Control, Inclusion' will have a positive impact on the health of working age adults living with disability in Halton.

6.4 A Safer Halton

A number of priorities in the strategy promote safety of individuals and raise awareness of the impact of living with disability which will contribute to building stronger communities.

6.5 Halton's Urban Renewal

None identified

7.0 RISK ANALYSIS

7.1 'Choice, Control, Inclusion' supports progress in delivering the strategic priorities of the Council for a Healthy Halton. As described in 5.1 the Strategy is capable of delivering within existing resources, however a reduction in budget or staffing levels will impact on service delivery.

Similarly any reductions in service funding allocations in the financial years that the Strategy covers could have an impact in delivering on the five priorities.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The strategy specifically aims to meet the needs of disabled adults'

age 18-64 living in Halton which are a protected group. It promotes a personalised approach with the individual in control of decisions about their support needs and will therefore have a positive impact.

An equality impact assessment (EIA) has been completed.

9.0 REASON(S) FOR DECISION

Choice, Control, Inclusion is the integrated health and social care commissioning strategy for physical disability 2014-2019. Developed in partnership with NHS Halton Clinical Commissioning Group the strategy responds to future demand and supports delivery of the priorities of the Council, CCG, Halton's Health and Wellbeing Board and the Community Plan.

The strategy offers a local response to national requirements to integrate Health and Social Care through the Better Care Fund plan and national policy set out in Fulfilling Potential: Making it Happen.

10.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

Halton Borough Council and NHS Halton Clinical Commissioning Group could have produced individual strategy documents. This would have reinforced unacceptable silo working rather than a whole system approach. The strategy supports national policy for health and social care to adopt an integrated approach.

11.0 IMPLEMENTATION DATE

Implementation is ongoing for the lifetime of the strategy to 2019.

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

Document	Place of Inspection	Contact Officer
Fulfilling Potential: Making it Happen (Office for Disability Issues DWP July 2013)	Runcorn Town Hall (Second Floor)	Liz Gladwyn

HALTON BOROUGH COUNCIL

NHS

Halton Clinical Commissioning Group

Choice, Control, Inclusion -

Commissioning Strategy for Adults of Working age living with physical disability in Halton 2014-2019

myhalton living life well

Contents

Foreword

Choice, Control, Inclusion is Halton's five year commissioning strategy for adults of working age(18-64) living with disability. It does not consider the needs of disabled children as these are overseen by Halton Children's Trust. Nor does it cover those age 65+ as there are a number of strategies setting out needs and commissioning intentions for older people including Dementia Strategy, Stroke Strategy, Prevention and Early Intervention Strategy.

Choice, Control, Inclusion will drive progress towards achieving the vision of both:

Halton Borough Council:

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

and NHS Halton Clinical Commissioning Group:

> *"Involving everybody in improving the health and wellbeing of the people of Halton".*

There is no single agreed measure of disability. The Equality Act 2010 sets out the legal framework under which disabled people have rights: a person is considered disabled if they live with:

> *"a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on their ability to carry out normal day-to-day activities"*

In Halton we adopt the social model of disability which considers the barriers experienced by people living with impairment and encourages society to be more inclusive. This approach helps identify solutions to these barriers such as inaccessible buildings and services, people's attitudes and inflexible policies and practices.

People with physical disabilities have a range of needs from complete independence with little or no support to high level support including adaptations to remain in their home. For all, the aim is to ensure they are supported to maintain control over their lives and remain independent for as long as possible able to lead a full and active life if they choose.

Disabled people and Halton Disability Partnership have worked with us to identify the local priorities within the strategy which sets out the local response to the three themes of the national

strategy Fulfilling Potential – Making it Happen:

1. Early Intervention
2. Choice and Control
3. Inclusive Communities

Our approach to delivering the strategy is one of collaboration working across the statutory, independent and voluntary sectors as well as a continued drive to transform local health and social care provision moving to greater personalisation and community-based support.

Councillor Marie Wright
Portfolio Holder, Health & Wellbeing

Dr Cliff Richards
Chair, Halton Clinical Commissioning Group

Why do we need a strategy for disabled adults?

Those living with long term physical conditions are the most frequent users of health and care services and commonly experience mental health problems such as depression and anxiety. Across all ages the number of people with one long term condition is projected to be relatively stable whilst numbers with multiple long term conditions are projected to increase by a third to 2.9 million in 2018.

The additional cost to the NHS and social care for the increase in co-morbidities is likely to be £5 billion in 2018 compared to 2011. Plans need to be put in place now to address the health and social care issues facing people with multiple long term conditions[1].

In Halton:

- **Adults of working age whose activity is limited by illness or health problems is significantly higher than nationally**
- **Halton residents can expect to live 25% of their lives with a limiting long term illness**
- **Life expectancy is lower than nationally and for women 4th lowest in the country**
- **Life expectancy is lower again for those living in Halton's most deprived Super Output Areas**
- **Just under 6% of the population is affected by a long term neurological disorder**
- **Long term neurological conditions are the third most common reason for seeing a GP and account for 20% of acute admissions.**

Halton has previously implemented the "Physical and Sensory Disability Joint Commissioning Strategy 2007-2011" which has been reviewed to build on its achievements and provide a baseline for this strategy and inform the direction for development of local services over the next five years.

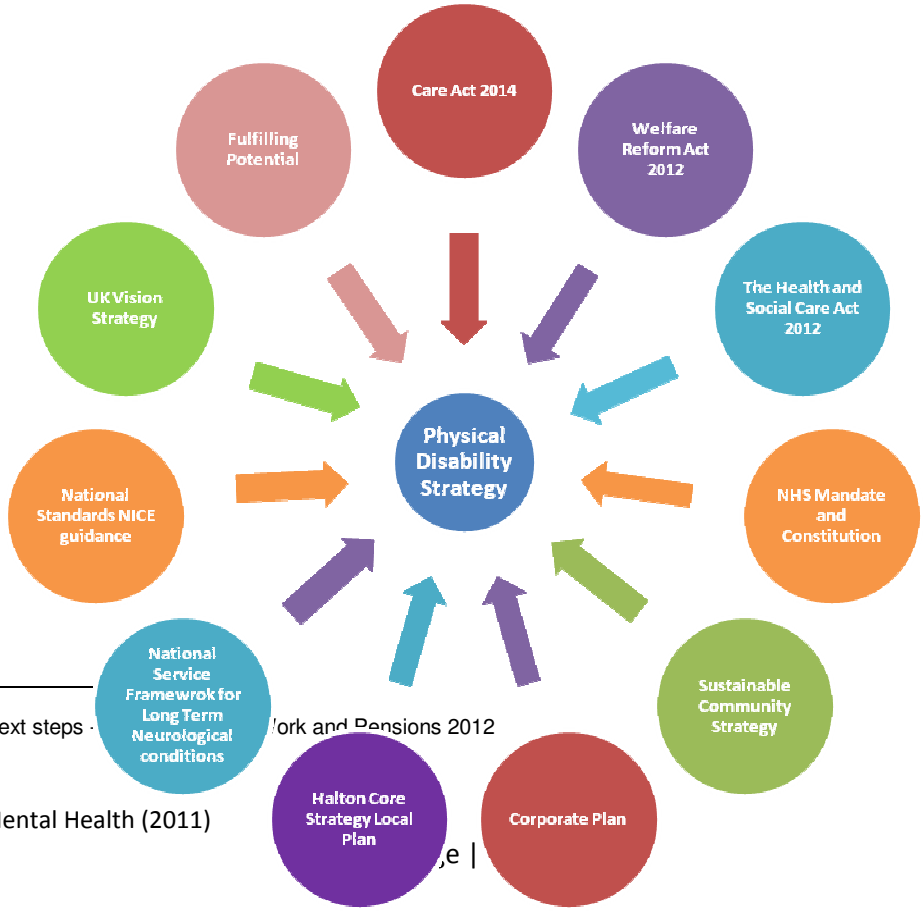
Long Term Conditions (LTC) are not just a health issue they can have a significant disabling impact on a person's ability to work and live a full life. Those from lower socio economic groups have increased risk of developing a LTC whilst better management of the condition can help to reduce health inequalities.

[1] Long Term Conditions Compendium of Information Third Edition (DH 2012)

Those living with disability want to live independent lives, to play a full part in society and to be able to reach their full potential like anyone else[2]. Overcoming the barriers faced by disabled people and societal attitudes to disability together with increased life opportunities and choices, and the availability of appropriate information and support means that a good quality of life is possible for the individual whilst wider society and economic benefits are achieved.

Choice, Control, Inclusion relates to the needs of working age adults living with disability promoting independent living so that individuals are empowered to define the outcomes they desire based on their own aspirations to participate in society, feel valued and gain a meaningful life. This approach also supports the recovery of improved mental health and wellbeing for disabled people as they retain or develop new meaning and purpose in their life[3] .

This strategy has been developed within the context of a range of national, regional and local policies, strategies and plans as summarised below. Further details of how these influence the strategy can be found in the supporting evidence paper. Successful implementation of Choice, Control, Inclusion is dependent on sustaining the progress achieved in delivering Halton's Prevention and Early Intervention Strategy to maintain independence for as long as possible and delay the need for formal care. The needs of those living with sensory impairment are considered in the stand alone commissioning strategy SeeHear 2014-2019.



[2] Fulfilling potential next steps · ork and Pensions 2012

[3] No Health Without Mental Health (2011)

The Halton Better Care Board aims to ensure that an integrated system is developed and appropriately managed to ensure that the resources available to both Health and Social Care, including the Better Care Fund, are effectively used in the delivery of personalised, responsive and holistic care to those who are most in need within our community. This includes a remit to determine the strategic direction and policy for the provision of services to those with identified care and support needs to improve quality, productivity and prevention. The Board will oversee implementation of the Choice, Control, Inclusion strategy and action plan and is accountable to both the NHS Halton Clinical Commissioning Group's Governing Board and Halton Borough Council's Executive Board.

Local Issues

Halton is committed to a focus on individual people, their health and wellbeing and supporting the communities in which they live. The major local issues relating to living with physical disability which have influenced this Strategy are examined in detail in the Choice, Control, Inclusion 2014-2019 Evidence Paper and are summarised under three themes as illustrated below.

Consultation

In developing this strategy the views of Halton residents, Halton Disability Partnership and other stakeholders were sought to help shape local services over the next five years.

The key themes from comments received are:

Access in the community: wheelchair users are obstructed by steps in shops and other buildings, lack of drop kerbs in some areas. Shop mobility needed in Old Town. Toilet facilities lacking

Transport: restrictions on dial a ride, buses not always accessible if ramps not working already full with buggies, evening services needed

Health and Mental health: greater understanding of disability and mental health and wellbeing, access to GP appointments.

Transition: Better balance between family and individual to ensure safe and fruitful transition

Stigma: Breakdown society's preconceptions and prejudices; make disabled people aware their disability does not mean they should be treated any differently.

Information: Better integration of information and advice services, better use of GP's, libraries, local press

These themes have been picked up within the action plan. They will be kept under review to ensure local views are listened to and where possible concerns addressed.

People

- Number of people with a limiting long term illness is higher than national and regional rates.
- 6% of people live with a neurological condition
- Neurological conditions are the third most common reason for seeing a GP and account for 20% of hospital admissions
- Increased life expectancy for those disabled from birth
- Journey into adulthood can be diffcult for young disabled people

Health & Well-being

- Disabled people experience poor health outcomes either as a direct or indirect result of their condition
- Life expectancy is lower than nationally and 4th lowest for women
- Halton people live 25% of their lives with a limiting long term condition
- Caring for someone with a long term condition may have an adverse impact on the carers health and wellbeing
- Rates of risky behaviours such as smoking, poor diet and physical inactivity ar higher amongst disabled people

Communities

- Accessible Transport
- Access to adapted housing
- Impact of access in the community on ability of disabled people to be independent
- Impact of attitudes on ability of disabled people to contribute to their community
- Staying safe
- Employment opportunties

Our vision, objectives and priorities

Our vision for those living with disability in Halton is:

People living with a disability will have a high level of self-reported wellbeing, have happy and fulfilling lives and be motivated, valued participants in their local community.

To help us achieve this vision the three themes of the national strategy Fulfilling Potential – Making it Happen (Office for Disability Issues, 2013) together with the best practice promoted by the Disability Action Alliance form the keystones of our strategy: early intervention, choice and control and inclusive communities. Through the work in this strategy Halton aims to ensure the **objectives** outlined in the national strategy and those identified in the Halton Health and Wellbeing Strategy 2013-2016 and the Halton Clinical commissioning Group Strategic Plan are realised for local people.

(i) People living with disability will be supported to be independent for as long as possible
This does not necessarily mean disabled people 'doing everything for themselves', but it does mean that any practical assistance people need should be based on their own choices and aspirations.

(ii) People living with disability will have access to a range of informal support preventing, postponing and minimising the need for formal care
We will improve the quality of life of disabled people in Halton through effective prevention and early intervention. We will make effective use of telecare and telehealth to support independence and early detection of health problems which will lead to improved wellbeing for disabled people and their families.

(iii) People living with disability will have a positive experience of care and support
Care and support, wherever it takes place, should offer access to personalised, timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.

(iv) People living with disability will have access to information and support to manage their health and wellbeing
Local disabled people and their families will have access to information to help manage their physical health and also their mental health and wellbeing. Community based support

will be developed for those in residential settings to manage long term conditions avoiding the need for unnecessary and unplanned hospital admissions.

(v) People living with disability will be supported to participate fully in the wider community

More disabled people will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable place to live.

(vi) People living with disability will shape future services

Local disabled people and their organisations will have opportunities to feed in their views, informing delivery of services. Whenever possible a co-production approach will be adopted recognising the assets of the area and how partners across the statutory and voluntary sector will work together to address current and future health and social care needs.

Key to delivery is partnerships across the public and private sector with disabled people and their representative organisations to overcome barriers faced. This strategy identifies five priority areas of work to meet the needs of local people.

Priority 1 - Promote the social model of disability to overcome the barriers faced by disabled people and build responsive, inclusive communities

Priority 2 - Support disabled people to have choice and control in their lives

Priority 3 - Improve outcomes for people living with disabilities and their carers through high quality, personalised services

Priority 4 - Recognise the expertise and assets of disabled people and use these to improve services

Priority 5 - Ensure efficient and effective use of resources

This strategy aspires to meet the needs of working age disabled adults and those of all ages with a sensory impairment by using the best evidence of what works to increase the effectiveness and value for money of services. This will be achieved by:

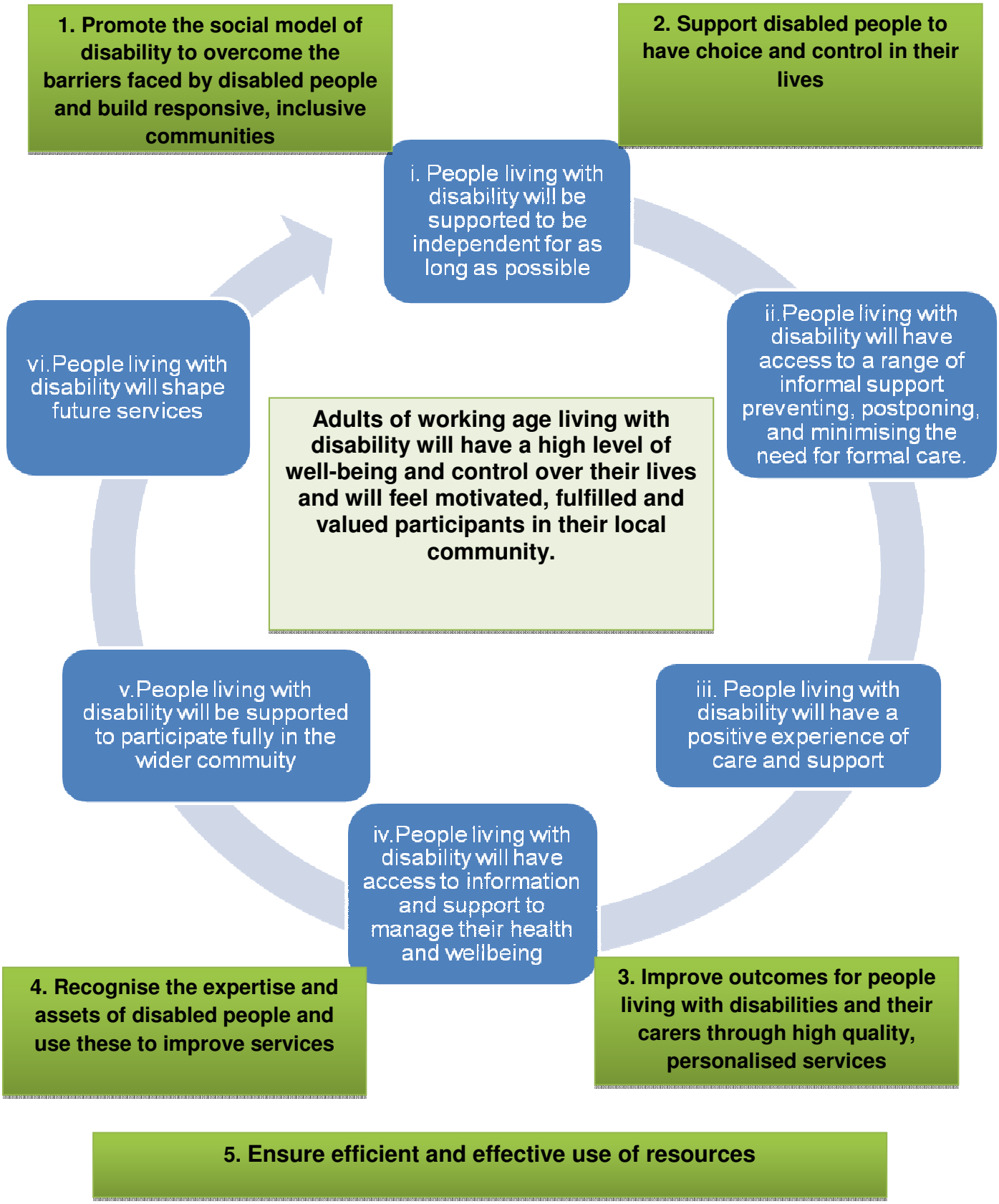
- **Improving the quality and efficiency of current services;**
- **Supporting and encouraging prevention and early intervention;**
- **Enabling disabled people to have increased and informed choice and control;**
- **Partnership working with disabled people; and**
- **Broadening the approach taken to promote the social model of disability and develop positive attitudes to disabled people.**

The accompanying evidence paper highlights significant increases in the numbers of people living with multiple long term conditions and that whilst individually these conditions are generally not

debilitating the combined impact can be disabling. This demographic change is set against a backdrop of significant funding reductions across the health and social care system. Clearly a different approach is required to the traditional models of service provision to manage future demand.

Services for those with physical disabilities along with preventative support, earlier interventions and a range of informal support are essential in meeting Halton's priorities. This strategy covers a five year period and progress will be kept under review. The strategy will evolve to respond to changes in national and local drivers and emerging issues.

Our vision, objectives and priorities



Implementing our priorities

National policy promotes the social model of disability as a way of thinking about how physical, social and environmental barriers can be removed so that disabled people can realise their aspirations and fulfil their potential. The approach to disability equality has a focus on **inclusion and mainstreaming**, with additional support provided where needed, and on the **involvement of disabled people in making decisions** that will affect their lives. **Fulfilling potential: Next Steps** prioritises action for disabled people around three themes:

i. **Early intervention and preventative approaches to impairment and disability –** enable people to build the lives they choose e.g. staying in education or employment and overcoming disability barriers, learning independent living skills and opportunities.

ii. **Independence, Choice and Control –** a focus on early intervention and prevention with access to independent information and advice to help people organise and plan care and support. Better support for people to remain in their own home through increased use of Assistive Technology and community based support which promotes dignity and choice and avoids isolation.

iii. **Inclusive, accessible communities –** enable disabled people to participate in their local area through safe inclusive access to key services, strong community links and affordable housing that can meet changing needs. Build community capability by developing User Led Organisations (ULO) and other community groups to play a key role in early intervention.

In line with national policy, Halton Borough Council and Halton Clinical Commissioning Group are working collaboratively to move towards greater integration of services to improve quality of care and ensure effective use of finite resources.

This strategy places an emphasis on prevention and early intervention and promotes reablement minimising the impact of disability and thus avoiding or delaying the need for more formal care. The success of the strategy will depend on broader partnership working across voluntary, community and commercial organisations to achieve the best possible outcomes for Halton's citizens.

We are currently exploring an asset or strengths based approach to commissioning and service delivery steering away from a deficit based model. Instead of looking only for an individual's problems, vulnerabilities and at what he or she cannot do an asset based approach will look first at what individuals and those close to them can do and at what they have the potential to do with a

little help. The emphasis will be on effective social care intervention leaving an individual better informed and connected and more confident, supporting the individual's unpaid relationships, informal networks and natural support networks.

This move from a deficit model that can undermine the resilience of people by only seeking to understand their eligibility and service entitlements, starts by understanding what's important to the person, what they want to do and the strength and nature of their social networks. The success of this strategy is dependent on the implementation of this asset based model. It will mean staff working in new ways and all partners need to ensure that the required culture shift is embedded into working practices and that staff have the right skills and knowledge and are enabled to take this forward.

Making it Real[4] is a set of "progress markers" - written by real people and families which sets out what people who use services and carers expect to see and experience if support services are truly personalised. The markers can help an organisation check how they are moving towards transforming adult social care. The aim of is for people to have more choice and control so they can live full and independent lives. To help us determine how this change in practice is impacting we will adopt the Making it Real progress markers. Further explanation of the progress markers can be found in the evidence paper.

The Halton Better Care Board aims to ensure that an integrated system is developed and appropriately managed to ensure that the resources available to both Health and Social Care, including the Better Care Fund, are effectively used in the delivery of personalised, responsive and holistic care to those who are most in need within our community. This includes a remit to determine the strategic direction and policy for the provision of services to those with identified care and support needs to improve quality, productivity and prevention. The Board will oversee implementation of this strategy and action plan and is accountable to both the NHS Halton Clinical Commissioning Group's Governing Board and Halton Borough Council's Executive Board.

[4] http://www.thinklocalactpersonal.org.uk/Browse/mir/aboutMIR/

How is it paid for?

The following financial breakdown is based upon current direct expenditure on funding for initiatives specific to disabled people. It does not reflect all of the wider universal and targeted activity that is commissioned locally. Expenditure, on areas such as Primary Care (GPs, etc), general health promotion, weight management, or voluntary and community sector activity, all have a direct impact upon the quality of life of disabled people but does not fall within the direct influence of this strategy and action plan.

Further financial analysis across the range of activities and interventions can be found in the supporting evidence paper. I

Gross Total spend 2013/14 Adults age 18-64 with physical disabilities

	£000
Halton Borough Council – Adult Social Care	5,014*
Halton Borough Council – Public Health	Part of universal services
Halton Clinical Commissioning Group	To be added
Halton Clinical Commissioning Group - Continuing Health Care	2,040
TOTAL	**7,054**

How will we know if we have been successful?

When we have achieved our aims those living with disability will be able to overcome environmental and social barriers to realise their aspirations and play a full part in society.

There will be a high proportion of people feeling supported to manage their health and feeling safe and in control of their lives.

Time spent in hospital will be reduced and unplanned admissions avoided.

Those who live with disability will be able to contribute fully to the community, and be able to enjoy as much social contact as they would like.

The Overarching Outcome for this Strategy is that people living with disability will have a high level of well-being and control over their lives and will feel motivated, fulfilled and valued participants in their local community. This will be achieved by focussing efforts on delivering against and achieving our five priorities. Disabled adults in Halton will be able to confirm that the Think Local Act Personal "Making It Real" six progress markers of personalisation have been met for them.

It is important to make sure that real health and wellbeing improvements are delivered through the implementation of this strategy. The best way to achieve this is to use recognised measures to monitor the benefits arising from agreed priority actions and five high level targets have been set as a measure of success:

	Priority	Target to measure success	2014/15	2015/16
1	Promote the social model of disability to overcome the barriers faced by disabled people and build responsive, inclusive communities	The proportion of people who use services who feel safe Outcomes frameworks: Adult Social Care 4a Public Health 1.19	64%	65%
		Number of physically disabled people helped into voluntary work in the year Local indicator	10	10
2	Support disabled people to have choice and control in their lives	The proportion of disabled people who use services who have control over their daily life Outcomes framework: Adult Social Care 1b	80%	80%
		Adults with physical disabilities helped to live at home per 1,000 population	8.00	8.00

3	Improve outcomes for people living with disabilities and their carers through high quality, personalised services	Overall satisfaction of people who use services with their care and support Outcomes framework: Adult Social Care 3a Overall satisfaction of carers with social services Outcomes framework: Adult Social Care 3b	Awaiting national metric	Awaiting national metric
4	Recognise the expertise and assets of disabled people and use these to improve services	Commissioned services demonstrating co-produced and personalised approaches to service development Local indicator	60%	70%
5	Ensure efficient and effective use of resources	Maintain unit costs below England averages Maintain quality of life for people with long term conditions higher than England average Outcomes framework: Adult Social Care 1a NHS 2	Benchmark against national published unit cost data 2013/14 baseline to be inserted	Benchmark against national published unit cost data

An 'Outcomes Framework' provides a template of how measures can be used to monitor different priority areas. There are currently a number of recognised outcomes frameworks covering the NHS, Adult Social Care and Public Health. We will use these to inform our overall outcome measures and our performance indicators. As we achieve our desired outcomes we will review our priorities and change them if appropriate. More detail on these indicators can be found in the evidence paper.

It is also important that the quality of what we are delivering is monitored to make sure people have a positive experience. On-going customer feedback as well as activities such as local surveys and focus groups will be used to monitor current services and see where any improvements need to be made. The discussions that have taken place during the development of this framework should continue throughout the lifetime of the Strategy and to help in the development of the next JSNA and Strategy.

PRIORITY 1: Promote the social model of disability to overcome the barriers faced by disabled people and build responsive, inclusive communities

The proportion of people who use services who feel safe
(Outcomes Frameworks: Adult Social Care 4a, Public Health 1.19)
Target 2014/15 64% Target 2015/16 65%

Number of physically disabled people helped into voluntary work in the year
Target 2014/15 10 Target 2015/16 10

Why is this a priority?

The prevalence of disability will rise due to increased life expectancy at birth accompanied by increases in chronic health conditions such as diabetes, cancer and mental health.

Almost 1 in 5 of the population have rights under the disability provision of the Equality. Disability is a complex relationship between physical health and wellbeing and the features of society. People with more than 1 health condition are likely to be at significant risk of being disabled by the interaction of their impairments with social and environmental factors.

Disabled people are integral to the success of the economy and society but inequalities still exist and many face social exclusion. Overcoming the difficulties faced by disabled people requires interventions to remove the environmental and social barriers so those living with disability may realise their aspirations and play a full part in society.

What do we want to achieve?

- Inclusive local communities where disabled people's voices are heard and they can realise their aspirations.
- Improved employment opportunities for disabled people
- Improved access for disabled people to accommodation and support options to maximise independence

REF	ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESOURCES	RESPONSIBILITY
1a 1b	Local employment strategies will consider support needed for disabled adults to gain and maintain employment Harness the opportunities created through local regeneration and enterprise developments to increase access to paid and voluntary employment for disabled people.	Increased numbers of disabled people in employment Reduction in unemployment including youth unemployment and long-term unemployment	March 2015	Staff time	Operational Director Enterprise and Property
1c	Invite local transport	Disabled people	March 2015	Staff time	Commissioning

	providers to listen to concerns of disabled passengers	influence quality of local transport provision			Manager Logistics Lead Officer
1d 1e	Work in partnership with social landlords to influence housing development to include the needs of disabled people Promote the inclusion of lifetime homes and wheelchair standard dwellings in new developments	Increased number of new build lifetime homes and wheelchair accessible properties.	March 2015	Staff time Equipment and adaptations budget	Commissioning Manager
1f	Work with local User Led Organisations (ULO's) and disability groups to ensure disabled people have their voices heard and needs recognised throughout the development and implementation of policies and services affecting them.	Monitor impact on disabled people and Recommendations made to relevant Board.	On-going across timelines of specific policy development.	Staff time Halton Disability Forum	Commissioning Manager Halton Disability Partnership
1g	Evaluate the expansion of the Safe In Town initiative and future sustainability	Number of working age adults signed up	December 2014	Staff Time	Commissioning Manager Partnership Officer

PRIORITY 2: Support disabled people to have choice and control in their lives

The proportion of disabled people who use services who have control over their daily life
(Outcomes Framework: Adult Social Care 1b)
Target 2014/15 80% Target 2015/16 80%

Adults with physical disabilities helped to live at home per 1,000 population

Target 2014/15 8 Target 2015/16 8

Why is this priority?

Disabled people of all ages and backgrounds aspire to participate in every aspect of life – home and family, community life, education, training, employment and volunteering. They want the opportunity to participate fully in society and be valued for their contribution.

To achieve independent living disabled people need the same choice and control in their lives as everyone else. Having choice is key to improving health, maintaining independence and relationships within families and retaining lifestyles.

Disabled people are also more likely to experience poverty than non-disabled people.

What do we want to achieve?

- Disabled people improve or maintain their mental wellbeing
- Disabled People are active members of their community
- Disabled people are financially stable and able to access benefit advice and support
- Improved access to information and advice for disabled people to self-manage their condition, keep healthy, active and well

REF	ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESOURCES	RESPONSIBILITY
2a 2b	Review learning around use of public funding streams from Right to control Trailblazers Evaluate the impact of personal health budgets and how the complex care pooled budget can support this.	Increased number of people in receipt of personal budgets and direct payments	March 2015	Staff time Community Care budget Complex Care Pooled Budget	Divisional Manager Assessment and Care Management Divisional Manager Urgent Care
2c	Review impact of integrating Accessible Homes Register into Property Pool Plus to ensure system is not creating barriers to finding accessible property	Disabled people are able to choose suitable accommodation	December 2014	Staff time	Commissioning Manager OT Complex Needs
2d	Identify opportunities to promote benefit/debt advice services	Increased number of Health and Wellbeing Practices Voluntary Sector signposting	December 2014	Staff time Voluntary Sector Partners HBC Internet site	Commissioning Manager
2e	Ensure self-		March 2015	Staff time	Commissioning

	management of care needs information is readily available in a range of formats			Internet links to partner agencies	Manager Providers
2f	Further develop Care and Support for You portal to offer online information on support options to maintain independence	Number of hits on portal			Divisional Manager Assessment and Care Management
2g	Develop local Healthwatch information and signposting service	Numbers accessing the service		Local Reform and Community Voices Grant	Commissioning Manager
2h	Review Transition Strategy and Protocols to ensure remain in line with Support and Aspiration (DFE 2012)	Increased numbers of young people reporting a positive experience of transition	September 2014	Staff time	Commissioning Managers Adults and Children's Services Transition Group
2i	Work with the health and social care market to develop services that meet the raised expectations and aspirations of young adults.				Commissioning Manager
2j	Increase the use of Assistive Technology (telehealth and telecare) to enable people to be better supported at home	Maintain low level of admission rates for working age adults to residential care	December 2015	Staff time	Divisional Manager Independent Living
2k	Review access to and impact of support available at Halton Independent Living Centre to inform service development.	Report to be prepared.	March 2015	Staff time	Commissioning Manager

PRIORITY 3: Improve outcomes for people living with disabilities and their carers through high quality, personalised services.

Overall satisfaction of people who use services with their care and support

(Outcomes Framework: Adult Social Care 3a)

Target 2014/15 **Target 2015/16**

Awaiting national metric

Overall satisfaction of carers with social services

(Outcomes Framework: Adult Social Care 3b - biennial return)

Target 2014/15 **Target 2015/16**

Awaiting national metric

Why is this priority?

Increases in life expectancy means people are living longer as disabled people both those disabled later in life and those disabled from birth. Evidence shows that disabled adults experience health inequalities and often experience difficulties in accessing health services including GP's and hospital services. Those with complex physical health and care needs are at high risk of unplanned admission to hospital. This is distressing and disrupting for them and their families. By improving community based support for those with complex physical health needs avoidable unplanned admissions can be reduced.

What do we want to achieve?

- An enabling and preventative approach
- Maximise independence and good quality of life
- Young disabled people working towards achieving their aspirations
- Equal access to Health Improvement and Health Promotion initiatives
- Access to the right support to avoid unplanned hospital admissions
- Those with complex and on-going care needs retain control over how they are cared for and how they approach end of life
- Those with care and support needs feel safe, respected and maintain their dignity
- Carers are supported to maintain their caring role

REF	ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESOURCES	RESPONSIBILITY
3a	Ensure person centred transition planning for young disabled people offers access to information to guide choices to maintain their education and to access employment	Information packs available and distributed through schools.	March 2015	Staff time	Divisional Manager Assessment and Care Management
3b	Review data relating to Acquired Brain Injury to determine trends	Enhanced focus on needs and better informed commissioning intentions	December 2015	Staff time	Commissioning Manager Public Health
3c	Ensure carers have access to information and advice on available support including	Increased numbers accessing carers breaks	December 2015	Staff time	Commissioning Manager Carers Centre

	carers breaks and respite				
3d	Ensure short term Early Intervention and Enablement services are being accessed by working age adults and develop an evidence base of the impact on supporting recovery and delaying dependency	Increased numbers of adults aged under 65 accessing these services	December 2015	Staff time	Divisional Manager Urgent Care
3e	Review access by younger adults to preventative services including telecare and telehealth support to ensure they are being used to full effect		December 2015	Staff time	Divisional Manager Independent Living
3f	Consider bariatric needs and use of equipment and assistive technology to maximise independence	Increased numbers of people with bariatric needs using assistive technology	July 2015	Staff Time	Divisional Manager Independent Living
3g	Promote the integrated Health and Wellbeing Service to health and social care professionals to increase referrals for disabled people including wheelchair users.	Source of referrals to Health and Wellbeing Service Increased number of disabled people accessing health improvement and lifestyle services	April 2015	Staff Time Promotional materials	Health Improvement Team
3h	Ensure current pathways to therapeutic and rehabilitation services including neuro-rehabilitation are clear, timely and flexible in their response	Reduce number of unplanned hospital admissions for adults under age 65 with long term conditions	December 2015	Staff time	Commissioning Manager Divisional Manager Urgent Care
3i	Actively promote benefits of screening programs e.g. breast, cervical bowel cancer, to disabled people	Increased numbers accessing screening programs	December 2017	Staff time Promotion materials	Commissioning Manager Public Health
3j	Embed Advanced Decision Making (ADM) tools into health and social care practice	Number of recorded ADM agreements in place.	September 2014	Staff Time Training	Divisional Manager Assessment and Care Management
3k	Ensure safeguarding is	Minimise number of DOLS assessments	October 2015	Staff Time	Commissioning Manager

	balanced against independence and choice in all service specifications for domiciliary, residential and supported living services	Increase in self-reported wellbeing			

PRIORITY 4: Recognise the expertise and assets of disabled people and use these to improve services.

Commissioned services demonstrating co-produced approaches to service development
Target 2014/15 60% Target 2015/16 70%

Why is this a priority?

Traditional models of support begin by exploring eligibility and entitlement to services which can undermine the resilience of people. By adopting an asset or strengths based approach people who use services, their families and the wider community contribute their in-depth knowledge of their requirements and how best to meet them to assist in the design, commissioning and provision of support and services rather than being passive recipients of services.

By placing the emphasis on more effective social care interventions, supporting the unpaid relationships and informal networks a person already has in place they are left better informed, connected and confident.

What do we want to achieve?

- co-design, including planning of services;
- co-decision making in the allocation of resources;
- co-delivery of services, including the role of volunteers in providing the service
- co-evaluation of the service.
- social care professionals and people who use services work in equal partnerships towards shared goals;
- people who use services and carers having an equal, more meaningful and more powerful role in services;
- people who use services and carers are involved in all aspects of a service – the planning, development and actual delivery of the service;
- power and resources are transferred from managers to people who use services and carers;
- the assets of people who use services, carers and staff are valued

REF	ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESOURCES	RESPONSIBILITY
4a	Develop protocol for taking forward co-production in Halton	Co-production protocol in place	December 2014	Staff time	Commissioning Manager
4b	Implement Care Management Strategy to focus on the strengths and natural support already in place of those requesting an assessment	New working practices embedded	April 2015	Staff time	Divisional manager Assessment and Care Management
4c	Work in partnership with Halton Disability Partnership and other ULO's on	Co-produced policies and service improvements	On-going through lifetime of the strategy	Staff time	Commissioning Manager Halton Disability Partnership Voluntary Sector

	policy and service development				organisations representing disabled people

PRIORITY 5: Ensure efficient and effective use of resources

Maintain unit costs below England averages
Target baseline Personal Social Services Expenditure 2013/14 published data

Maintain quality of life for people with long term conditions higher than England average
(Outcomes Frameworks: Adult Social Care 1a, NHS 2)
2013/14 baseline to be inserted

Why is this priority?	What do we want to achieve?
Halton is committed to empowering disabled people to take control of the decisions made regarding their needs and avoid or move away from dependency on formal care. Both the Council and Clinical Commissioning Group face significant funding reductions accompanied by increased pressures on the system arising from increased life expectancy and increased numbers of people living with multiple long term conditions. Closer integration between health and social care to deliver better, more joined up services to disabled people are key to addressing these challenges and keep disabled people out of hospital or avoid long hospital stays.	• Good quality, locally provided care and support • People with complex long term conditions enabled to remain independent in their local community • Utilise Better Care Fund to commission more integrated and joined up pathways for those living with disability • Achieve value for money

REF	ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESOURCES	RESPONSIBILITY
5a	Review scheduled JSNA disability prevalence data analysis and interpret strategic implications	Informed targeting of resources.	March 2015	Staff Time Refocus of existing resources	Public Health Commissioning Managers
5a	Use integrated commissioning, contract monitoring and safeguarding arrangements to consolidate service specifications and quality standards of complex care	Percentage of providers rated good through local quality assurance reviews Reduced numbers of safeguarding and VAA referrals	April 2015	Staff time	Commissioning Manager Quality Assurance Manager
5b	Work with local providers to develop staff skills	Number of delayed discharges for	March 2016		

	to better support those with the most complex needs	disabled adults under age 65			
5c	Review existing contracting arrangements for equipment and minor adaptations to inform future procurement and value for money	Delivery targets met	March 2015	Staff time	Commissioning Manager
5d	Assess implications of the closure of the Independent Living Fund and transfer of responsibility for recipients to the Council in June 2015.		March 2015	Staff time ILF transferred monies	Divisional Manager Independent Living Senior Finance Officer

HALTON BOROUGH COUNCIL

NHS
Halton Clinical Commissioning Group

myhalton
living life well

Foreword

Halton Borough Council, NHS Halton Clinical Commissioning Group and Halton's Health and Wellbeing Board are driving improvement in the health and wellbeing of Halton people. A number of challenges to achieving this have been identified which highlight the significant inequalities in life expectancy across the Borough and that 1 in 5 people in Halton live a greater proportion of their lives with an illness or health problem that limits their daily activities than in the county as a whole. Many disabled people commonly experience mental health problems such as anxiety or depression.

"Choice, Control, Inclusion" - Halton's Commissioning Strategy for Physical Disability and "SeeHear" Halton's Commissioning Strategy for those with sight and hearing loss 2014-2019 both incorporate national and local priorities described in Fulfilling Potential: Making it Happen and Halton's Health and Wellbeing Strategy. This supporting evidence paper provides an overview of the national policy that has influenced the strategies and the local context is established through key statistical information. This evidence base encompasses adults of working age (18-64) who are disabled by their long term condition whilst Part 4 considers sensory impairments across all age groups.

The findings of the evidence paper will enable our partners, stakeholders and the wider community to understand the potentially disabling impact of living with a limiting long term condition. The strategy promotes independence, choice and control for disabled people through a collaborative approach that harnesses the assets and resources of local people and partner organisations across the Borough to deliver better outcomes. There is an emphasis on prevention and early detection/intervention to minimise the impact for individuals, their families and the local economy

The strategy and associated action plan complements other work programmes, including the local strategies and action plans for Prevention and Early Intervention, Stroke, Mental Health and Wellbeing and Carers.

Part One : What do we mean by disability and Limiting Long Term Conditions?

The World Health Organisation (WHO) describes disabilities as an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.

Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers.[1]

The term disabled is also defined in The Equality Act 2010 which considers a person disabled if they have:

> *"a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities".*

Long-term conditions are defined by the Department of health as:

1 http://www.who.int/topics/disabilities/en/

> "*those conditions that cannot, at present, be cured, but can be controlled by medication and other therapies. The life of a person with a LTC is forever altered – there is no return to 'normal'*"[2]

Among the most common of these conditions are hypertension, asthma, diabetes, coronary heart disease, chronic kidney disease, stroke and transient ischaemic attack, chronic obstructive pulmonary disease, heart failure, severe mental health conditions and epilepsy.

Within this evidence paper and accompanying strategy document, disabled people or disabled adults refers to those of working age who have one or more physical or sensory impairment or limiting long term condition which may be congenital or acquired at any age, temporary or long term, stable or fluctuating.

Sensory disability or impairment refers to people who are deaf, hearing impaired, blind or visually impaired. The term Deafblind, also called dual sensory loss, refers to combined sight and hearing loss, which leads to difficulties in communicating, mobility, and accessing information. Part Four of this evidence paper summarises the issues faced by those living with sensory loss and "See Hear" sets out the strategy and action plan for addressing these. The strategy explores needs arising from sensory impairment across all ages though prevalence is associated with ageing.

2 https://www.gov.uk/government/policies/improving-quality-of-life-for-people-with-long-term-conditions

Part Two: Fulfilling Potential: Making it Happen - The National Policy Context

Fulfilling Potential: Making it Happen[3] published in July 2013 sets out the Government's disability strategy. It places emphasis on the need for innovative cross-sector partnerships with disabled people and their organisations and promotes new ways of working to deliver meaningful outcomes. The strategy underscores the Government's commitments to the UN Convention on the Rights of Disabled People and to bring about the changes needed in communities that have a real and lasting effect on the day-to-day lives of disabled people. 'Fulfilling Potential-Making it Happen' also harnesses the inspirational power of the London 2012 Olympic and Paralympic Games to deliver further lasting change to attitudes and aspirations.

The strategy proposes six high level strategic outcomes (outlined below) with a supporting indicator. Key to delivery is partnerships across the public and private sector with disabled people and their representative organisations to overcome barriers faced.

Strategic Outcome	Rationale	Headline Indicator
Education	Disabled people told us that education is fundamental, not just in school but in higher and further education, and in lifelong learning.	The gap in educational attainment between disabled and non-disabled young people at three key stages – GSCE, A-Level (or equivalent), and degree level.
Employment	Being in employment is a key life outcome, but also a driver for many of the other strategic outcomes.	The employment rate gap between disabled and non-disabled people
Income	Disabled people are more likely than non-disabled people to experience material deprivation.	The gap between the proportion of individuals in families where at least one person is disabled living in low income, and individuals in families where no-one is disabled living in low income. The gap between the proportion of children living in families in low income with a disabled member, and children living in families in low income

3 Office for Disability Issues, Department for Work and Pensions, July 2013, Fulfilling Potential: Making it Happen

		where no-one is disabled.
Health and well-being	Health outcomes are very important for everyone. Disabled people can experience poor health outcomes either as a direct or indirect result of their condition. Well-being presents an overarching indication of how satisfied disabled people feel with their life overall.	The gap between the proportion of disabled and non-disabled people reporting medium or high satisfaction with their life.
Inclusive communities	Communities that are inclusive to all people enable everyone to participate in and access all aspects of society. Particularly important to disabled people are transport; housing; social participation; friends and family; information and access; and attitudes.	Range of indicators across Housing, Transport, Social Participation, Friends and Family, Information and Attitudes.
Choice and control	To achieve independent living, disabled people should have the same choice and control in their lives as everyone else.	The gap between the proportion of disabled and non-disabled people who believe that they frequently had choice and control over their lives.

Alongside *Fulfilling Potential: Making it Happen* the government also published supporting documents; Fulfilling Potential: Making it Happen - Action Plan[4] which captures current disability strategy activity and plans across the whole of Government and beyond. It sets out clearly in one place where innovative work through the Disability Action Alliance and disabled people's user-led organisations is being supported and encouraged.

Fulfilling Potential: Building a deeper understanding of disability in the UK today[5] is the evidence base that supports the national strategic direction set out in Making it Happen and aims to:

- provide an analysis of the current evidence on disability in the UK to inform the development of actions, outcomes and indicators;
- inform public understanding and prompt debate about disability and the issues faced by disabled people; and
- to raise awareness, drive a change in attitudes and support an increase in commitment to improving the lives of disabled people

Care Act 2014

4 Office for Disability Issues , Department for Works and Pensions, July 2013, Fulfilling Potential: Making it Happen - Action Plan

5 Office for Disability Issues , Department for Works and Pensions, February 2013 Fulfilling Potential Building a deeper understanding of disability in the UK today

The Act delivers the commitments in the Government's white paper *Caring for our future: reforming care and support*[6], which set out the vision for a modern system that promotes people's well-being by enabling them to prevent and postpone the need for care and support and to pursue education, employment and other opportunities to realise their potential. The Act takes forward the recommendations of the Law Commission to consolidate existing care and support law into a single, unified, modern statute. It refocuses the law around the person not the service, strengthens rights for carers to access support, and introduces a new adult safeguarding framework.

The Act gives local authorities a new legal responsibility to provide a care and support plan (or a support plan in the case of a carer) and to review the plan to make sure that the adult's needs and outcomes continue to be met over time. For the first time, people will have a legal entitlement to a personal budget, which is an important part of the care and support plan. This adds to a person's right to ask for a direct payment to meet some or all of their needs. Even when an assessment says that someone does not have needs that should be paid for, the local authority can advise people about what needs they do have, and how to meet them or prevent further needs from developing. The Act requires local authorities to give information to people to help them support themselves better when this is the case.

This Act legislates for the changes recommended by the Commission on the Funding of Care and Support[7] to introduce a cap on the costs that people will have to pay for care in their lifetime.

Care standards are partially addressed by delivering a number of elements in the Government's response[8] to the findings of the Francis Inquiry, which identified significant failures across the health and care system that must never happen again. This response aims to ensure that patients are 'the first and foremost consideration of the system and everyone who works in it' and restore the NHS to its core values.

Health and Social Care Act 2012

The Government has created the first ever specific legal duties to tackle health inequalities including unequal outcomes for disabled people, such as those with learning disabilities.

6 Caring for our future: reforming care and support - White Paper 2012
7 www.dilnotcommission.dh.gov.uk/our-report/
8 www.gov.uk/government/news/putting-patients-first-government-publishes-response-tofrancis-report

The Secretary of State for Health has an overarching duty to have regard to the need to reduce inequalities relating to the health service, including both National Health Service (NHS) and public health, and relating to all the people of England

From April 2013, NHS commissioners must have regard to inequalities in access to, and outcomes of, health services when commissioning services.

NHS England and Clinical Commissioning Groups (CCGs) will have to explain in their plans how they propose to discharge their duties, and must include an assessment of how well they have discharged their duties in their annual reports. NHS England have included equality and health inequalities as part of its 2014-2017 Business Plan Putting Patients First[9].

Fair Society, Healthy Lives

In 2010 the report of an independent review of health inequalities (the Marmot Review) commissioned by the Secretary of State for Health was published "Fair Society, Healthy Lives"[10]. The report outlined the most effective evidence based strategies for reducing health inequalities by action across all the social determinants of health including education, employment, housing transport and community. It stated that this could be achieved through two overarching policy goals:

1. **Create an enabling society maximising individual and community potential**
2. **Ensure social justice, health and sustainability is at the heart of all policies.**

Local Authorities have a key role in shaping the wider determinants of good health and supporting individuals, carers and communities. The public health white paper *Healthy lives, healthy people*[11] provided a comprehensive definition of public health, as aiming to improve public mental health and well-being alongside of physical health.

National Service Framework for Long-term (Neurological) conditions

Launched in March 2005, this framework aimed to transform over a 10 year period, the way health and social care services support adults with long-term neurological conditions to live their lives. Key themes are independent living, care planned around the needs and choices

9 http://www.england.nhs.uk/2014/03/31/ppf-business-plan/
10 http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
11 Department of Health (2010) Healthy Lives, healthy people. Available from: https://www.gov.uk/government/publications/healthy--lives--healthy--people--our--strategy--for--public--health--in--england

of the individual, easier, timely access to services and joint working across all agencies and disciplines involved. The principles of the NSF are also relevant to service development for other long-term conditions.

Central to the NSF are 11 quality requirements, designed to put the individual at the heart of care and to provide a service that is efficient, supportive and appropriate at every stage from diagnosis to end of life. Progress in delivering these requirements will be achieved by working with local agencies involved in supporting people to live independently, such as providers of transport, housing, employment, education, benefits and pensions.

This NSF comes to an end in 2015 with no suggestion of a replacement. However the philosophy of the individual at the heart of care, partnership working and recognition of support for carers are now enshrined in the Care Act 2014 and embedded in working practices across the health and social care system.

Vision 2020

The UK Vision Strategy was launched in 2008 in response to the World Health Assembly Resolution of 2003 which urged the development and implementation of plans to tackle vision impairment, now known as VISION 2020 plans.

The aims of the *UK Vision Strategy 2013-2018: Setting the direction for eye health and sight loss services*[12] are supported by UK governments, and implemented through a strong alliance of statutory health and social care bodies, voluntary organisations, eye health professionals and individuals.

The strategy sets out a framework for change and the development of excellent services to build a society in which avoidable sight loss is eliminated and full inclusion becomes accepted practice. Underpinned by a set of core values it continues to respond to identified shortfalls in the UK's eye health, eye care and sight loss services and seeks to achieve the following strategic outcomes. An implementation plan for England is in development .

Strategy Outcome 1: Everyone in the UK looks after their eyes and their sight

Strategy Outcome 2: Everyone with an eye condition receives timely treatment and, if

12 http://www.vision2020uk.org.uk/ukvisionstrategy/page.asp?section=291&sectionTitle=Strategy+publications

permanent sight loss occurs, early and appropriate services and support are available and accessible to all

Strategy Outcome 3: A society in which people with sight loss can fully participate

The content of the refreshed UK Vision Strategy has drawn on the development of two key UK initiatives: *Seeing it my way* and the *Adult UK sight loss pathway.* Seeing it my way is a framework of outcomes identified as most important by blind and partially sighted people to drive how services are delivered to ensure that blind and partially sighted people benefit from these outcomes.

Public Health Outcomes Framework 2013-2016

Preventable sight loss has been recognised as a critical and modifiable public health issue of particular relevance when viewed in the context of an aging population. The Public Health Outcomes framework will monitor the proportion of Certificate of Visual Impairment (CVI) registrations related to the three major causes of sight loss; age-related macular degeneration, glaucoma and diabetic retinopathy.

Strategy 2013-2018 Taking Action: Hearing loss a national and local response[13]

This strategy developed by Action for Hearing Loss (formerly Royal National Institute for the Deaf) outlines the organisations ambitions over the next five years including raising awareness by putting hearing loss on the national agenda. Informed by consultation the document has a focus on achieving three outcomes on how people want to be supported:

1. **Everyone has the right information, advice, care and support.**
2. **There is a range of equipment, treatments and cures available.**
3. **Equality and life choices are not limited**

13 http://www.actiononhearingloss.org.uk/about-us/our-strategy-taking-action.aspx

The Disabled People's Right to Control (Pilot Scheme) (England) Regulations 2010

The Right to Control was a legal right for disabled people giving them more choice and control over the support they needed to go about their daily lives. The pilot tested how disabled adults living in seven test areas would be able to combine the support they receive from up to six different sources and decide how best to spend the funding to meet their needs. During the pilot disabled people were able to choose to:

- continue receiving the same support
- ask a public body to arrange new support
- receive a direct payment and buy their own support
- have a mix of these arrangements.

The Funding streams that were available were:

- Access to Work (Department for Work and Pensions)
- Work Choice (Department for Work and Pensions)
- Independent Living Fund (Department for Work and Pensions)
- Disabled Facilities Grant (Department for Communities and Local Government)
- Supporting People -Non-statutory Housing related support (Department for Communities and Local Government)
- Adult Social Care (Department of Health)

The Right to Control requires a significant culture change for managers, staff, customers and providers. The Pilot ended in 12 December 2013 and the DWP Minister for Disabled People is now considering the findings.

Making It Real - Personalisation (Self Directed Support)

Introduced by "Putting People First" personalisation of support and access to personal budgets are now integral to the Care Act 2014 which sees a model of social care designed to empower individuals and their carers by giving them control to choose the type of support or help they want and influence over the services on offer. This model is now being extended to people with NHS Continuing Healthcare needs through personal health budgets.

Think Local Act Personal (TLAP) is a national, cross sector leadership partnership focused on driving forward with personalisation and community based support – the process of enabling people to be in more control of the care and support services they receive. It encourages interaction between those using services, carers, Councils and other groups.

“Making it Real” is a set of "progress markers" - written by real people and families which sets out what people who use services and carers expect to see and experience if support services are truly personalised. The markers can help an organisation to check how they are going towards transforming adult social care. The aim of Making it Real[14] is for people to have more choice and control so they can live full and independent lives.

Personalisation fundamentally changes the relationship commissioners have with suppliers and their customers. This presents commissioners with a significant challenge. As people increasingly take the option of self-directed support, the role of strategic commissioners will change to become more concerned with market development and management and this is underpinned by new duties for local authorities set out in the Care Act. Securing value for money and financial sustainability will, however, remain key concerns for commissioners, who must continue to ensure cost-effective and appropriate use of public money whilst ensuring that local people and communities are involved in strategic commissioning decisions.

Commissioners need to understand the choices that people are making in terms of provision and how those choices are limited by gaps in the market. Within this new commissioning environment local service providers will need to be both flexible and agile. Providers will need to increase the range of support packages available to help people to remain at home longer and consider more innovative alternatives to meeting the care needs of vulnerable people.

Commissioners will need to enable providers outside the social care market to contribute to the independence of local people, by fostering innovation and improved choice.

The Welfare Reform Act 2012 and resilience to the economic downturn

This Act has been described as the biggest shake up of the benefits system in 60 years. It aims to simplify the system and create the right incentives to get people into work by ensuring that no individual is better off by not working. Key features of the Act that will have the most significant impact on Halton’s residents are:

14 http://www.thinklocalactpersonal.org.uk/Browse/mir/aboutMIR/

- Introduction of Universal Credit. The level of Universal Credit is to be capped at £26,000. While it is estimated that only a small number of Halton residents will see their income reduce as a result of the cap, some will be significantly affected. In addition, Housing Benefit is to be included in Universal Credit and will consequently be paid directly to tenants of social housing.
- Replacement of Disability Living Allowance with a Personal Independent Payment (PIP) for those of working age. Halton has a disproportionate amount of disabled residents and the change to PIP will involve a reduction in the numbers of those receiving financial assistance.
- Changes to Housing Benefit including the introduction of an under occupancy penalty for households whose homes are deemed to be too large for their needs. Described as the "Bedroom Tax", this change will have a very significant impact for Halton residents.

It is too early to assess the impact of other reforms such as the on-going reassessment of Incapacity Benefit claimants against the stricter criteria of the Employment Support Allowance, changes to Community Care Grants and Crisis Loans and recent reforms to Council Tax benefit which will include a 10% cut in scheme funding and "localised" benefit schemes.

Studies[15] show coping with the impact of the recession and rising costs of living have created a stressful burden for many by having to economise on food, heating and travel. Such effects occur disproportionately among people with disabilities, ethnic minorities, the poor, some women and single mothers (and their children), young unemployed and older people.
Cuts in public spending are affecting services that promote long-term health and wellbeing (such as: adult social care, libraries, community centres) and their reduction or closure could threaten the health of the vulnerable and the elderly.
It is estimated that 50-60% of disabled people live in poverty and are particularly vulnerable to cuts in public sector services and any changes in levels of entitlement or support can have life changing implications. There is also substantial evidence that poverty is both a determinant and a consequence of mental health problems.

These impacts are long term and will continue beyond entering financial recovery. The report suggests consideration should be given to:

15 Assessing the impact of the economic downturn on health and wellbeing - Liverpool Public Health Observatoryhttp://www.liv.ac.uk/PublicHealth/obs/publications/report/88_Assessing_the_Impact_of_the_Economic_Downturn_on_Health_and_Wellbeing_final.pdf

- Health and social care professionals being trained to recognise debt triggers and sources of help for money problems
- Base debt/welfare benefit advisors in GP surgeries and hospital clinics
- Review access to welfare benefit/debt advice services and Credit Union.
- Continue programs of integration of care, health and potentially housing and leisure to minimise back office costs, maintain front line services and improve outcomes through seamless and jointly commissioned support.
- Develop a strategy of progression – ‘Just Enough Support’ so there is less reliance on formal services and more community based support (Prevention and Early Intervention Strategy)

Part Three: Disability in Halton

Halton'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." (Sustainable Community Strategy 2011-2026)[16]

Halton Core Strategy Local Plan

The Core Strategy[17] provides the overarching strategy for the future development of the Borough, setting out why change is needed; what the scale of change is; and where, when and how it will be delivered. It does this through identifying the current issues and opportunities in the Borough, how we want to achieve change and stating the future vision for Halton to 2028. To deliver this vision the Core Strategy sets out a spatial strategy stating the extent of change needed and the core policies for delivering this future change.

The Core Strategy will help to shape the future of Halton, including its natural and built environments, its communities and ultimately peoples' quality of life. The Core Strategy therefore joins up a range of different issues such as housing, employment, retail, transport and health. This is known as 'spatial planning'.

Halton Priorities

Halton's Strategic Partnership has set out five strategic priorities for the Borough, in its Sustainable Community Strategy 2011-2026, which will help to build a better future for Halton:

- A Healthy Halton
- Employment learning and skills in Halton
- A Safer Halton
- Children and Young people in Halton
- Environment and Regeneration in Halton

16 (http://www3.halton.gov.uk/lgnl/pages/86821/86827/174277/Sustainable_Comunity_Strategy_2011__final_Nov_11_.pdf)

17 http://www3.halton.gov.uk/lgnl/policyandresources/policyplanningtransportation/289056/289063/314552/1c)_Final_Core_Strategy_18.04.13.pdf

Corporate Plan

The Corporate Plan[18] presents the councils response to how it will implement the Community Strategy. This is achieved through a framework consisting of a hierarchy of Directorate, Division and Team Service Plans known as 'the Golden Thread' this ensure that all strategic priorities are cascaded down through the organisation through outcome focused targets. The Five strategic priorities discussed above are mirrored in the makeup of the Councils Policy and Performance Boards which together with the Executive Board provide political leadership of the Council.

Health and Wellbeing Board and Strategy

Halton Health and Wellbeing Board has developed a vision that aims "To improve the health and wellbeing of Halton people so they live longer, healthier and happier lives".

The Board has developed a strategy which has been informed by the Joint Strategic Needs Assessment (JSNA) and in consultation with local residents, strategic partners and other stakeholders, and has identified five key priorities for action.

- Prevention and early detection of cancer
- Improved child development
- Reduction in the number of falls in adults
- Reduction in the harm from alcohol
- Prevention and early detection of mental health conditions

The Joint Health and Wellbeing Strategy set the framework for the commissioning of health and wellbeing services in Halton with a particular emphasis on prevention and early intervention. It does not replace existing strategies, commissioning plans and programmes, but influences them.

Within Halton there is an increasing shift to improving the prevention and early intervention services in the Borough, including public health improvement/promotion services. There is evidence from the evaluation of the Partnerships for Older People (POPP) programme that the funding of more prevention and early intervention services has a positive impact on acute services. The development of preventative services with higher emphasis on support to better self-manage conditions will continue to shift the focus from being reactive to proactive reducing the demand for more acute interventions.

18 [18]http://councillors.halton.gov.uk/documents/s14868/ExecB%2022Sept11%20DftCorpPlanAppend.doc.pdf

The Complex Care Executive Commissioning Board has a remit to develop and oversee Strategies and action plans based on national best practice as outlined in Part Two including the National Disability Strategy "Fulfilling Potential: Making it Happen". The Board is responsible for developing actions that will feed into the Health and Wellbeing Board who will, in turn, co-ordinate commissioning activity to address identified needs

This strategy prioritises action to increase prevention, early detection and treatment of long term conditions as well as robust and comprehensive services for people with chronic and progressive degenerative health problems.

Underpinning this strategy is a philosophy of personalisation which maximises independence and control by empowering individuals to take responsibility for their own support and minimise the impact on their mental wellbeing. The strategy recognises that good mental wellbeing brings much wider social and economic benefit for the population.

Integrated working

As national reforms continue to take shape, work has already taken place locally to look more strategically at improving models for integrated working and this vision has been captured within the **Framework for Integrated Commissioning in Halton (2012).** The Framework outlines the current strategic landscape of commissioning across Halton and explores national good practice translating this into an action plan.

In support of the implementation of the Framework, work is currently progressing in respect of the development of a Section 75 Partnership Agreement between Halton CCG and HBC which will provide robust arrangements within which Partners will be able to facilitate maximum levels of integration in respect of the commissioning of Health and Social Care services in order to address the causes of ill health as well as the consequences. Part of this Agreement has a focus on the commissioning of services for long term conditions.

Halton has identified further integration to support the strategic approach with all partners working together to deliver:

- joint commissioning
- culture change through community development
- training for all staff in how to deliver health messages so every contact counts, development of multi-disciplinary teams and joint advocacy and policy work

Better Care Fund (formerly Integration Transformation Fund)

Government believes that:

> *"to improve outcomes for the public, provide better value for money, and be more sustainable, health and social care services must work together to meet individuals' needs."*[19]

Nationally a £3.8 billion pooled budget for health and social care services has been established to be shared between the NHS and local authorities to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people. Access to this funding is based on a plan agreed between the NHS and local authorities that will deliver on national conditions:

- Protecting social care services;
- 7-day services to support discharge;
- Data sharing and the use of the NHS number;
- Joint assessments and accountable lead professional

National reforms and the introduction of the BCF will introduce a more comprehensive approach to joint working with increased influence of local people in shaping services, led by democratically-elected Councillors, the Health and Wellbeing Board and the local Health Watch, so that services can better address local need and be more joined up for the people using them.

Halton's Strategy is focussed on prevention of ill health and poor emotional wellbeing, early detection of disease, support people to remain independent at home, manage their long-term conditions, wherever possible avoid unnecessary hospital admissions and in situations where hospital stays are unavoidable ensure that there are no delays to their discharge.

HBC and NHS HCCG already have pooled budget arrangements in place to support people at home or within the community with various services to prevent more intensive intervention and to improve health gains. There are a range of integrated services which focus on promoting recovery from illness, preventing unnecessary hospital admissions or premature admissions to residential care, supporting timely discharge from hospital and maximising opportunities for independent living.

Payments of BCF in Halton will be made based on local performance related to:

- Delayed transfers of care
- Emergency admissions
- Effectiveness of reablement
- Admissions to residential and nursing care
- Patient and service-user experience

19 Spending Review 2013, HMT

Halton Clinical Commissioning Group 5 year Strategic Plan and 2 year Operational plan

The 5-year strategic plan is totally aligned with the Better Care Fund (BCF). This integrated approach has identified 8 priority areas where the opportunities are greatest to transform our healthcare delivery, these are;

1. Maintain and improve quality standards
2. Fully Integrated commissioning and delivery of services across Health & Social care
3. Proactive prevention, health promotion and identifying people at risk early
4. Harnessing transformational technologies
5. Reducing health inequalities
6. Acute and specialist services will only be utilised by those with acute and specialist needs.
7. Enhancing practice based services around specialisms
8. Providers working together across inter-dependencies to achieve real improvements in the health and wellbeing of our population.

In overall strategic terms the health and adult social care system will focus on prevention, supporting people to remain independent at home, manage their long term conditions and wherever possible avoid unnecessary hospital admissions.

The strategic aims of the plan are:

1) Integrated Commissioning
2) Health and wellbeing of individuals in our community
3) Supporting Independence
4) Managing complex care and care closer to home

Over the next five years NHS Halton CCG, Halton Borough Council and our partners face significant financial challenges. These financial challenges are driving us to do things differently and transform all aspects of health, social care and wellbeing in Halton beginning with a robust 2 years operational delivery plan. The 2 year operational plan summarises the key actions for each priority area that will provide real improvements in the health and wellbeing of the people of Halton.

Systems Resilience

The government's approach to delivering a new NHS is based on a set of core principles and their aim is to create an NHS which is much more responsive to patients and achieves better outcomes, with increased autonomy and clear accountability at every level.[20] A vital part of this will be having an effective and efficient Urgent Care pathway that is able to support the needs of the local population.

The Department of Health defines what urgent care is:

> "Urgent and emergency care is the range of healthcare services available to people who need medical advice, diagnosis and/or treatment quickly and unexpectedly."

Non-elective admissions via Accident and Emergency for 18-64 year olds are showing a downward trend over the eighteen month period April 2012 to September 2013.

In Halton the System Resilience Group (SRG) provides multi-disciplinary strategic direction and guidance across health and social care in relation to non-elective and elective care, taking into account the wider context as laid out in NHS England guidance 'Operational resilience and capacity planning for 2014/15', such as avoiding inappropriate delays, Children's services and caring for patients with chronic conditions.

The SRG will be responsible for ensuring that locally there are quality processes in place which are safe and efficient for patients and cost effective which will be supported by the annual production of an Operational Resilience and Capacity Plan for Halton.

Organisational membership of the SRG includes Halton Borough Council, NHS Halton CCG, Warrington and Halton Hospital Trust, Whiston Hospital, North West Ambulance Service and Bridgewater Community NHS Trust.

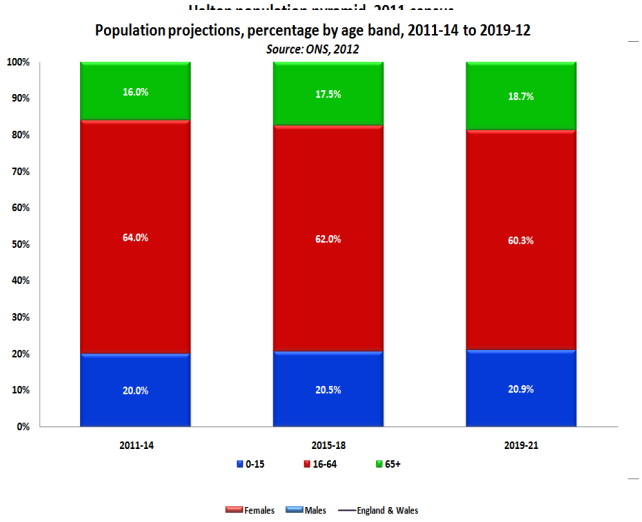
Current focus of work is the development of Urgent Care Centres in both Widnes and Runcorn to offer community based diagnosis and treatment of conditions to prevent deterioration of health and avoid inappropriate attendances at Accident and Emergency Departments. The Centres should be operational in late 2014.

Halton's Demographic Information

Population

20 The White Pape: Equity and Excellence: Liberating the NHS DH 2010http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf

Halton is a largely urban area of 125,700 (2011 Census) people. Its two biggest settlements are Widnes and Runcorn. The population is predominantly white (98.6%) with relatively little variation between wards.



Halton's population structure is slightly 'younger' than that seen across England as a whole. However, in line with the national trend, the proportion of the population in the working age bands i.e. 16-24 years and 25-64 years is projected to fall with the younger age band i.e. 0-15 years, projected to rise slightly. The most significant shift is the proportion of the population in the older age band.

Deprivation

Deprivation is a major determinant of health. Lower income levels often lead to poor levels of nutrition, poor housing conditions, and inequitable access to healthcare and other services. Deprivation, measured using the English index of Multiple Deprivation (IMD) 2010, ranks Halton as 27th most deprived out of 326 local authorities (a ranking of 1 indicates the area is the most deprived). This is the 3rd worst out of the six local authorities which make up the Liverpool City Region, behind Liverpool and Knowsley.

The 2010 IMD shows that deprivation in Halton is widespread with 60,336 people (48% of the population) in Halton living in 'Lower Super Output Areas' (LSOA's) that are ranked within the most deprived 20% of areas in England.

In terms of Health and Disability, the IMD identifies 53 SOA's (Super Output Areas) that fall within the top 20% most health deprived nationally and that approximately 40,000 people in Halton (33% of the population) live in the top 4% most health deprived areas in England. At

ward level, Windmill Hill is the most deprived area in terms of health. However, health deprivation is highest in a LSOA within Halton Castle, ranked 32nd most deprived nationally.

Health

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

Those living with long term physical conditions are the most frequent users of health and care services and commonly experience mental health problems such as depression and anxiety. Care of people with long term conditions accounts for 70% of the money spent on health and social care in England[21].

Numbers of disabled people in Halton

In Halton, more than 1 in 5 people (21.4%)[22] are living a greater proportion of their lives with an illness or health problem that limits their daily activities. Amongst the age 16-64 population more than 1 in 10 people say their activity is limited. This is slightly higher than the North West and significantly higher than in England (1 in 12).

It is difficult to estimate the numbers of working age disabled people in Halton. Benefit claims are a better guide than Limiting Long Term Illness (LLTI) figures and in November 2012 8.53% of the 16-64 age group were claiming Disability Living Allowance[23] which contributes towards the disability-related extra costs of severely disabled people under the age of 65. 7,780 (9.4%) were claiming Incapacity Benefit (now Employment Support Allowance) this is higher than the North West and England averages and most of these people have been receiving this benefit for more than three years.

Halton's Public Health service will undertake an in-depth analysis of local data relating to disability to refresh the Halton JSNA. This will be available by the end of 2014 and any implications will be incorporated into the strategy action plan

Young disabled people

21 Improving quality of life for people with long term conditions dh.gov.uk Norman Lamb
22 Census 2011
23 http://hbc/teams/RESINT/SharedDocuments/PeerReview/HealthBubbles.pdf

Early years in a child's life are a key time in the formation and development of aspirations. The levels of aspirations among disabled 16 year olds are similar to those of their non-disabled peers and they expect the same level of earnings from a full-time job. However, by the age of 26 young disabled adults are nearly four times as likely to be unemployed compared to non-disabled people? By the age of 26 disabled people are less confident and more likely to agree that 'whatever I do has no real effect on what happens to me'. At age 16 there had been no significant differences between them and their non-disabled peers on these measures.[24]

The Transition between being a young person to being an adult is a time of great change and opportunity for all young people, but it can also present challenges, particularly for young people who have social and health care needs arising from sensory and physical disabilities, long-term conditions, learning disabilities or mental health problems.

The detail of Halton's approach to transition is described in the *Halton Multi-Agency Transition Strategy* and *Transition Protocol* and includes support in identifying realistic post 16 opportunities for living life, ensuring universal services consider the needs of young disabled people and support to reduce the numbers of disabled young people who are not in education, employment or training. By establishing a stable base for quality of life as an adult future issues and dependency relating to mental health and wellbeing can be minimised or avoided.

Young People with identified social care needs as adults

Age at 31st August 2014

Age At 01/08/2014	**15**	**16**	**17**	**18**
Visual impairment		1	2	1
Hearing impairment	1		1	2
Physical disability			8	4
TOTAL	**1**	**1**	**11**	**7**

In Halton we recognise that planning for this transition needs to start early, and the planning processes will be geared to this from Year 9 at school (when the young person is about 14). Although young people officially reach adulthood at 18, we recognise that young adulthood continues to be a time of considerable change, and so the transition arrangements will continue until the age of 25.

24 Fulfilling Potential –Building a deeper understanding of disability in the UK today

Life Expectancy and Disability Free Life Expectancy at birth (DFLE)

Life expectancy has risen steadily over time. In 2010-12 average life expectancy in the borough was 77.1 years for men and 79.2 years for women. However, the borough is consistently lower than its comparators (about 3 years lower than the England figures).

Disability-free life expectancy is the average number of years an individual is expected to live from birth, free of disability if current patterns of mortality and disability continue to apply.

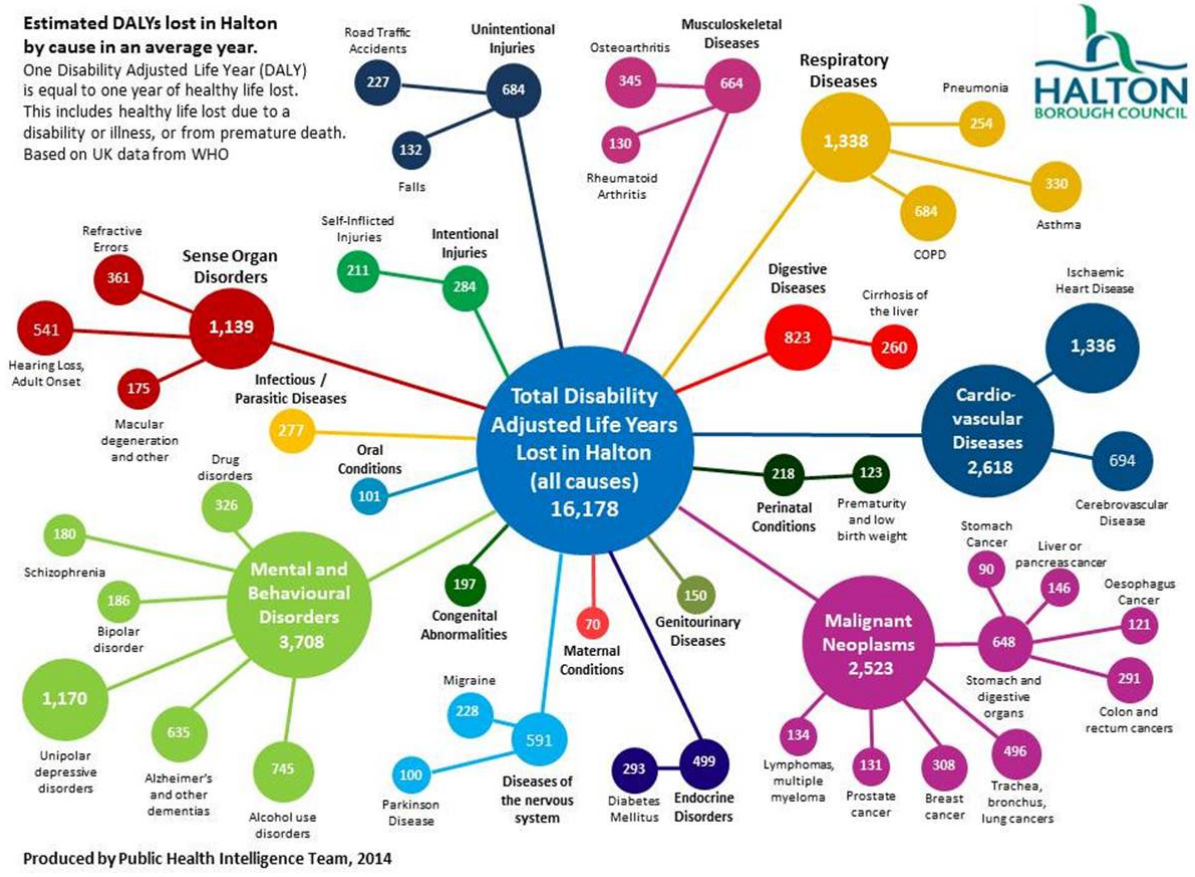
As life expectancy continues to increase in the UK, it is important to ask what proportion of these additional years of life are being spent in favourable states of health or in poor health and dependency. The figures represent a snapshot of the mortality and health status of the entire specified population in each time period not the number of years that a member of the specified population will actually live in a given health state.

Halton has a lower DFLE at birth than both the North West and England (2010-2012)[25]

	Males		Females	
	Life expectancy at birth	DFLE	Life expectancy at birth	DFLE
Halton	77.1	59.8	79.2	64.1
England	79.2	64.1	83.0	65.0

An alternative representation of healthy life lost in Halton is the Disability Adjusted Life Year bubble chart combining years of life lost due to premature mortality and years of life lived in states of less than full health.

25 http://www.ons.gov.uk/ons/datasets-and-tables/index.html?pageSize=50&sortBy=none&sortDirection=none&newquery=DFLE&content-type=Reference+table&content-type=Dataset



Disability and Impairment

Most people are not born with an impairment but acquire an impairment in their adult life, mostly from the age of 50. The experiences of young people who are born with or acquire impairment in childhood are very different to those of someone who acquires an impairment later in life and who has lived through a large part of their life as a non-disabled person.

The Projecting Adult Needs and Service Information System (PANSI) uses national prevalence rates by age from the 2001 Health Survey for England applied to Halton's population projections to predict future numbers of working age disabled and sensory impaired residents in the Borough[26]:

The headline message conveyed in this analysis is that numbers of people with moderate/serious physical disability will reduce slightly but an aging population means an increase of 4% in the 55-64 age group.

- Similar trends are evidenced for sensory impairments amongst the working age population

.

26 http://www.pansi.org.uk/

- There are significant increases in levels of sensory impairment amongst those aged over 65 and particularly over age 85
- The impact of dual sensory loss is a potential issue amongst the older population.

Disability and health

People with disabilities have the same general health needs as non-disabled people and need access to mainstream health care and health improvement services – immunization, cancer screening etc. Disabled people may also experience a narrower margin of health, both because of poverty and social exclusion, and also because they are often vulnerable to secondary conditions and many have more than one health condition.

Evidence suggests that people with disabilities face barriers in accessing the health and rehabilitation services they need in many settings. Health promotion and prevention activities seldom target people with disabilities. For example women with disabilities receive less screening for breast and cervical cancer than women without disabilities. People with intellectual impairments and diabetes are less likely to have their weight checked. Adolescents and adults with disabilities are more likely to be excluded from sex education programmes.[27]

Most people with a long-term health condition play an active role in managing their condition (83%). However, this varies by type of impairment. Those with mental health conditions or learning disabilities are less likely to feel confident about managing their condition themselves.[28]

Disability and Secondary Health Conditions

Amongst adults of working age with on-going impairments 37% reported living with one impairment and 41% reported three or more impairments[29]. People with more than one health condition are likely to be at significant risk of being disabled by the interaction of their impairments with social and environmental factors.

The ageing process for some groups of people with disabilities begins earlier than usual. For example some people with developmental disabilities show signs of premature ageing in their 40s and 50s.

Long Term Conditions (LTC) and Limiting long standing illness

27 http://www.who.int/mediacentre/factsheets/fs352/en/
28 http://odi.dwp.gov.uk/docs/fulfilling-potential/building-understanding-main-report.pdf
29 https://www.gov.uk/government/publications/life-opportunities-survey-wave-one-results-2009-to-2011

LTCs are not just a health issue they can have a significant impact on a person's ability to work and live a full life. People from lower socio economic groups have increased risk of developing a LTC whilst better management can help to reduce health inequalities.

The two key factors for developing a LTC are lifestyle and ageing. Prevention, delaying onset and slowing progression of long term conditions can happen through improved public health messaging/targeting, personalised care planning, information and supported self-care. Effective management of a condition can slow progression having a positive impact not only on people's lives but on reducing health and social care costs.

Advances in medicine mean people of all ages not just those over age 75, are living with complex health needs. Data analysis[30] indicates 22% of men in the 16-64 age group self-reported living with a limiting illness whilst the figure for women is 23% (this includes mental ill health).

Nationally it is estimated that by 2018, the number of people across all ages with three or more health conditions whether physical or mental or both will rise by a third[31] Failure to respond effectively to these challenges is reflected in the numbers of people admitted to hospital in an emergency. At least one fifth are estimated to be directly avoidable in some way. [32] Potentially the impact of multi-morbidity will be disabling for many people.

Some studies have indicated that people with disabilities have higher rates of risky behaviours such as smoking, poor diet and physical inactivity. People with at least one LTC are more likely to have high blood pressure and be obese, though it is unclear the direction of causation[33].

NHS England have responsibility for coming up with plans to help make life better for people with long term conditions by:

- helping them to get the skills to manage their own health
- agreeing with them a care plan that is based on their personal needs
- making sure their care is better coordinated

Long Term Conditions and Mental Health

30 Health survey for England 2009(HSCIC)
31 Fulfilling potential – Building understanding (ODI 2013)
32 Transforming Primary Care (DH 2014)
33 Long Term Conditions Compendium of Information: Third Edition (DH 2012)

Every long term condition will affect different people in different ways. However there are some common issues that can affect a lot of people living with long term conditions. These issues are not symptoms of mental health problems but can be difficult to cope with and can sometimes trigger anxiety, depression and other psychological problems meaning people with long term conditions are at far higher risk of developing mental health problems than the rest of the population. 30% of people with long term conditions will have potential mental ill health such as anxiety or depression[34] compared with only 9% of other adults. This is believed to be a conservative estimate and can lead to significantly poorer health outcomes and reduced quality of life.

The government's mental health outcomes strategy *No Health Without Mental Health* places considerable emphasis on the connections between mental and physical health, and gives new responsibilities to Improving Access to Psychological Therapy (IAPT) services for supporting the psychological needs of people with long-term conditions or medically unexplained physical symptoms. Locally *A Mental Health and Wellbeing Strategy 2013-2018 for Halton* overseen by the Mental Health Strategic Commissioning Board promotes local action to improve the mental health and wellbeing of those with physical illness.

Long-term neurological conditions (LTNCs)

Long-term neurological conditions (LTNCs) comprise a diverse set of conditions resulting from injury or disease of the nervous system that will affect an individual for life. Some 2 million people in the UK are living with a neurological condition (excluding migraine)[35] which has a significant impact on their lives; they account for 20% of acute hospital admissions and are the third most common reason for seeing a GP.

LTNCs can be broadly categorised as follows:

- **Sudden onset**, for example acquired brain injury or spinal cord injury, followed by a partial recovery.
- **Intermittent and unpredictable**, for example epilepsy, certain types of headache or early multiple sclerosis, where relapses and remissions lead to marked variation in the care needed;
- **Progressive**, for example motor neurone disease, Parkinson's disease or later stages of multiple sclerosis, where progressive deterioration in neurological function

34 http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf
35 http://www.nao.org.uk/wp-content/uploads/2011/12/10121586.pdf

leads to increasing dependence on help and care from others. For some conditions (eg motor neurone disease) deterioration can be rapid;

- **Stable**, but with changing needs due to development or ageing, for example post-polio syndrome or cerebral palsy in adults.

The time course of conditions varies widely as does the effect on an individual. Problems commonly experienced are:

- Physical or motor – inability to walk, paralysis, loss of functions
- Sensory – vision, hearing, pain and altered sensation
- Cognitive/behavioural
- Communication difficulties

The NSF drives the philosophy of supporting people with LTNC to live as independently as possible. It is recognised that people with LTNC have improved health outcomes and a better quality of life if they can access prompt advice and support from relevant practitioners with dedicated neurological expertise.

Rehabilitation over a sustained period of time to regain former skills where possible and compensate for skills lost can be a key factor in determining quality of life. The services a person needs can change particularly where conditions rapidly deteriorate or fluctuate. Access to appropriate equipment and to appropriate health and social care professionals, as necessary is essential. Such professionals may include speech and language therapists, occupational therapists, physiotherapists, neuropsychologists, clinical psychologists, rehabilitation physicians, orthotists and care managers.

Promoting Equality and Reducing Inequality

Fulfilling Potential[36] places an emphasis on tackling health inequalities and promoting equality. It identifies that those already disadvantaged are at greater risk of becoming disabled and that there are strong associations between being poor, being out of work, having low educational qualifications and the risk of developing a long term health condition or impairment. Those in the bottom fifth of the income distribution face a risk of becoming disabled two and a half times as high as those in the top fifth of the distribution.

Pre-existing disadvantage such as low or no qualifications; low income; being out of work; smoking; drinking and poor diet are associated with increased likelihood of onset of a health

36 Fulfilling Potential: Building a Deeper Understanding of Disability in the UK today DH 2013

condition or impairment and onset is associated with increased likelihood of disadvantage such as unemployment or poverty. Having qualifications can provide protection against the adverse effects of onset.

Disability can affect many parts of a person's life, from their ability to work and have relationships to housing and education opportunities. The Office for Disability Issues (ODI) provides an overview of UK disability statistics.[37] Some key messages from this are:

- Employment – although disabled people are now more likely to be employed than they were in 2002, they remain significantly less likely to be in employment than non-disabled people. If the disabled people employment rate matched that of the rest of the population, nationally an extra two million disabled people would be working.

- Disabled people remain significantly less likely to participate in cultural, leisure and sporting activities than non-disabled people. Disabled people are more likely to have attended a historic environment site, museum or gallery than in 2005/06 but are less likely to have attended a library over the same period.

- Disabled people are significantly less likely to engage in formal volunteering.

- 88 percent of buses now have low-floor wheelchair access. Around a fifth of disabled people report having difficulties related to their impairment or disability in accessing transport.

- Although the gap in non-decent accommodation has closed over recent years, one in three households with a disabled person still live in non-decent accommodation

Fulfilling Potential identifies the following aspects to reducing inequality for disabled people:

- Access to housing
- Environmental barriers
- Transport
- Social participation
- Choices
- Information
- Public Attitudes

37 www.odi.dwp.gov.uk/disability-statistics-and-research/disability-facts-and-figures

There have been significant improvements in educational attainment, in the employment rate and a reduction in the employment rate gap between disabled and non-disabled people. There have also been improvements in other factors contributing to quality of life, for example in access to transport and access to goods and services. Even so, disabled people can still face significant barriers to fulfilling their potential and playing a full part in society[38].

Through its enabling role the Council works with local communities on service developments, facilities and resources to ensure they promote equality through inclusion and equitable treatment whilst eliminating discrimination and advancing equality of opportunity for disabled people.

Employment

Disabled people are more likely to be long term unemployed and economically inactive. Fulfilling Potential highlights that 60% of disabled working-age adults are not in paid work compared to only 15% of their non-disabled counterparts. A third of these people - 1 million people - say that they want to work but that they have not been able to find a job.

The Labour Force survey provides an insight into numbers of disabled people who would like to work. It categorises the unemployed working age population into two groups:

- **Unemployed** includes only people who are: without a job, but want a job, are seeking a job, and available to work.

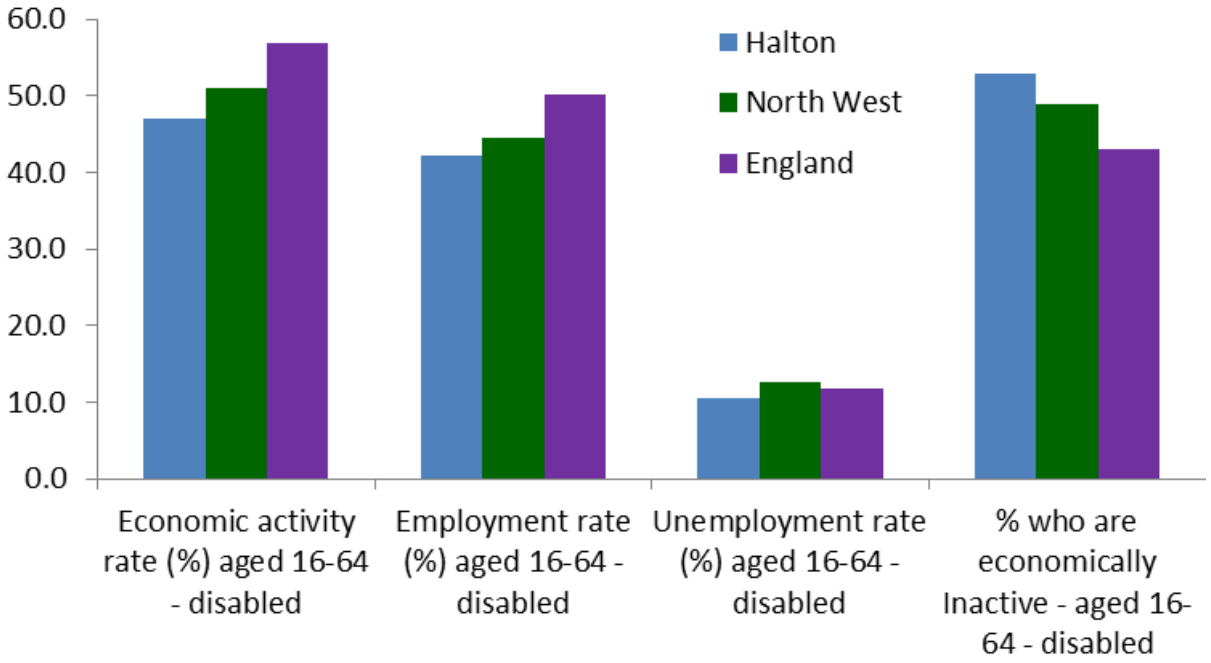
- **Economically Inactive** includes all other people who are out of work (the highest reason for these… around a third of this group are out of work due to 'long term sick').

In Halton we have a larger proportion of people who are economically inactive (disabled or not-disabled), than NW and England. This is mainly explained by those who are 'long-term sick' as Halton has a higher proportion of people reporting this.

The proportion of disabled people in Halton who are 'without a job, but want a job, are seeking a job, and available to work' is lower than the North West and England. It is however 800 local people who would like to work.

Economic activity and unemployment, disabled group, Halton, NW and England (Apr-12 to Mar-13)

38 Fulfilling Potential –Building a deeper understanding of disability in the UK today



Accessible Homes

The need for accessible properties for adults of working age and older people is considered in the Halton Housing Strategy 2013-18. The Council has responded to this identified need and Naughton Fields now open and Barkla Fields currently in development offer 97 Extra Care housing units.

Property Pool Plus hosted by Halton Housing Trust is an approach to allocating property, which gives home seekers greater control over the property they are offered as it requires them to express an interest in homes which are advertised locally. Analysis of registrations indicates numbers of families, adults and older people currently waiting for accessible accommodation:

Accessible accommodation needs logged on Property Pool Plus May 2014

	1BED	2 BED	3 BED	4+ BED
Families with disabled children requiring specialist wheelchair housing			3	1
Families with disabled parent/adult requiring specialist wheelchair housing		2		
Older people requiring specialist wheelchair housing	3	2		
Older people requiring Sheltered or Extra Care specialist wheelchair housing	1	2		
Adults requiring specialist wheelchair housing	3	1		
Older people requiring Sheltered or Extra Care	10	1		

Learning Disabilities and secondary long term conditions

There are estimated to be 1.14m people with learning disability in England[39] and evidence shows that people with learning disabilities on average die 5 to 10 years younger than other citizens, often from preventable illnesses. People with learning disability face inequalities in health status and some evidence suggests the prevalence of asthma is twice as high amongst those with learning disabilities and epilepsy is 25 times more likely to occur, being present in around 1 in 4 (24.9%) of all adults with a learning disability, compared to only 1% of the general population.[40]

This poorer physical health, means people who are already exceptionally socially excluded – on every measure from education and employment to housing and social networks – often face the additional challenge of diabetes, heart disease or other long term condition. This makes it harder to participate socially and economically and harder to play an active, valued role in family and community.

The Halton Adults with Learning Disabilities Strategy currently in development considers the health and support needs of this vulnerable group arising from both their learning disability and physical health needs.

Loneliness, Social Isolation, Depression

39 People with learning disabilities in England 2012 IHAL

40 Full Summary and Recommendations: Learning disabilities and autism: A health needs assessment forchildren and adults in Merseyside and North Cheshire. Liverpool Public Health Observatory

Whilst 'social isolation' and 'loneliness' are often used interchangeably, people attach distinct meanings to each concept[41]. 'Loneliness' is reported as being a subjective, negative feeling associated with loss (e.g. loss of a partner or children relocating), while 'social isolation' is described as imposed isolation from normal social networks caused by loss of mobility or deteriorating health. Although the terms might have slightly different meanings, the experience of both is generally negative and impacts upon individuals' quality of life and wellbeing, adversely affecting health and increasing their use of health and social care services.

The different issues faced by disabled people are inter-linked. In the working age population for example, low educational attainment can lead to poor employment outcomes. Not having a job can be associated with poverty and social isolation. Experiencing barriers to transport can result in not being able to get to work or education.

Estimates of prevalence of loneliness tend to concentrate on the older population and they vary widely, with reputable research coming up with figures varying between 6 and 13 per cent of the UK population being described as often or always lonely[42]. There is growing recognition that loneliness is a formidable problem which impacts on an individual's health and quality of life and even on community resilience. There is increasing evidence that people who are lonely are more likely to use health and social care services and a developing confirmation, through personal stories, of the emotional costs and misery that loneliness can cause.

People with poor physical health are at higher risk of experiencing common mental health problems, and people with mental health problems are more likely to have poor physical health.

Physical illness is associated with increased risk of depression:

- Depression is three times as common in people with end-stage renal failure, chronic obstructive pulmonary disease and cardiovascular disease as in people who are in good physical health.
- Depression affects 27% of people with diabetes, 29% of people with hypertension, 31% of people who have had a stroke, 33% of cancer patients and 44% of people with HIV/AIDS.[43]

41 http://www.scie.org.uk/publications/briefings/files/briefing39.pdf
42 http://www.ageuk.org.uk/documents/en-gb/for-professionals/evidence_review_loneliness_and_isolation.pdf?dtrk=true
43 Mental Health Foundation The fundamental Facts 2007

- People who experience persistent pain are four times as likely to have an anxiety or depressive disorder as the general population.
- Depression is more than seven times more common in those with two or more chronic physical conditions.

These issues are explored further and actions proposed in *A Mental Health and Wellbeing Commissioning Strategy for Halton.*

Carers

There are 5.8 million unpaid carers in England and Wales (Census 2011) and adults with impairments are likely to be carers themselves (15 percent of adults with impairments provide informal care compared with 8 percent adults without impairment)[44] Adults with impairments are more likely to spend longer hours caring for others than adults without impairment and the majority of carers in Halton spend more than 19 hours in their caring role with a significant number providing more than 50 hours of care per week.

Table 7: Unpaid care hours per week

	1-19 hours	20-49 hours	50+ hours
Number of carers	8,009	2,440	4,569
Halton %	6.4	1.9	3.6
England %	6.5	1.4	2.4
North West %	6.4	1,6	2.0
Ranking	247th	10th	12th

Source: ONS Census data 2011

From 2008 to 2022 the number of disabled older people with informal care (in households) will rise by 39%. Many of these informal carers will be of working age now and it is imperative they receive support to maintain their own health and wellbeing to carry on this role.

Caring can impact on the health of the carer and when this is compounded with an existing impairment can seriously diminish quality of life and mental wellbeing. The latter is addressed within *A Mental Health and Wellbeing Commissioning Strategy for Halton* whilst the *Carers Action Plan* considers support for the caring role.

Prevention

The primary aim of the prevention agenda is to offer support and early interventions to avoid the high cost hospital admissions and crisis management. There are a range of generic low-level services provided across the Borough ranging from information and advice services

44 Life Opportunities Survey Wave 1 2009/11

and exercise groups to intermediate care and rapid response services delivered through strong partnership working across the CCG, Council and the voluntary sector. Many of these services are accessed by younger adults but could offer people with long term conditions effective ongoing support to live their everyday lives and should form part of the care pathway for re-enablement and self–management of the condition.

Personalisation and Co-production

Co-production emphasizes that people are not passive recipients of services and have assets and expertise which can help improve services. At an individual level this is generally referred to as personalised support developed in conjunction with health and social care professionals. In Halton this means:

…*everyone having choice and control over the shape of their support, along with a greater emphasis on prevention and early intervention*.

Co-production goes further than this by offering a broader model of active citizenship, equality and mutual support. Collaboration between the Council and Halton CCG, the voluntary sector and other community partners to identify and work through local challenges and opportunities will enable transformative, innovative local solutions to be developed based on the in-depth knowledge of local citizens who know what is required.

Advanced decision making and end of life care

All decisions about care and treatment interventions should be made jointly between the individual and professionals. For those who do not have legal capacity or may lose that capacity in the future it is important that the right choices are made. Decisions must be centred on the individual and minimise the likelihood of unnecessary or unwanted interventions.

Professionals should encourage individuals with degenerative illness to think about their prognosis and options for how this is managed. The person is then in a position to decide what is best for them and to communicate their wishes to professional staff and family members.

These conversations are not easy and families may disagree with the individual's decision. Staff should receive appropriate training in how to approach these discussions.

All decision

Part Four: Sensory Impairment

Commissioning of support for sensory impairments includes varying degrees of sight loss, hearing loss and loss of both senses:

Visual impairment (severely sight impaired to partial sight loss)

Hearing impairment (profound deafness to partial hearing loss)

Deafblind (dual sensory impairment)

Evidence shows significantly higher prevalence of sensory loss in areas with higher levels of socio-economic deprivation and this effect is more prominent in younger people.

In Halton, there is a small decline (1.4%) in the numbers of working age adults with sensory loss. However, there is a significant rise in numbers aged 65+ due to age related conditions in an aging population. Around 30% of those reporting either a hearing or visual impairment and 60% of those reporting dual sensory loss in those over age 65 have at least four long term conditions and feel less confident in managing their own health[45].

The Chief Medical Officers report records evidence that the proportion of 55-84 year olds with deafness or blindness who report dementia or Alzheimer's disease is substantially greater than those reporting neither deafness nor blindness. This association is not understood but may have implications for the prevention and management of dementia.

In the commissioning strategy SeeHear the needs of young people in transition to adulthood and some social needs of children and their families are considered. Halton Children's Trust oversees integrated commissioning and development of support for children with sensory impairment and will respond to the findings in the Children's Joint Strategic Needs Assessment.

Visual Impairment

The term "sight loss" has been used as an inclusive term to cover all people who are blind or partially sighted, including people who have no sight from birth, people with sight loss at

45 Annual /report of the Chief Medical officer (DH 2014)

certifiable levels and people with sight loss below these levels. This does not imply that the needs and requirements of people within these different groups are the same.

Sight loss is a major health issue affecting about 2 million people in the UK the majority of which are older people. This figure includes around 360,000 people registered as blind or partially sighted in the UK, who have severe and irreversible sight loss.The number of people in the UK with sight loss is set to increase dramatically and it is predicted that by 2050 the number of people with sight loss in the UK will double to nearly four million[46].

Sight loss and eye health costs the UK economy at least £8 billion each year.[47] Thousands of people lose their sight each year and it is estimated that 50% of sight loss is from avoidable causes.[48]

Sight loss affects people of all ages but especially older people: 1 in 5 people aged 75 and 1 in 2 aged 90 and over are living with sight loss. At all ages there is a significant trend for higher prevalence in areas of socio economic deprivation. This may be related to differences in exposure to risk factors for sight loss. There is an association between age-related macular degeneration and smoking and smoking levels are higher in more deprived areas.[49] There are more women (59%) than men reporting blindness though the reason for this is unclear. It may be partly explained by demographics as sight loss is age related and there are more women than men in the older age groups.

Causes of visual impairment in the UK are changing with disability adjusted life years (DALYs) attributable to glaucoma and macular degeneration increasing by 50% over the last 20 years and those attributable to cataract decreasing.

In Halton the prevalence of sight loss is reducing slightly amongst the working age population but by 2020 there is a projected 21% increase (an extra 460 people) in those aged over 65 with severe hearing impairment. These figures are significantly higher than the predictions for the North West (16.8%) and England (19.1%)[50].

Consultant ophthalmologists in an eye clinic complete a Certificate of Visual Impairment and forward a copy to social services who then offer registration and other relevant advice and

46 Access Economics, 2009
47 RNIB, 2013
48 Access Economics, 2009
49 Annual Report of the Chief Medical Officer (DH 2014)
50 www.pansi.org.uk

support. Halton's maintains register shows 250 people are registered blind and 345 people are registered partially sighted. 79% of registered blind and partially sighted people are also recorded as having an additional disability

Sight loss has a significant impact on quality of life and independence by increasing vulnerability to social isolation, depression and falls. However some important causes of vision impairment, such as glaucoma, are treatable if detected early. Investment in public awareness of eye health, early detection and treatment of eye conditions can have a significant impact on people's quality of life. Prevention of sight loss reduces or avoids the need for health, social care, education and training to support people in the later stages of eye disease.

Eye health has been recognised as a national priority and is included in the Public Health Outcomes measures. Effective health promotion and improvement initiatives are key to promoting the importance of eye care and to reduce levels of preventable sight loss.

The provision of emotional and practical support at the right time can help people who are experiencing sight loss to retain their independence and access the support they need. Visual impairment rehabilitation is an early intervention delivered by specialist professionals to help people to maximise their functional vision and skills for confident daily living.

Children and Young People

There are almost 25,000 blind and partially sighted children in Britain. That is equal to 2 in 1,000 children and as many as half of these children may have other disabilities.

Halton's Joint Strategic Needs Assessment (JSNA) estimates how many children and young people are blind or partially sighted in the Borough. This figure is 53 0-16 year olds and 29 17-25 year olds. [51]

51 Halton Children's Joint Strategic Needs Assessment 2014

Sight loss in children is attributable to numerous causes and often is part of a wider picture of childhood disability. The report, 'Sight Impaired at Age Seven'[52], reveals worrying differences between children with sight loss and their sighted peers around happiness, success at school, financial hardship and social inclusion. The findings show that sight loss can have a major impact on every aspect of a child's development and that without the right support many are at risk of being less confident, having fewer friends and under performing at school. However, the results also indicate that with the right kinds of early intervention, blind and partially sighted children can flourish.

Working Age Adults

Historically the leading cause of blindness in the UK working population was diabetic retinopathy but is no longer the leading cause of certifiable blindness among adults aged 16-64 having been overtaken by inherited retinal disorders. This change may be explained by the introduction of nationwide diabetic retinopathy screening programmes and improved glycaemic control [52].

Employment rates for people with sight loss are consistently lower than the general population and two-thirds of people living with sight loss say that they experience restrictions in being able to access and fully participate in employment.[53] The Chief Medical Officers annual report suggests less than 30% of those with blindness are in employment. Many registered blind and partially sighted people reported the main reason for leaving their last job was onset of sight loss or deterioration in their sight.

Older People

Evidence suggests 50-70% of sight loss in the older population is due to preventable or treatable causes including: age-related macular degeneration, glaucoma and diabetic retinopathy. 1 in 5 people aged 75 years and 1 in 2 aged 90 years or over is visually impaired

52 https://www.rnib.org.uk/aboutus/Research/reports/education/Pages/sight_impaired_age_seven.aspx
52 http://bmjopen.bmj.com/content/4/2/e004015.full
53 UK Vision Strategy – A case for change 2013-2018

In Halton between 2012 and 2020 there is a predicted 22% increase (an extra 360 people) with serious visual impairment amongst those aged over 65. This is significantly higher than both the North West (16.8%) and England (19.1%) figures. Those aged over 85 are most at risk of eye disorders causing vision impairment.

Evidence suggests that there is a strong link between sight loss and reduced psychological wellbeing, particularly amongst older people who develop sight loss later in life.[54] People living with sight loss report lower feelings of wellbeing, reduced self-confidence and lower satisfaction with their overall health.

Impaired vision is a recognised risk factor contributing to falls in older people. This can be for a number of reasons including[55]:

- Change in gait of those with sight loss
- Sight loss reduces mobility which impacts on balance increasing risk of falling
- Wearing multi-focal glasses
- Changes in the home environment – e.g. moving furniture

It is suggested that generic falls prevention programmes and strategies may not work for those with visual impairment and that a different approach should be adopted with a focus on the home environment, lighting and colour schemes.

Social Inclusion and Mobility

Over one-third of people with sight loss say that they have little or no choice about how they spend their free time. This includes activities such as going on holiday, playing sport, visiting friends or family or undertaking voluntary work. Half of people with sight loss experienced difficulties getting into and moving around buildings.[56]

Travel is a crucial element of independence and inclusion, but for many blind and partially sighted people travelling is a challenge. This can result in blind and partially sighted people being trapped at home and can lead to isolation, reduced wellbeing and low confidence. Nearly two-thirds of blind and partially sighted people say that because of their sight loss they need help to get out of the house

54 UK Vision Strategy A Case fro Change 2013-2018
55 http://www.pocklington-trust.org.uk/Resources/Thomas%20Pocklington/Documents/PDF/Research%20Publications/RDP%2012_final.pdf
56 Sight Loss UK 2013 RNIB

More broadly, the needs of blind and partially sighted people are often not taken into account by designers or planners. For example, the design of transport systems, signage, labelling, public buildings and shared space environments often fail to take into account the needs of people with sight loss.[57] Half of people with sight loss say they experience difficulty getting into and moving around buildings.

Support for those with sight loss

People with sight loss should be able to make informed choices about their lives. Access to support and services should enhance independence and wellbeing and provide opportunities to learn and work. But evidence tells us that people with sight loss continue to face restrictions and barriers in accessing services. Tasks that most of us take for granted, such as catching a bus or shopping for everyday necessities, can provide major challenges for blind and partially sighted people.[57]

"Seeing it my way"[58] is an initiative to ensure that every blind and partially sighted person, regardless of age, ethnicity, extent of sight loss, other disabilities, or location across the UK, has access to the same range of information and support.

Living with little or no sight requires access to a range of information and support from a number of services, such as social services and voluntary sector organisations in order to live independently. This includes information in a format that people can read, rehabilitation for people who lose their sight so they can gain the skills and confidence to carry out day-to-day tasks and get around easily.

Seeing it my way sets out a range of outcomes, that is specific changes that blind and partially sighted people have told us are most important to them and want to make a reality.

'Seeing it my way' has 10 outcomes:

1. That I have someone to talk to.

2. That I understand my eye condition and the registration process.

57 RNIB 2011
57 McManus and Lord, 2012
58 http://www.vision2020uk.org.uk/ukvisionstrategy/page.asp?section=301&sectionTitle=Seeing+it+my+way

3. That I can access information.
4. That I have help to move around the house and to travel outside.
5. That I can look after myself, my health, my home and my family.
6. That I can make the best use of the sight I have.
7. That I am able to communicate and to develop skills for reading and writing.
8. That I have equal access to education and lifelong learning.
9. That I can work and volunteer.
10. That I can access and receive support when I need it.

Hearing Impairment

The term “hearing loss” has been used as an inclusive term to cover all people who are deaf or hard of hearing, including people who are deaf from birth and people with mild hearing loss and profoundly deaf. This does not imply that the needs and requirements of people within these different groups are the same.

For around 15,000 people in the UK their first language is British Sign Language (BSL). BSL is a visual form of communication using hands, facial expression and body language mainly used by people who are Deaf. BSL is a fully recognised language and is independent of spoken English.

Normal ear function is important not only for hearing but also balance and any impairment compromises a person’s ability to interact socially and with the environment. Loss of balance impacts on abilities to walk and drive making them difficult to impossible. The primary cause of hearing loss is age related damage occurring naturally as part of the ageing process. Other causes and triggers include:

- Regular and prolonged exposure to loud sounds
- Ototoxic drugs that harm the hearing nerve
- Infectious diseases such as rubella
- Complications at birth
- Injury to the head
- Benign tumours of the auditory nerve

- Genetic predisposition – half of childhood deafness is inherited

One in 6 of the UK population, more than 10 million people have some form of hearing loss. Of this figure 3.7m are working age (16-64) and 6.3m aged over 65. More than 800,000 people are severely or profoundly deaf. The prevalence of hearing loss is growing and the Medical Research Council estimates it will increase by 14% every 10 years. By 2031 there will be 14.5 million people with hearing loss in the UK.

The WHO predicts that by 2030 adult onset hearing loss will be in the top 10 disease burdens in the UK above diabetes and cataracts (See DALY chart in Part 3)

In Halton the prevalence of hearing loss is reducing slightly amongst the working age population but by 2020 there is a projected 22% increase (an extra 1700 people) in those aged over 65 with moderate, severe or profound hearing impairment. These figures are again significantly higher than the North West (17.5%) and England (19.8%) predictions. There is a north/south imbalance in prevalence of deafness with rates being higher in the north. This is believed that this reflects the concentration of noisy industry in the north when those now in their 70's and 80's were at the start of their working lives[59].

There is no cure for hearing loss and those who experience it are also likely to have other problems such as tinnitus and balance disorders which contribute as risk factors to falls and other accidental injuries.

Dual sensory impairment (Deafblindness)

The term dual sensory impairment can be used interchangeably with deaf blindness; denoting the fact that combined impairment of sight and hearing are significant for the individual, even though they may not be profoundly deaf or totally blind and each of the impairments may appear to be mild. The loss of both senses affects communication difficulties, getting around safely and access to information.

The Coppersmith Matrix provides a visual representation of the intersections of sight and hearing impairment:

	HEARING	HARD OF HEARING	DEAF
SIGHTED	Hearing and Sighted	Hard of hearing "Normal" Vision	Deaf "Normal" Vision

59 Annual Report of the Chief medical Officer, Surveillance Volume, 2012:On the State of the Public's Health (DH 2014)

PARTIALLY SIGHTED	Partially sighted “Normal” Vision	**DUAL SENSORY IMPAIRED OR DEAFBLIND**	
BLIND	Blind “Normal” Hearing		

Those with dual sensory impairment use many different communication methods dependent on the age of onset. Those deaf blind from birth or early childhood are more likely to use British sign language. The needs of those with dual sensory impairment cannot be met by services for single impairment

Deaf blindness can be due to several causes, such as Ushers Syndrome, Rubella (German measles) and problems caused by premature births.

The estimated prevalence of deafblind people is 40 per 100,000 population suggesting there are approximately 48 deafblind people (all age groups) in Halton with 30 aged over 18. This is thought to be a significant under estimate as the level of dual sensory impairment in the population is often masked by other physical and mental health conditions which can take precedence in statistical recording.

Children and Young People

There are 45,000 deaf children in the UK and around half are born deaf, and around the same amount acquire deafness during childhood. Estimates suggest that 1-2 children are born every year in Halton with permanent deafness[60]. 90% of deaf children are born to hearing parents with little or no experience of deafness or knowledge of how to communicate with a deaf person[61].

The incidence almost doubles by ten years of age because of acquired hearing loss from meningitis mumps, measles, trauma and other causes.

Halton’s JSNA for Children estimates 76 children with permanent hearing loss and 26 experiencing severe or profound loss. 40% of deaf children have additional or complex needs: at least one other clinical or developmental problem and half of these children had at least two additional problems. The JSNA has further detail on prevalence of additional disabilities and identifies the following:

- Visual impairment
- Neurodevelopmental disorder

60 Children with Disabilities and Complex Health Needs - Halton Joint Strategic Needs Assessment 2014
61 http://www.ndcs.org.uk/about_us/ndcs/

- Speech Language Disorder: range of prevalence
- Autistic Spectrum Disorder (ASD)
- Cerebral Palsy: range of prevalence
- Pervasive Developmental Disorder (PDD)

A major difficulty for deaf children and young people is language. Communication lies at the heart of a child's social, emotional and intellectual development. For example research suggests that:

a) deaf children and young people are 1.5 times more likely to experience mental health difficulties at a clinically identifiable level than hearing children
b) they are more likely to be abused than hearing children (studies show they are at least twice as likely to experience abuse as hearing children, with one study identifying an incidence of abuse being 3.4 times that of hearing children[62])
c) their educational attainment is below that of hearing children[63]
d) they are more likely to be unemployed as young adults[64]

Thus there are good reasons for being concerned that deaf children may not achieve key outcomes, such as being healthy, keeping safe, educational success and economic well-being[65]

Adults of Working Age (18-65)

Around 3.7 million people aged 16-64 have a hearing loss and for 20% of those aged over 50 their hearing loss is moderate to profound. In Halton the projected number of people aged 18-64 with hearing loss by 2020 increases by only 1% in contrast to higher rises in the North West (6%) and England (8%). This is most likely explained by Halton's shrinking population rate which is faster than the regional prediction whilst for England there is a predicted increase in population.

Employment is often important to individuals' quality of life and those with hearing impairment are significantly less likely to be in employment. In the 18-64 age group those in full time employment without any sensory impairment is 53%; amongst the deaf community this figure is 38%. It is likely that other factors are involved such as the higher prevalence of comorbidities amongst those with sensory impairment.

Older People

62 www.gscc.org.uk, Care Council for Wales - ccwales.org.uk, Northern Ireland Social Care Council - nisocialcarecouncil.org.uk, Scottish Social Services Council - sssc.uk.com
63 www.ndcs.org.uk/closethegap
64 Office for Disability Issues Annual Report 2008:
65 http://www.teachingtimes.com/zone/every-child-matters.htm

An emerging issue is the numbers of people developing combined sight and hearing impairment after the age of 60. Dual sensory impairment in this age group is often not labelled as 'deafblindness' or recognised as an identifiable disability. For some with a pre-existing sight or hearing impairment the development of impairment in the second sense places them within the deafblind continuum. The prevalence is difficult to quantify but estimated to be substantially higher than recorded numbers indicate.[66] Sensory impairment is generally assumed to be an inevitable and inescapable element of aging and for older people may be overlooked as dual sensory impairment and a disability requiring investigation and possible intervention.

Dual sensory impairment can make a person more physically vulnerable in the environment in which they live, both domestic and social spaces, and is recognised as a clear underlying cause of falls in older people. Greater awareness of the challenges faced would lead to more preventative actions.

"A World of Silence"[67] summarises research undertaken with care home residents. Around 2/3rds of the care home residents experienced hearing loss. The report highlighted concerns that hearing loss was seen merely as a sign of aging and there was a significant level of unidentified hearing loss. In addition, care home staff could be more proactive in checking hearing aids and creating an environment which reduces background noise to improve their effectiveness. The report made three recommendations:

1. Intervene earlier in hearing loss
2. Meet communication needs in care homes
3. Improve hearing aid use and management in care homes

Tinnitus

Tinnitus is usually caused by a problem in the auditory pathway arising from ageing, hearing loss or noise exposure but can also be caused by head injury ear infection or emotional trauma, illness or stress.

Around 10% of the adult population has some form of tinnitus and for 1% the impact of their tinnitus affects their quality of life. It is associated with higher occurrences of depression and many sufferers will avoid visiting public places such as shops and restaurants as they know the background noise will trigger or worsen their tinnitus.

Noise induced hearing loss

66 Identification of deafblind dual sensory impairment in older people SCIE Research Briefing 21 2007
67 A World of Silence – Action on hearing loss 2012

Exposure to excessive noise can damage different types of cells in the ear. Exposure is cumulative and over time will lead to tinnitus and temporary or permanent hearing loss. The WHO classifies noise exposure as the major avoidable cause of permanent hearing impairment.

There are two groups at a higher risk of noise-induced hearing loss:

i. Armed forces personnel and the Police – this is now being mitigated as far as possible with the use of ear protection.

ii. Young People – due to exposure to loud music at venues and through personal music players.

Campaigning by Action on Hearing Loss is on ongoing to prevent noise-induced hearing damage among young people.

Social Impact of hearing loss

Hearing loss has a significant personal and social impact due to the communication barrier that it creates and in older people the risk of depression is more than doubled. This can lead to social isolation and exclusion as research shows that those with hearing loss withdraw from social activities involving large groups of people.[68]

Often a family member will intervene in communication with third parties which erodes the independence of the person with the hearing loss as they become dependent on others for information.

Stigma

Stigma relating to hearing loss is both real and perceived. It is a key factor in the delay in taking up hearing aids, and makes many people unwilling to tell others about their hearing loss. One element of stigma is the fear that people with hearing loss are seen as less capable [69]

Support for those with hearing loss

Following diagnosis people with hearing loss need a range of services and support from health and social care. Evidence demonstrates that appropriate support can have a substantial impact on the quality of life for those with sensory impairment[70].

68 Hidden Crisis RNIS 2009
69 RNID, Hidden Crisis, 2009
70 Annual Report of the Chief Medical Officer (DH 2014)

Communication is the principal challenge and there are a range of services and assistive technology that can bridge this gap. Lack of awareness of what is available can hamper uptake and development.

Sensory impairment and people with a learning disability

People with a learning disability are more likely to have a hearing loss, and are 10 times more likely to have a sight loss than people in the wider community. This can have a profound impact on how they are understood and are able to interact with others, and people with challenging behaviour will be more likely to challenge if there is a limited understanding of any sensory loss that they may have.

Hidden and untreated sensory loss

Hidden and/or untreated sensory loss leads to a withdrawal from social interaction. To a person with dementia, for example, failure to recognise and respond to a sensory loss will result in greater isolation, will generate behaviours that can be misinterpreted as symptoms of advancing dementia, and will lead to a consequent failure to respond appropriately to basic physical needs.

Specifically, neurological sight loss, caused by injury or trauma to the brain, is often undiagnosed and can, therefore, remain untreated. Between 20% and 60% of people who have a brain injury from stroke or traumatic injury have associated neurological visual impairment. This type of sight loss has a significant, detrimental impact on survivors of brain injury and their carers.

Sensory loss and other Long Term Conditions (LTC)

Based on the GP Patient Survey[71] only 3% of those reporting no sight or hearing loss report 4 or more LTC's compared to 29% of those reporting hearing loss, 32% of those reporting sight loss and 69% of those reporting both sight and hearing loss. In the context of multi-morbidity, confidence in managing one's own health conditions is likely to be an important contributor to quality of life and influence long-term outcomes. Among those aged over 55 91% of those with neither sight or hearing loss feel confident in managing their own health compared to 84% among those with hearing loss and 72% of those with sight loss and 60% of those with both sight and hearing loss.

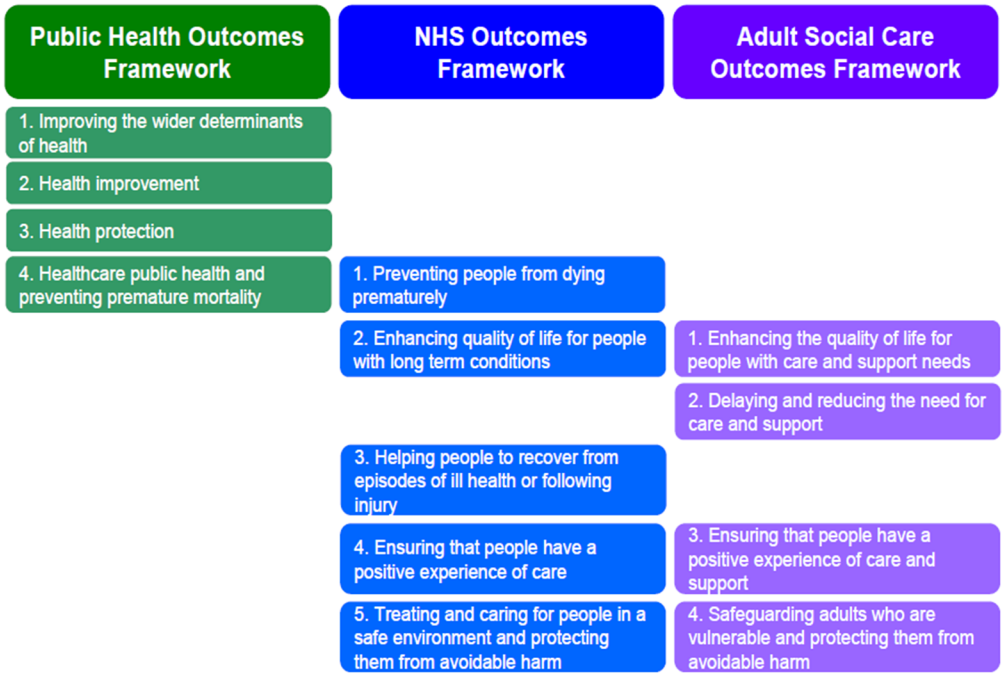
71 Annual report of the Chief Medical Officer DH 2014

Part Five: Outcomes Frameworks

Outcomes Frameworks

Outcome measures provide a description of what a good social care and health system should aspire to achieve, as well as a method of checking progress in achieving these aims. All three of the National Outcome Frameworks – Public Health[72], NHS[73], and Adult Social Care[74] have been aligned so local partners across the health and care systems can identify the challenges for their population to determine local priorities for joint action.

The 3 outcomes frameworks 2013/14



The detailed indicators relating long term conditions are summarised below along with the outcome they contribute to.

Long term conditions indicators and outcomes framework domains

National Indicators	Adult Social Care	NHS	Public Health
Quality of life for people with long-term conditions	1.A	2.0	

72 Available from: http://www.phoutcomes.info/
73 Available from: https://www.gov.uk/government/publications/nhs--outcomes--framework--2013--to--2014

74 Available from: https://www.gov.uk/government/publications/the--adult--social--care--outcomes--framework--2013--to--2014

Proportion of people who use services who have control over their daily life	1B		
To be revised from 2014/15: Proportion of people using social care who receive self-directed support, and those receiving direct payments	1C		
Carer reported quality of life	1D	2.4	
Proportion of people feeling supported to manage their condition		2.1	
Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services	1E	2.2	1.8
Proportion of people who use services and their carers, who reported that they had as much social contact as they would like.	1I		1.18
Permanent admissions to residential and nursing care homes,	2A		
Delayed transfers of care from hospital, and those which are attributable to adult social care	2C		
Reducing time spent in hospital by people with long-term conditions		2.3i/ii	
Overall satisfaction of people who use services with their care and support	3A		
Overall satisfaction of carers with social services	3B		
The proportion of carers who report that they have been included or consulted in discussions about the person they care for	3C		
The proportion of people who use services and carers who find it easy to find information about support	3D		
New placeholder 3E: Improving people's experience of integrated care	3E	4.9	
The proportion of people who use services who feel safe	4A		1.19
The proportion of people who use services that say those services have made them feel safe and secure	4B		
Mortality rate from causes considered preventable **		1A	4.3
Emergency readmissions within 30 days of discharge from hospital*		3B	4.11
Preventable sight loss			4.12

Part Six: Evidence based interventions

National Standards

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are central to supporting the Government's vision for a health and social care system focussed on

delivering the best possible outcomes for people who use services, as detailed in the Health and Social Care Act (2012). NICE quality standards enable:

- **Health professionals and public health and social care practitioners** to make decisions about care based on the latest evidence and best practice.
- **People receiving health and social care services, their families and carers and the public** to find information about the quality of services and care they should expect from their health and social care provider.
- **Service providers** to quickly and easily examine the performance of their organisation and assess improvement in standards of care they provide.
- **Commissioners** to be confident that the services they are purchasing are high quality and cost effective and focussed on driving up quality.

Supporting People with Long term Conditions[75] was published in 2005 to promote a model of health and care which aimed to:

- embed an effective, systematic approach to the care and management of patients with a long term condition.
- reduce the reliance on secondary care services and increase the provision of care in a primary, community or home environment.
- Ensure availability of high-quality, personalised care
- Promote a healthier future by ensuring that self care support is in place – particularly for those in disadvantaged groups and areas – to make healthier choices about diet, physical activity and lifestyle.

The recommended route and one which has been adopted in Halton is a systematic approach utilising multi-professional teams and integrated patient pathways to ensure closer integration between health and social care.

Different interventions should then be used for patients with different degrees of need. The NHS and Social Care Long Term Conditions Model sets out a delivery system that matches care with need.

(Based on the Kaiser Permanente triangle)

75 Supporting people with long term conditions: An NHS and social care model to support local innovation and integration (DH 2005)

Level 3: Case management – requires the identification of the very high intensity users of unplanned secondary care. Care for these patients is to be managed using a community matron or other professional using a case management approach, to anticipate, co-ordinate and join up health and social care.

Level 2: Disease-specific care management – This involves providing people who have a complex single need or multiple conditions with responsive, specialist services using multi-disciplinary teams and disease-specific protocols and pathways, such as the National Service Frameworks and Quality and Outcomes Framework.

Level 1: Supported self-care – collaboratively helping individuals and their carers to develop the knowledge, skills and confidence to care for themselves and their condition effectively. Underpinned by promoting better health – building on the public's growing desire for a healthier future by ensuring that the self-care support is in place for people – particularly those in disadvantaged groups and areas – to make healthier choices about diet, physical activity and lifestyle, for example stopping smoking and reducing alcohol intake.

This is now being followed up with the development of a guideline on social care of older people with complex care needs and multiple long-term conditions. The link between ageing and long-term conditions and the discrimination that older people can experience provides the rationale for focusing the guideline on this age group. The National Institute of Clinical Governance (NICE) is leading this work for the Department of Health and publication is anticipated in 2015.

NICE clinical guidelines are already in place for the diagnosis, treatment and management of MS, epilepsy and Parkinson's. These evidence based guidelines outline the range of care that should be available. These include providing specialist services, a system for rapid diagnosis, a seamless and responsive service, thorough problem assessment and self-referral after discharge. Full details of these recommendations are available at www.nice.org.uk.

In January 2014, following consultation, a further 5 topics relating to Adult Social Care have been identified for formal referral to NICE for development of guidance and standards in social care

- falls - regaining independence for older people who experience a fall
- care and support of older people - with learning disabilities

- medicines management - managing the use of medicines in community settings for people receiving social care
- regaining independence - short term interventions to help people to regain independence
- adult social care - service users and carers experience of adult social care

Using technology to manage long term conditions

Within the model illustrated above helping people to manage their own health condition as much as possible forms the foundation of the health and social care delivery system. Telehealth and Telecare services support this approach but what are they:

> **Telehealth (remote care)** - Electronic sensors or equipment that monitor vital health signs remotely, e.g. in your own home or while on the move. These readings are automatically transmitted to an appropriately trained person who can monitor the health vital signs and make decisions about potential interventions in real time, without the patient needing to attend a clinic
>
> **Telecare** - Personal and environmental sensors in the home that enable people to remain safe and independent in their own home for longer. 24 hour monitoring ensures that should an event occur the information is acted upon immediately and the most appropriate response put in train.

Research into the benefits of telehealth and telecare[76] in the management of long term conditions found that correct use of technology reduced:

- death rates by 45%
- visits to accident and emergency departments by 15%
- emergency admissions to hospital by 20%

National estimates suggest that at least 3 million people with long term conditions could benefit from using telehealth and telecare which has led to the NHS England Vision Statement on telehealth and telecare:

> *"3millionlives* is underpinned by the idea of service integration to improve patient care and outcomes. When different services and sectors work together, towards shared goals, patients get far more flexible, better, and more appropriate care. To achieve true service integration, we recognise that *3millionlives* needs to be delivered through a genuine

76 Whole System Demonstrator Programme Headline Findings – DH December 2011

partnership across NHS England – facilitating collaboration between clinicians, and empowering patients to better self-manage their conditions, with the use of technology. We also recognise that this cannot be achieved through technology alone – the key will be to deliver service transformation through realising the potential of that technology to support clinicians, patients and carers."

http://3millionlives.co.uk/about-3ml

Part Seven: Paying for local services

Expenditure

The following financial breakdown is based upon spend in 2013/14 on funding for initiatives specific to disabled people. It does not reflect all of the wider universal and targeted activity that is commissioned locally. Expenditure, on areas such as Primary Care (GPs, etc.), general health promotion, weight management, equipment or voluntary and community sector activity, all have a direct impact upon the quality of life of disabled people but does not fall within the direct influence of this strategy and action plan.

Gross Total spend 2013/14 Adults age 18-64 with physical disabilities

	£000
Halton Borough Council – Adult Social Care	5,014*
Halton Borough Council – Public Health	Part of universal services
Halton Clinical Commissioning Group - Continuing Health Care	2,040
TOTAL	**7,054**

In Halton 11% of the total spend on Adult Social Care supports those whose primary need arises from their physical or sensory disability. The table below summarises how this is spent[77] and shows the continuing shift from placements in residential and nursing care to supporting people to remain at home in line with local policy.

Percentage Local Authority Total Gross Spend Adults age 18-64 with physical disabilities by activity 2010-11 to 2012-13

2013/14 data not yet published

Figures are %	**2010/11**	**2011/12**	**2012/13**
Residential and Nursing	15	7	9
Day and Domiciliary#	48	51	54
Assessment and Care Management	37	42	36
# % of Day and Domiciliary Care spent on Direct Payments	40	31	37

Source: Expenditure Report 2012-13 Halton (321) NASCIS

77 Expenditure Report 2012-13 Halton (321) (Health and Social Care Information Centre 2013)

Halton Unit Costs and England Average Per person per week 2012-13
Adults of Working Age (18-64)

2013/14 data not yet published

SERVICE £ per person per week	NUMBER OF PEOPLE OR HOURS	HALTON £	ENGLAND £
Residential and Nursing placements	8	878	877
Home Care	75	279	199
Day Care – average hours per week	31 hours	205	188
Direct Payment	94	196	244
Meals	not available	4.10	5.40

Source: PSS-EX1

The cost of residential services to the Council is in line with the England average. However costs of home care and day care are somewhat higher. Most disabled adults accessing services receive more than 5 hours home care support per week

Range of weekly Home Care support for disabled people living at home

	Arranged by Directorate	Purchased via Direct Payment
Less Than 2 hours	6	3
More than 2 hours less than or equal to 5 hours	12	13
More than 5 hours less than or equal to 10 hours	15	23
More than 10 hours less than or equal to 20 hours	25	28
More than 20 hours	17	27

Source: RAP H1 2012-13 and Direct Payments database

The Council also invest capital expenditure in supporting disabled people :

Capital Investment Proposals 2014/15

	2014/15 Capital Programme Proposals £
Disabled Facilities Grants (incl. capitalised salaries)	500,000
Energy Promotion	6,000
Stair lifts	250,000
RSL Adaptations (Joint Funding)	175,000
Contribution to new build Bungalows for complex needs	400,000
TOTAL	**1,331,000**

Appendix A

Current Services

Access to information, advice and advocacy

Information and Advice

Halton Council's Direct Link offices and Contact Centre have trained advisors who can offer advice on a range of issues relating to council services or are able to sign post to more appropriate agencies. Referrals for Adult Social Care are received by the Initial Assessment Team (IAT).

The Council also has a web portal "Care and Support for You" which acts as a hub for people to find out what support is available whether they are eligible for social care or self-funding. This portal will be further developed to include a resource directory of service providers

Halton Disability Partnership (HDP) is a Disabled People User Led Organisation (DPULO) which works to improve the lives of disabled people by providing information and advice on a range of issues of concern to disabled people. HDP also provide an advice and support service for people in receipt of Direct Payments.

For those with sensory impairments Deafness Resource Centre and Vision Support are commissioned by the Council to offer information and support as well as advising on resources to assist with daily living and offering befriending services. There are other voluntary organisations in the Borough offering information to disabled people and through Halton Disability Forum have the opportunity to exchange information on their services which supports better signposting.

Maintaining Independence and Control

Initial Assessment Team

Within Adult Social Care the first point of contact for everyone is the Initial Assessment Team (IAT) consisting of Social Workers, Community Care Workers and Occupational Therapist Community Care Workers. This acts as a single point of access to all adults with adult social care needs providing universal advice, guidance and signposting to other services. For more complex support planning and care management the team refers on to the appropriate Complex Care Team.

Independent Living Services

It is important that people feel safer, more protected and independent in their own home and the Community Alarm Service facilitates this by offering a rapid response alarm service for vulnerable people aged 18+, available 24 hours a day, and seven days a week.

Specialist Equipment and Adaptations

Some people may be struggling at home due to their physical or sensory condition. This may be short term following hospital discharge or longer term. Adult Social Care offer assessments and may be able to assist through specialist equipment such as grab rails or can advise on adaptations to the property. For those living in the private rented sector or owning their own home assistance with the cost of any adaptations may be available through Disabled Facilities Grant.

Registered Provider protocol

Funding constraints have historically led to tenants of social housing having to wait longer for major adaptations. In 2008 the Council and Registered Providers put an agreement in place whereby the Council provides additional financial help to increase the number of tenants benefitting. This action significantly reduced waiting times and the agreement remains on-going subject to available resources.

Accessible Housing Service

The Accessible Housing Service works in partnership with all Registered Providers with stock in Halton to enable a better match for disabled applicants to accessible and adapted homes when they become available in the borough. Disabled applicants of any age from all property tenures are assessed when they have applied for housing to any of the providers, and available void adapted properties are also assessed to try and match applicants to the accommodation best suited to their needs. This service will be integrated with the IT system for the sub regional Property Pool Plus choice based lettings sytem.

Complex Care Teams

Complex Care Teams are based in Runcorn and Widnes and aligned with GP practices. The teams work with all adults age 18+ with complex needs (except mental health) regardless of age. For those young people identified as having complex needs, to facilitate the transition from children's' to adult services, care management assistance with planning is available from age 16+. The focus throughout all care management processes is on enablement, to promote independence and includes:

- Longer-term complex assessments and support planning
- Facilitating people to undertake assessments and support plans with limited social services input;
- Scheduled annual reviews
- Re-assessments and safeguarding vulnerable adult assessments (VAA)

Hospital DischargeTeam

Both Whiston and Warrington Integrated Hospital Discharge Teams provide care management support to inpatients in the hospitals to enable hospital discharge and avoid delays. The teams work alongside staff of neighbouring authorities as well as health commissioners.

Therapy Services

Therapy services include physiotherapy, occupational therapy, speech and language, and psychology. Therapists are based within hospitals as well as community settings. Halton residents are also able to access a specialist neuro-rehabilitation team.

Independent Living Centre (ILC)

Located at Collier Street in Runcorn the ILC is a resource centre offering permanent displays of basic and specialist equipment for independent living. Agencies located here include Vision Support offering low level support for the visually impaired and Bridgewater Community Healthcare Trust Wheelchair and Mobility service.

Deafness Resource Centre

The Deafness Resource Centre provides services that aim to empower, support and enhance the quality of life of D/deaf people. Deafness Resource Centre is commissioned to complete technical assessments for equipment on behalf of the Council. Halton residents of all ages are able to access centre based activities in St Helens including a chapel. There are also regular signing social groups and drop in sessions located around Halton.

Social Integration and Community Contribution

The Council's Sure Start to Later Life services work with those aged 55+ and offer low level information provision and support for people to explore their interests and engage in community activities including volunteering. The Community Bridge Builders Service (CBB) works across all adult age groups and also supports disabled young people during their transition to Adult Services. As well as addressing social isolation CBB also strive to move people into volunteer placements with a view to long term employment.

Community Day Services

Day services offer disabled people a range of activities based at community and leisure centres, libraries and parks across the Borough, the aim is to develop skills, promote independence and ensure a community presence that is both meaningful and valued. There is a focus on enterprise which offers work experience and vocational qualifications to move people closer to the job market as well as giving something back to the community.

Shop Mobility

One of the enterprises run by Halton Day Services is Shop Mobility which offers members of the public mobility scooters and wheelchairs for hire. The service is available in both Widnes Town Centre and Halton Lea Shopping Centre from Monday to Saturday.

Safe In Town

Safe In Town is a scheme designed to ensure vulnerable residents feel safe when out and about in the community. Launched by Halton Borough Council working alongside Cheshire Police and charity Halton Speak Out, Safe In Town is aimed at residents aged 60-plus and adults and young people who suffer from a learning or physical disability or have mental health issues.

A special Safe In Town logo is displayed in participating shops and businesses across the borough to show residents that the staff inside are fully equipped to help them should they feel vulnerable or in trouble at any time. In 2014 Halton CCG and the Cheshire Police and Crime Commissioner have taken over funding of the scheme and greater participation is being encouraged through venues such as libraries and community centres.

Maintaining Health and Wellbeing

Community Wellbeing Practice (see Appendix 3) model is delivers a range of health and wellbeing initiatives within general practice. A wider view is taken of the key determinants of health and wellbeing than purely medical aspects. Robust, integrated networks across voluntary and community settings are being established and staff empowered to promote and coordinate interventions within general practice settings. As this model evolves any gaps will be highlighted and a solution developed.

The Health Improvement Team is part of Bridgewater Community Healthcare NHS Trust and works in close partnership with Halton Borough Council to offer a wide range of local, tailored services and initiatives including weight loss and smoking cessation designed to improve the health and wellbeing of local people.

The team works with individuals and the community as a whole to understand what services are needed and how best to deliver them – be it in a community venue or through one-to-one visits. Support is also available for local businesses and organisations to provide education and training services to help local people make healthy choices.

Intermediate Care

RARS is a multi-disciplinary team of health and social care professionals providing initial and on-going assessment, admission to other Intermediate Care services and rehabilitation, treatment and care to people in their own homes, in a residential intermediate care unit (Oak Meadow) or in a sub-acute unit. Less than 9% of referrals for intermediate care are under age 65.

Residential/Nursing Care

Whilst all efforts are made to support people to remain in their homes and avoid admittance to long term care there comes a point for some people where residential or nursing care is appropriate. There are a number of residential and nursing homes across the Borough offering both short and long term care to adults under age 65.

The numbers of people with more specialist residential or nursing support needs is relatively low and these are met by specialist placements outside Halton. Currently there are three people in such placements. For those with cerebral palsy SCOPE offers small residential units' located in both Widnes and Runcorn.

Bredon

Bredon Respite Unit though primarily for adults with learning disabilities is also registered for physically disabled adults and offers short stay residential respite care.

Adult Placement

Adult Placement offers flexible care in an Adult Placement Carer's own home from a few hours a day to overnight stays or longer. This can be an opportunity the care to have some respite or can help a person recovering following a hospital stay or illness. There are some restrictions in accessing this support as the carers homes may not be suitable for those with poor mobility or wheelchair users.

Ensuring safety and quality in local services

The Council also has a duty to monitor all residential and nursing homes in the Borough and there is an annual monitoring programme in place through the Quality Assurance Team (QAT). The team also monitors domiciliary care providers and supported living services purchased by the Council.

Agreements have been put in place with providers contracted to the Council which enable Direct Payment holders to purchase care from them at the same competitive hourly rates. This offers the person confidence they are purchasing quality support from a provider that is monitored by the Council and at a realistic rate.

Personal Assistants employed directly by a direct payment holder are not monitored but the Council has produced an information leaflet on employing PA's.

Compliments and Complaints

Analysis of compliments and complaints offers useful feedback to services on their performance and can help identify any underlying adverse trends to be addressed. There is also valued learning in how to replicate good practice as well as informing system changes to offer clients a more positive experience of their contact with the Directorate. Commissioners maintain an overview to identify any gaps in service provision or services that need development

All complaints received by the Communities Directorate are analysed by type and client group. Themes within recent complaints related to communication and information provision.

Appendix B

PSD Joint Commissioning Strategy 2007-2011 Action Plan Achievements

Adult Social Care Outcome	Service area/activity	Actions	Outcome	Progress
Improved Health	Rehabilitation	Develop a consistent approach to physical and psychological rehabilitation services and establish community based services and support groups. Identify how short-term neuro-rehab can be accessed. Ensure continuity of rehabilitation and follow up reviews.	Individuals learn strategies to help manage their condition and remain independent.	Halton residents have access to the Bridgewater NHS Trust Neuro-Rehabilitation team based at the Independent Living Centre. The team includes a Consultant Clinical Neuropsychologist and whilst not formally integrated with social care, strong links have been forged.
		Extend intermediate care to those aged under 65.		Both Intermediate Care and reablement services are available to all adults aged 18+. Falls Specialist Service is also available to anyone over age 18
Improved Quality of Life	Voluntary Sector contracts	Review contracts to identify gaps / improvements and develop action plans with agencies.	Individuals will be able to access appropriate effective services	Health and social care funding of Vision Support is now an integrated contract.

Adult Social Care Outcome	Service area/activity	Actions	Outcome	Progress
		Implement ongoing provider monitoring arrangements		Monitoring is built into the quality Assurance Team annual work programme
	Deaf/Blind Strategy	Checklist/mapping exercise leading to action plan	Individuals have access to specific support.	Scrutiny review completed and recommendations implemented. Service Specifications revised with emphasis on developing greater community presence. This is being delivered by Deafness Resource Centre
Improved Quality of Life	Transport	Replacement programme for HBC fleet and HCT vehicles will support modernisation of day activities. Offer travel training and improve information to enable individuals to access public transport. Improve frequency of public transport services. Encourage bus companies to replace remaining non-	Accessible transport available and passenger journey times reduced. Individuals are enabled to travel independently. Improve accessibility in areas of the Borough across the week and Bank Holidays. Accessible vehicles will be available on all	HCT has accessed lottery funding to acquire a new bus in its fleet. This is available through the Community Bridge Builder Service Frequency is dependent on demand and monitored by the bus companies. Routes must be commercially viable. **This remains an issue for disabled adults** Most routes now have accessible vehicles.

Adult Social Care Outcome	Service area/activity	Actions	Outcome	Progress
		accessible vehicles.	public transport routes at all times.	Halton Community Transport and Taxis offer alternatives to those with impaired mobility or who are vulnerable.
	Care management	Care plans will be person centred and specify measurable outcomes for individuals.	Services will focus on enablement and be able to demonstrate achievement	Individuals now complete their own supported assessment, reviews and care plans are all person centred.
Making a positive contribution	Service user/carer involvement	Formalise opportunities for involvement	Service provision will be informed by service users and their carers at both micro and macro levels of commissioning. Individuals can express their views and be heard.	Halton Disability Partnership represents disabled people and are working with the Council and CCG to influence service quality and development.
		Review access to Advocacy services	Implications of IMCA are addressed	Access to both generic advocacy and IMCA available through Advocacy Matters.
Exercise choice and Control	Individualised Budgets Independent	Pilot IB's for Adults with physical disabilities as part of the In Control project work. Care managers to encourage self-assessment and support planning Self-Assessment for	IB's will be made available to all who want them. Individual sets the outcome they wish to achieve. Reduced waiting times	Systems in place to offer self-directed support across adult social care and offer all service users personal budgets. Individuals are supported to complete their own assessment of need.

Adult Social Care Outcome	Service area/activity	Actions	Outcome	Progress
	Living Team Carers Support	equipment Ensure services are available to meet carers needs identified through assessment.	and individuals are in control. Carers will be supported to maintain their health and social networks.	Smartassist available through HBC web portal to self-assess equipment needs. Addressed through the Carers Action Plan and Halton Carers Centre
	Information	Explore opportunities to promote services/support and signpost individuals appropriately. Ensure people have full information about their condition and what this may mean for them.	Individuals will make informed choices.	Halton Direct Link and Contact Centre trained advisors offer this. A range of information leaflets are available to download through the website. Web portal "Care and Support for You" is a hub for people to find out what support is available
	Independent Living Centre	Re-establish vision/purpose	Effective use of building.	Considered in previous review of day services. This is now being revisited
	Equipment services	Scope of HICES Build capacity to expand HICES in response to aging population. Direct payments for equipment	Clarity around support for C&YP Equipment is available within time target. Greater choice for individuals	Service is meeting demand and n 7 day delivery target is being maintained
Freedom from discrimination and harassment	Diversity monitoring	Record diversity data in assessment, planning and review.	Individuals' cultural and religious needs are met.	Carefirst data shows ethnicity is recorded for 99% of clients. Supported assessment addresses diversity in planning to meet

Adult Social Care Outcome	Service area/activity	Actions	Outcome	Progress
		Training to ensure diversity is addressed in care planning / service provision.		assessed need.
Economic well-being	Life chances	Consider best use of Bridgewater Ensure Management Responsibility protocol is in place for all in-house services.	Available services will be designed to move people on. Council managers working alongside agency staff will ensure care plans are followed.	Bridgewater Centre closed and service users linked into community based activities as appropriate. In place.
	Employment	Develop support for maintenance of existing employment skills. Offer training to access employment	Individuals can continue or return to employment.	Picked up through Supported Employment in Children and Enterprise Directorate.
	Housing	Set up adapted housing register. Colleagues responsible for Housing elements of local development framework to sit on PSD LIT	Housing need will be quickly matched with suitable accommodation Need for an accessible environment compliant with both Lifetime Homes and Decent homes standards is promoted.	Completed. Now exploring management of this through the adapted housing register
	Community bridge building	All aspects of PSD services to link to the Bridge Building Service and ensure	Opportunities for social integration and employment are	Now part of pathway.

Adult Social Care Outcome	Service area/activity	Actions	Outcome	Progress
		appropriate referrals are made	identified and realised.	
	Cultural and Leisure services	Implement findings of accessibility review and actively promote mainstream services to people with disabilities.	Barriers that disable people will be removed.	Competed and has supported transfer of day activities to community venues.
Personal dignity and respect	Adult Protection	Safe Guard Vulnerable Adults in Line with Halton's *no secrets* Inter-Agency, Policy Procedures and Guidance	Vulnerable Adults are protected from abuse and their personal dignity and respect remain intact.	Now embedded into all service specifications. Integrated health and social care safe guarding unit established.
Leadership	Transition	Develop strategy for transition from Children's to Adult services.	Joint planning so young people experience a positive move into adulthood	Strategy and Protocol in place. Being reviewed following SEN reforms in September 2014
	PSD/OP Care Management	Review process for Adults approaching age 65	Continuity of care management will be maintained.	Revised care management structure 2012 and establishment of Complex Care teams based in Runcorn and Widnes has addressed this.
		Develop and implement clear and robust interface agreements across AOWA, OP and Children's services	Impact of service changes will be fully assessed and consulted on.	See above
	Primary Care Services	Build relationships with local clinicians to influence PBC and promote whole system working	Promote preventative services and early intervention.	Early Intervention and Prevention strategy implemented. Health and Wellbeing Strategy in place. Integrated working with Clinical

Adult Social Care Outcome	Service area/activity	Actions	Outcome	Progress
				Commissioning Group supported by Section 75 and pooled budget.
Commissioning and use of resources	HBC Independent Living Team/North Cheshire Hospital Trust /PCT	Whole system review of Therapy services	Effective utilisation of staff. Single assessment pre-hospital discharge	Integrated hospital discharge teams based in Whiston and Warrington Hospital Trusts linked to RARS and reablement support
	Independent Living Services	Whole system redesign of Equipment and Adaptations processes including safer handling. Modernisation of Halton major adaptations service.	Streamlined working practices creating capacity to respond to demand of aging population and maximising staff skills and resources	Completed - delays for adaptations minimised and equipment delivered in reasonable timescales
	Visual Impairment Service	Determine where this service is best situated.	Integrated, effective support available.	Scrutiny review of Sensory Services completed. HBC/CCG reviews of low vision services scheduled for 2014
	Providers	Ensure staff are appropriately trained.	Only skilled staff will provide care/support.	Service Specifications are kept under review and monitoring of services by Quality Assurance team ensures provider staff are appropriately skilled to meet changing demands.
		Incorporate person centred working practices into staff induction and ensure implemented.	Individuals will be in control of how and when they receive care and support.	Providers are adapting to market themselves at personal budget holders.
		Review specifications within	Commissioners will be	All specifications are reviewed as

Adult Social Care Outcome	Service area/activity	Actions	Outcome	Progress
		contracts and SLA's to promote continuous improvement.	able to monitor performance and know when intervention is required.	contracts end to ensure they reflect current policy and offer quality value for money services
	Joint Council/PCT Financial Strategy	Identify funding available over next three years and link service redesign to dis-investment / retraction	Re-focussed services within available resources	From April 2013 integrated commissioning across Public Health, Social Care and CCG supported by Section 75 and pooled budget has enabled health and social care transformation

REPORT TO:	Executive Board
DATE:	16 October 2014
REPORTING OFFICER:	Strategic Director, Communities
PORTFOLIO:	Health and Wellbeing
SUBJECT:	SeeHear - Commissioning Strategy for those living with sensory impairment in Halton 2014-2019
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To seek Executive Board approval for the adoption and implementation of SeeHear - Commissioning Strategy for those living with sensory impairment in Halton 2014-2019.

2.0 **RECOMMENDATION: That Executive Board endorse SeeHear - Commissioning Strategy for those living with sensory impairment in Halton 2014-2019.**

3.0 SUPPORTING INFORMATION

3.1 At all ages sight and hearing loss have a large impact on quality of life. Significantly fewer deaf or blind adults of working age are in full time employment than those without sight or hearing loss.

3.2 Halton's ageing population means by 2020 there will be more than a 20% increase in numbers over age 65 living with hearing impairment and a similar increase for those living with visual impairment. Both are contributing factors to falls in older people and many over 65's will experience loss in both senses. 50-70% of sight loss in the older population is avoidable or treatable.

3.3 'SeeHear' is Halton's first stand-alone commissioning strategy focusing only on sight and hearing impairment for adults and older people. It takes an integrated approach to improve the quality of life for Halton residents living with sensory impairment and brings together commissioning intentions of Public Health, the Clinical Commissioning Group, and Adult Social Care.

3.4 This holistic approach will strengthen prevention of avoidable sight and hearing loss. Earlier detection when it does occur means rehabilitation support can be offered to minimise the impact on daily

living.

3.5 National policy for disabled people including those with sensory impairment is set out in' Fulfilling Potential: Making it Happen' (DWP 2013) whilst the 'UK Vision Strategy 2013-2018: Setting the direction for eye health and sight loss services'[1] sets out a framework to build a society in which avoidable sight loss is eliminated and full inclusion becomes accepted practice.

As yet there is no government strategy relating to hearing loss though Action on Hearing Loss promotes best practice at national level.

There is a commonality in the themes of these policies and these have formed the keystones of 'SeeHear':

i. prevention and early intervention,

ii. appropriate support including rehabilitation

iii. inclusive communities.

3.6 'SeeHear' incorporates the three strategic outcomes of the UK Vision Strategy:

1. Everyone looks after their eyes and their sight

2. Everyone with an eye condition receives timely treatment and, if permanent sight loss occurs, early and appropriate services and support are available and accessible to all

3. A society in which people with sight loss can fully participate

3.7 'The strategic priorities set out in 'SeeHear' for 2014-19 have been informed by feedback at public engagement events, open consultation with the public and key stakeholders. Discussions have also taken place with Vision Support and Deafness Resource Centre to gather their experience of local need:

Priority 1 – Raise awareness of avoidable sight and hearing loss and encourage early action when it does occur

Priority 2 - Maximise independence and wellbeing of those living with sensory impairment through rehabilitation and technology

Priority 3 - Recognise the expertise and assets of people living

[1] [1] http://www.vision2020uk.org.uk/ukvisionstrategy/page.asp?section=291&sectionTitle=Strategy+publications

with sensory impairment and use these to improve services

Priority 4 - Raise awareness of the barriers to social inclusion faced by people living with sensory impairment to build responsive, inclusive communities

Priority 5 – Ensure efficient and effective use of resources

3.8 The Strategy has been considered by the Health Policy and Performance Board at the September 2014 meeting.

3.9 Halton's Better Care Board will oversee progress in implementing 'SeeHear' and is accountable to the Council's Executive Board and NHS Halton Clinical Commissioning Group's Governing Body.

4.0 POLICY IMPLICATIONS

4.1 'SeeHear' will support progress in local delivery of Fulfilling Potential, the UK Vision Strategy and the three national outcomes frameworks for the NHS, Adult Social Care and Public Health.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The action plan within the strategy contains a summary of resources required. These are primarily investment of staff time to effect the change or redirection of current investment to achieve service redesign. This is deliverable within existing staffing structures and funding levels; however the need to make efficiency savings across the system may impact on successful delivery of the strategy.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**

This strategy considers the needs of young disabled people in transition to adulthood and some social needs of children and their families.

Halton Children's Trust oversees integrated commissioning and development of support for children with sensory impairment.

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

Employment is a key determinant of health and wellbeing.

6.3 **A Healthy Halton**

Delivery of 'SeeHear' will have a positive impact on the health of Halton citizens.

6.4 **A Safer Halton**

The strategy promotes inclusion and raising awareness of the impact of living with sight or hearing loss to reduce isolation and contribute to building stronger communities.

6.5 **Halton's Urban Renewal**

None identified

7.0 **RISK ANALYSIS**

7.1 'SeeHear' supports progress in delivering the strategic priorities of the Council for a Healthy Halton.
As described in 5.1 the Strategy is capable of delivering within existing resources, however a reduction in budget or staffing levels will impact on service delivery.

Any reductions in funding allocations for sensory services in the financial years that the Strategy covers could have an impact in delivering on key aims

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1

An equality impact assessment (EIA) has been completed.

9.0 **REASON(S) FOR DECISION**

SeeHear is the integrated health and social care commissioning strategy for sensory impairment 2014-2019. Developed in partnership with NHS Halton Clinical Commissioning Group the strategy responds to future demand and supports delivery of the priorities of the Council, CCG, Halton's Health and Wellbeing Board and the Community Plan.

The strategy offers a local response to national requirements to integrate Health and Social Care through the Better Care Fund plan and national policy set out in Fulfilling Potential: Making it Happen and UK Vision Strategy.

10.0 **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

Halton Borough Council and NHS Halton Clinical Commissioning Group could have produced individual strategy documents. This would have reinforced unacceptable silo working rather than a whole system approach. The strategy supports national policy for health and social care to adopt an integrated approach.

11.0 **IMPLEMENTATION DATE**
Implementation is ongoing for the lifetime of the strategy to 2019.

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

Document	**Place of Inspection**	**Contact Officer**
Fulfilling Potential: Making it Happen (Office for Disability Issues DWP July 2013)	Runcorn Town Hall (Second Floor)	Liz Gladwyn
UK Vision Strategy 2013-2018: Setting the direction for eye health and sight loss services	Runcorn Town Hall (Second Floor)	Liz Gladwyn

Halton Clinical Commissioning Group

SeeHear

A Commissioning Strategy for those living with sensory impairment in Halton

2014-2019

Contents

Foreword

Sight and hearing impairment at any age have a significant impact on the quality of a person's life and their vulnerability to social isolation. Tasks that many of us take for granted such as catching a bus, shopping, paying a bill can be challenging to those with sensory impairment.

We all know that both sight and hearing deteriorate as we get older and both are contributing factors to falls in older people. Halton's population is ageing and by 2020 the numbers of people aged 65 and over living with sight or hearing impairment will increase by more than 20%. Many will be living with impairment of both their hearing and sight. Significant levels of sight loss in the older population are preventable or treatable and by intervening early we can help to prevent or delay the consequences. Early intervention and diagnosis of hearing impairment would also reduce the isolation and communication issues associated with deafness.

The aging process is not an excuse to ignore the consequences of sensory impairment as a range of information and support is available including technology to help overcome these and assist older people with their daily lives and to maintain their independence for longer.

For younger people in the Borough greater awareness of volume levels on personal music players and at some entertainment venues could prevent long term noise induced hearing loss.

Commissioners need to consider the impact of an ageing population on local health and social care service provision. SeeHear is Halton's first standalone commissioning strategy focusing on sight and hearing impairment for adults and older people. The strategy embraces a preventative pathway beginning with early detection through raising awareness of screening programs and sets out the strategic direction and priorities for health and social care services for people living with sensory impairment in Halton.

Developed by Halton Borough Council in partnership with Halton Clinical Commissioning group SeeHear sets out key objectives and priorities to improve quality of life for Halton residents living with sight impairment, hearing impairment or dual sensory impairment.

Councillor Marie Wright
Portfolio Holder, Health & Wellbeing

Dr Cliff Richards
Chair, Halton Clinical Commissioning Group

Why do we need a sensory disability strategy?

This is Halton's first commissioning strategy focusing only on sensory impairment. Part 4 of the supporting evidence paper identifies population needs and challenges. SeeHear responds to these demands and sets the strategic direction and priorities for social care and health services for people living with sensory impairment in Halton. This includes people who are blind or sight impaired people who are Deaf and use British Sign Language (BSL), people who are deafened or hard of hearing and people who have dual sensory loss often referred to as Deafblind.

At all ages' deafness and blindness have a large impact on quality of life with combined deafness and blindness having an even greater impact. The focus of this strategy is to achieve outcomes which make a real difference to the quality of life and wellbeing of people living with sensory impairment.

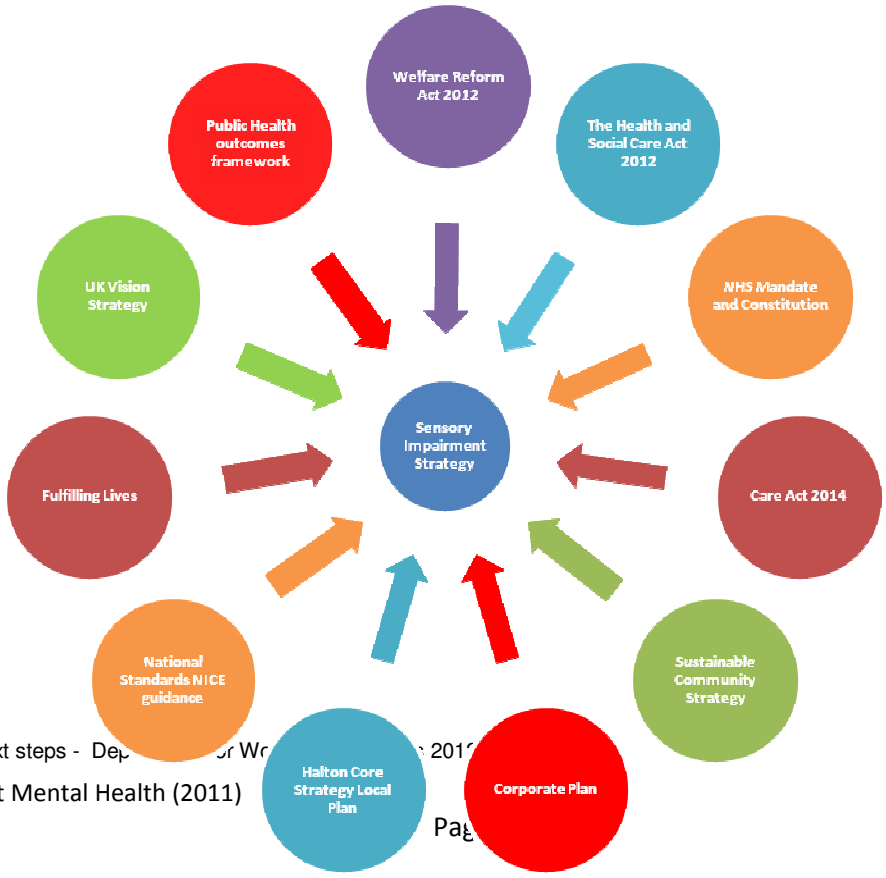
- **In Halton there is a projected 22% increase by 2020 in numbers of people aged over 65 with hearing impairment**
- **In Halton there is a projected 21% increase by 2020 in numbers of people aged over 65 with visual impairment**
- **50-70% of sight loss in the older population is due to preventable or treatable causes**
- **1 in 6 people have some form of hearing loss**
- **Rising numbers of older people means a growing number of individuals are affected by dual sensory loss**
- **Impairment of both hearing and sight loss contribute as risk factors to falls**
- **High levels of social isolation and mental ill health are experienced by those living with sensory impairment**
- **Older people with sight or hearing loss have a higher risk of dementia**
- **Significantly fewer deaf or blind adults of working age are in full time employment than those without sight or hearing impairment**

SeeHear includes actions to meet the needs of young people in transition to adulthood and prevention and early detection of sensory impairment for children. Further support for children living with sensory impairment is outside the scope of the SeeHear strategy and will be steered

through Halton Children's Trust which oversees development of support for disabled children and their families including those living with sensory impairment.

Halton has previously implemented the "Physical and Sensory Disability Joint Commissioning Strategy 2007-2011". This has been reviewed and refreshed to build on its achievements and inform and influence the development of this first standalone strategy to set the direction for development of local services for those living with sensory impairment over the next five years.

Those living with sensory loss want to retain their independence and remain active participants in society and to be able to reach their full potential like anyone else[1]. Overcoming the barriers experienced by people with sight and hearing loss and societal attitudes together with increased life opportunities and choices, and the availability of appropriate information and support means that a good quality of life is possible for the individual whilst wider society and economic benefits are achieved. This strategy promotes independent living so that individuals are empowered to define the outcomes they desire based on their own aspirations to participate in society, feel valued and lead a meaningful life. This approach also supports the recovery of improved mental health and wellbeing for people living with sensory impairment as they retain or develop new meaning and purpose in their life.[2] This strategy has been developed within the context of a range of national and local policies, strategies and plans summarised below. Further details of how these influence the strategy can be found in the supporting evidence paper.



[1] Fulfilling potential next steps - Dep… …r Wo… … 201…

[2] No Health Without Mental Health (2011)

The Halton Better Care Board aims to ensure that an integrated system is developed and appropriately managed to ensure that the resources available to both Health and Social Care, including the Better Care Fund, are effectively used in the delivery of personalised, responsive and holistic care to those who are most in need within our community. This includes a remit to determine the strategic direction and policy for the provision of services to those with identified care and support needs to improve quality, productivity and prevention. The Board will oversee implementation of the SeeHear strategy and action plan and is accountable to both the NHS Halton Clinical Commissioning Group's Governing Board and Halton Borough Council's Executive Board.

Local Issues

Halton is committed to a focus on individual people, their health and wellbeing and supporting the communities in which they live. The major local issues relating to sensory impairment which have influenced this Strategy are examined in detail in Part 4 of the supporting Evidence Paper and are summarised under three themes as illustrated below.

Consultation

The views of Halton residents and other stakeholders have helped in developing this strategy to shape local support for those living with sensory impairment over the next five years.

The key themes from comments received are:

Early detection: uptake of some screening programs for preventable or treatable sight loss is low

Communication: need to recognise British Sign Language as a person's first language and ensure appropriate support including BSL interpreters is available at the point of referral

Information and Communication Technology: apps, tablets and android phones are easily available and can support independence and avid social isolation

Specialist Advocacy: currently available for D/deaf people through lottery funding need to review demand and sustainability before this ends.

Information: Better integration of information and advice services, better use of GP's, libraries, local press

Residential Care settings: care home staff need training to support residents to manage their sensory impairment

These themes have been picked up within the action plan. They will be kept under review to ensure local views are listened to and where possible issues addressed.

People

- Number of people with sight or hearing impairment is higher than national and regional rates
- Significant increase in those aged 65+ with serious visual or hearing impairment
- Impact of dual sensory loss is problematic and disabling particularly in the older population
- 40% of deaf children have additional or complex needs
- The Journey into adulthood can be diffcult for young people with sensory impairment

Health & Well-being

- 50-70% of sight loss in older people is preventable or treatable
- Sight and hearing loss are both risk factors in falls
- Sensory loss has an adverse impact on mental health and wellbeing
- Early diagnosis and intervention would significantly reduce the impact of sensory loss
- Poor communication creates barriers and leads to isolation and exclusion

Communities

- Accessible transport
- Impact of isolation in the community on ability of those with sight loss to be independent
- Impact of societal attitudes on ability of sensory impaired people to contribute to their community
- Staying safe
- Access to appropriate communication support

Our ambition, objectives and priorities

Our ambition for those living with sight and hearing impairment in Halton is:

People of all ages living with sensory impairment experience a high level of well-being and control over their lives and will feel motivated, fulfilled and valued participants in their local community

To help us achieve this ambition the three themes of the national strategy Fulfilling Potential – Making it Happen (Office for Disability Issues, 2013) together with the UK Vision Strategy and best practice promoted by Action on Hearing Loss form the keystones of our strategy:

i. prevention and early intervention,
ii. appropriate support including rehabilitation
iii. inclusive communities.

Through the work in this strategy we aim to ensure the **objectives** and priorities outlined in Fulfilling Potential and the UK Vision Strategy and those identified in the Halton Clinical Commissioning Group Strategic Plan and Halton Borough Council Strategic Priorities are realised for local people.

(i) Halton residents understand the importance of looking after their sight and hearing
We will raise awareness and understanding of avoidable sight and hearing loss particularly focusing on people most at risk.

(ii) People living with sensory impairment will be supported to regain and maintain their independence for as long as possible
We will ensure that when permanent sight or hearing loss occurs, emotional and practical support, rehabilitation and specialist advocacy services will be provided in a timely fashion, enabling people to retain or regain their independence

(iii) People living with sensory impairment will have a positive experience of care and support
Care and support, wherever it takes place, should offer access to personalised, timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's dignity is protected.

(iv) People living with sensory impairment will have access to information and support to manage their health and wellbeing

Those living with sensory loss and their families will have access to information in appropriate formats, communication support and advocacy services to help manage their physical health and also their mental health and wellbeing.

(v) People living with sensory impairment will shape future services

Local people living with sensory loss and their organisations/representatives will have opportunities to feed in their views, informing delivery of services. Whenever possible a co-production approach will be adopted recognising the assets of the area and how partners will work together to address current and future health and social care needs.

(vi) People living with sensory impairment will be supported to participate fully in the wider community

More people living with sensory loss will have a good quality of life with greater ability to manage their own lives, stronger social relationships and skills for living and working. There will be greater community awareness of the impact of sight and hearing loss and the need to make reasonable adjustments.

Key to delivery is person centred local partnership working across the statutory and voluntary sector, to overcome barriers faced. This strategy identifies five priority areas of work to meet the needs of local people.

Priority 1 – Raise awareness of avoidable sight and hearing loss and encourage early intervention and diagnosis when it does occur

Priority 2- Maximise independence and wellbeing of those living with sensory impairment through rehabilitation, technology, appropriate communication support and advocacy services

Priority 3 - Recognise the expertise and assets of people living with sensory impairment and use these to improve services

Priority 4 - Raise awareness of the barriers to social inclusion faced by people living with sensory impairment to build responsive, inclusive communities

Priority 5 – Ensure efficient and effective use of resources

This strategy aspires to meet the needs of people with sensory loss by using the best evidence of what works to increase the effectiveness and value for money of local services. This will be achieved by:

- **Greater awareness of avoidable sight and hearing loss and earlier identification and intervention when they do arise.;**
- **Enabling people living with sight or hearing impairment to remain independent and in control of their lives**
- **Improving the quality and efficiency of current services;**
- **Partnership working with people with sensory impairment to develop services**
- **Broadening the approach taken to promote the social model of disability and develop positive attitudes towards those with sight and hearing loss.**

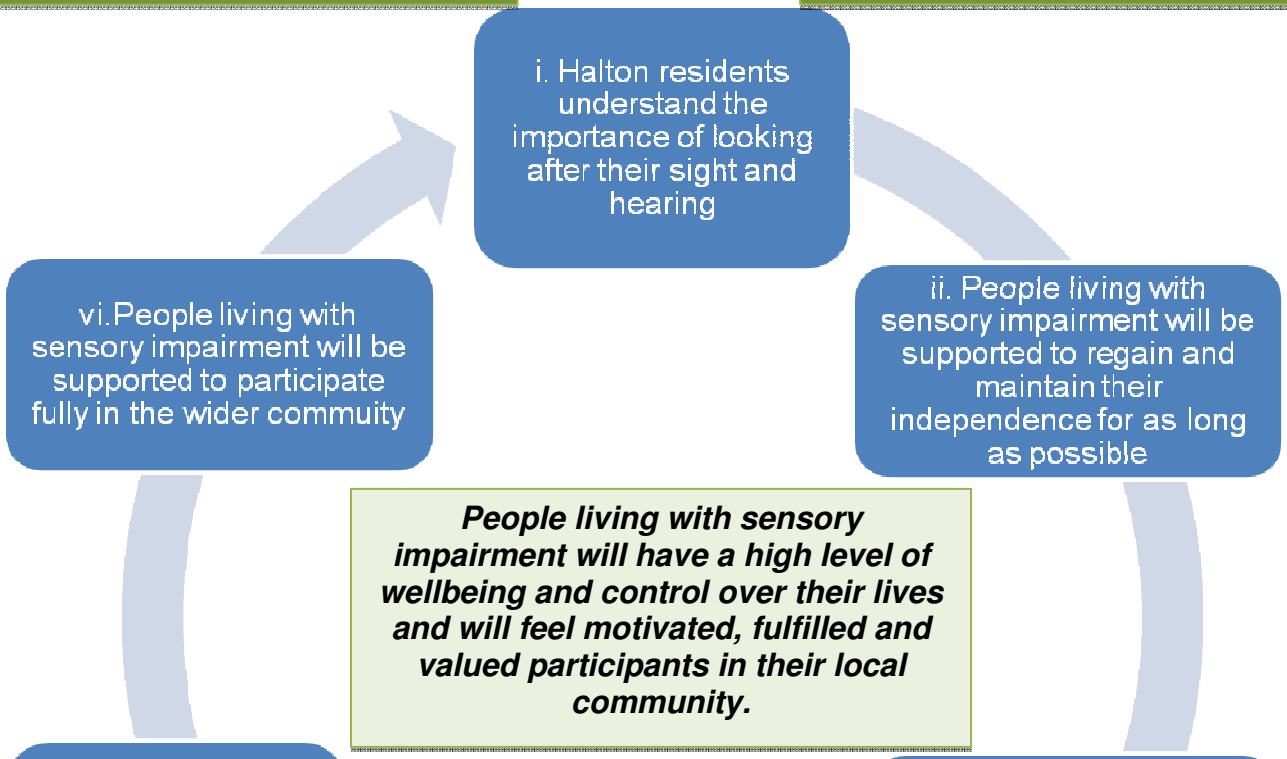
The accompanying evidence paper highlights significant numbers of people living with multiple long term conditions and sensory impairment and that whilst individually these conditions are generally not debilitating the combined impact can be disabling. This demographic change is set against a backdrop of on-going financial pressures across health and social care. Clearly a different approach is required to the traditional models of service provision to manage future demand.

Services for those with sensory impairment along with preventative support, earlier interventions and a range of informal support are essential in meeting Halton's priorities. Whilst this strategy covers a five year period it will be kept under review and will evolve in response to changes in national and local drivers and emerging issues.

Our ambition, objectives and priorities

1. Raise awareness of avoidable sight and hearing loss and encourage early action when it does occur

2. Maximise independence and wellbeing of those living with sensory impairment through rehabilitation, technology, appropriate communication support and advocacy



4. Raise awareness of the barriers to social inclusion faced by people living with sensory impairment to build responsive, inclusive communities

3. Recognise the expertise and assets of people living with sensory impairment and use these to improve services

5. Ensure efficient and effective use of resources

Implementing our priorities

National policy promotes the social model of disability as a way of thinking about how physical, social and environmental barriers can be removed so that disabled people including those with sensory loss can realise their aspirations and fulfil their potential. The approach to disability equality has a focus on **inclusion and mainstreaming**, with additional support provided where needed, and on the **involvement of people in making decisions** that will affect their lives. **Fulfilling potential: Next Steps** prioritises action for people around three themes:

i. **Early intervention and preventative approaches to impairment and disability –** enable people to build the lives they choose e.g. staying in education or employment and overcoming disability barriers, learning independent living skills and opportunities.

ii. **Independence, Choice and Control –** a focus on early intervention and prevention with access to independent information and advice to help people organise and plan care and support. Better support for people to remain in their own home through increased use of Assistive Technology and community based support which promotes dignity and choice and avoids isolation.

iii. **Inclusive, accessible communities –** enable disabled people to participate in their local area through safe inclusive access to key services, strong community links and affordable housing that can meet changing needs. Build community capability by developing User Led Organisations (ULO) and other community groups to play a key role in early intervention.

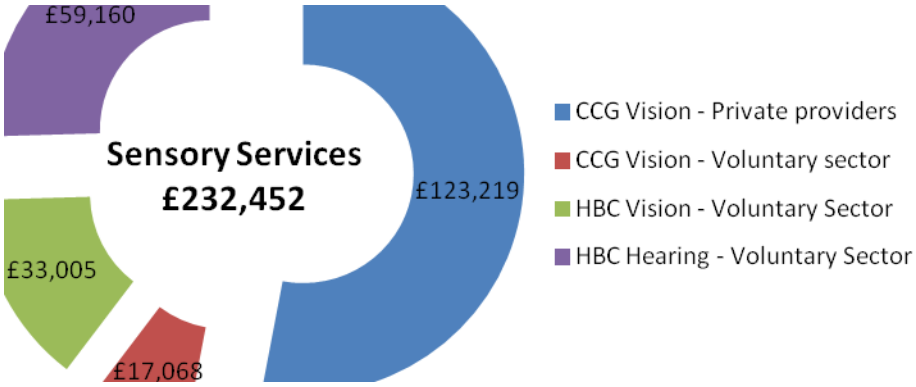
In line with national policy, Halton Borough Council and Halton Clinical Commissioning Group are working collaboratively to move towards greater integration of services to improve quality of care and ensure effective use of finite resources.

This strategy places an emphasis on prevention and early intervention and promotes rehabilitation and reablement minimising the impact of sensory loss and thus avoiding or delaying the need for more formal care. The success of the strategy will depend on broader partnership working across voluntary, community and commercial organisations to achieve the best possible outcomes for Halton's citizens.

How is it paid for?

The following financial breakdown is based upon current direct expenditure on funding for initiatives specific to those with sensory impairment. It does not reflect all of the wider universal and targeted activity that is commissioned locally. Expenditure, on areas such as Primary Care (GPs, etc), general health promotion, or voluntary and community sector activity, all have a direct impact upon the quality of life of people living with sight or hearing loss but does not fall within the direct influence of this strategy and action plan.

Planned Council and CCG Expenditure on Hearing and Vision Services 2014/15



How will we know if we have been successful?

When we have achieved our aims those living with sight and hearing impairment will be able to overcome environmental and social barriers to realise their aspirations and play a full part in society if they choose to.

There will be a high proportion of people feeling supported to manage their health and feeling safe and in control of their lives.

Those who live with sight and hearing impairment will be able to contribute fully to the community, have good levels of employment and be able to enjoy as much social contact as they would like.

Sensory healthcare will be important to everybody and levels of avoidable sight loss and hearing loss will reduce

The Overarching Outcome for this Strategy is that people living with sight or hearing impairment will have a high level of wellbeing and control over their lives and will feel motivated, fulfilled and valued participants in their local community. This will be achieved by focussing efforts on delivering against and achieving the five priorities.

It is important to make sure that real health and wellbeing improvements are delivered through the implementation of this strategy. The best way to achieve this is to use recognised measures to monitor the benefits arising from agreed priority actions and five high level targets have been set as a measure of success:

	Priority	Target to measure success	2014/15	2015/16
1	Raise awareness of avoidable sight and hearing loss and encourage early action when it does occur	Preventable sight loss – number of Certificates of Visual Impairment issued Outcomes framework: Public Health 4.12 Note increased registrations may be positive if higher numbers of people access screening programs – low access levels are associated with areas of high deprivation	Trends to be monitored against 2010/11 baseline	Trends to be monitored against 2010/11 baseline
2	Maximise independence and wellbeing of those living with sensory impairment through rehabilitation, technology, appropriate communication support and advocacy	Overall satisfaction of people who use services with their care and support Outcomes framework: Adult Social Care Outcomes Framework 3a	Awaiting national	Awaiting national

	services	Overall satisfaction of carers with social services Outcomes framework Adult Social Care 3b The proportion of disabled people who use services who have control over their daily life Outcomes framework Adult Social Care 1b Percentage of items of sensory equipment delivered within 7 working days	metric 80% 97%	metric 80% 97%
3	Recognise the expertise and assets of people living with sensory impairment and use these to improve services	Commissioned services demonstrating co-produced and personalised approaches to service development	70%	80%
4	Raise awareness of the barriers to social inclusion faced by people living with sensory impairment to build responsive, inclusive communities	Proportion of people who use services and their carers, who reported that they had as much social contact as they would like Outcomes framework Adult Social Care 1I Public Health 1.18	2013/14 baseline to be inserted	
5	Ensure efficient and effective use of resources	Maintain quality of life for people with long term conditions higher than England average Outcomes framework Adult Social Care 1a NHS 2	2013/14 baseline to be inserted	2013/14 baseline to be inserted

An 'Outcomes Framework' provides a template of how measures can be used to monitor different priority areas. We will use the current recognised outcomes frameworks covering the NHS, Adult Social Care and Public Health to inform our overall outcome measures and our performance indicators. As we achieve our desired outcomes we will review our priorities and change them if appropriate. More detail on these indicators can be found in the evidence paper.

It is also important that the quality of what we are delivering is monitored to make sure people have a positive experience. On-going customer feedback as well as activities such as local surveys and focus groups will be used to monitor current services and see where any

improvements need to be made. The discussions that have taken place during the development of this framework should continue throughout the lifetime of the Strategy and to help in the development of the next JSNA and Strategy.

PRIORITY 1: Raise awareness of avoidable sight and hearing loss and encourage early action when it does occur	
Preventable sight loss - number of Certificates of Visual Impairment issued (Outcomes Framework: Public Health 4.12) **Trends to be monitored against 2010/11 baseline**	
Why is this a priority? Though related to aging some conditions leading to sight loss can be avoided through greater awareness of the potential problems and good eye care. In younger adults and children noise induced hearing loss can become permanent but is avoidable if the risks are known. Sensory loss can often have a slow onset and individuals may not be aware that their loss is increasing, or may feel reluctant to ask for assistance. There is also the important group of people who have, or may have, 'hidden' sensory loss. Early identification of sensory impairment can have a positive impact in reducing negative outcomes (e.g. it could reduce the risk of falls, avoid social isolation and depression).	**What do we want to achieve?** • Early detection in childhood • Reduce avoidable sight loss • Those with sensory loss remain active members of their community • Improved access to information and advice for those with sensory loss to self-manage their condition, keep healthy, active and well

Ref No	ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESOURCES	RESPONSIBILITY
1a	Seek NHS England response to the Merseyside Eye Health Needs Assessment	Informed commissioning and targeting of local eye care services	March 2015	Staff training	Public Health
1b	Explore use of ICT for broadening access to audiology and eye screening in schools	Early detection and intervention	December 2015	Investment in ICT Staff training	Public Health
1c	Increase uptake of screening programs through an "every contact counts" approach	Early detection and access to rehabilitation Reduction in health inequalities	March 2016	Staff time	Public health with NHS England
1d	Analyse factors affecting registration of blindness locally	Increased recognition of sight loss and access to support	March 2015	Staff time	Commissioning Manager and Performance team
1e	Understand the needs of hard to reach groups e.g. homeless and	Reduction in health inequalities	March 2016	Staff time	Halton Clinical Commissioning Group Health

	positive promotion of health checks and keeping well programs				Improvement Team
1f	Actively promote smoking cessation to those at higher risk of losing their sight	Preventable sight loss will reduce	December 2017	Staff time Publicity materials	Public Health and Health Improvement Team
1g	Accessible information on: • Preventative measures • Managing sight and hearing impairment • How to access support	Promote action on avoidable sight and hearing loss	March 2016	Staff time Publicity materials	Public Health Divisional Manager Assessment and Care Management

PRIORITY 2: Maximise independence and wellbeing of those living with sensory impairment through rehabilitation, technology, communication support and advocacy

Overall satisfaction of people who use services with their care and support
(Outcomes framework: Adult Social Care 3a)

Target 2014/15 % **Target 2015/16 %**
Awaiting national metric

Overall satisfaction of carers with social services
(Outcomes framework: Adult Social Care 3b – biennial return)

Target 2014/15 % **Target 2015/16 %**
Awaiting national metric

The proportion of disabled people who use services who have control over their daily life
(Outcomes framework: Adult Social Care 1b)

Target 2014/15 % **Target 2015/16 %**
80% **80%**

Percentage of items of sensory equipment delivered within 7 working days
(Local indicator)

Target 2014/15 % **Target 2015/16 %**
97% **97%**

Why is this priority?

Increases in life expectancy mean people are living longer with sensory impairment both those losing their sight and hearing later in life and those born with a loss.

There is significant evidence of those living with sensory impairment experiencing communication difficulties when accessing services including GP's and hospital appointments. The use of family members to provide

What do we want to achieve?

- An enabling and preventative approach
- Maximise independence and good quality of life
- Equal access to Health Improvement and Health Promotion initiatives
- Access to the right support to avoid unplanned hospital admissions

communication support is not an acceptable practice; it reduces the person's control, privacy and could lead to dependency, it also leaves the service provider open to liabilities if there is miscommunication of information. Many of those with sensory loss say they are not confident in managing their own health. Residents in Care Homes who have a sensory impairment need access to appropriate support in managing their impairment	• Those with care and support needs feel safe, respected and maintain their dignity • Qualified interpreters and other communication support provided when accessing services • Access to specialist advocacy support to maintain independence and choice • Systematic approach to the management of sensory impairment in residential care settings

REF NO.	ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESOURCES	RESPONSIBILITY
2a	Ensure self-management of care needs information is readily available in a range of formats	Increased numbers of people feeling in control of their health	March 2015	Staff time Internet links to partner agencies	Commissioning Manager Providers
2b	Further develop Care and Support for You portal to offer online information in appropriate formats on support to maintain independence	Number of hits on portal	December 2015	Staff time IT support	Divisional Manager Independent Living
2c	Review Transition Strategy and Protocols to ensure remain in line with Support and Aspiration (DFE 2012)	Increased numbers of young people reporting a positive experience of transition	September 2014	Staff time	Commissioning Managers Adults and Children Transition Group
2d	Increase the use of Assistive Technology (including telehealth and telecare) people to be better supported at home	Increased numbers of people using AT	Ongoing across lifetime of strategy	Investment in technology	Divisional Manager Independent Living
2e	Raise awareness of and increase access to ICT equipment to support independence and prevent social isolation	Increased numbers of people using ICT	Ongoing across lifetime of strategy	Staff time	Divisional Manager Assessment and Care Management
2f	Review access to and impact of support available at Halton Independent	Report to be prepared.	March 2015	Staff time	Commissioning Manager

	Living Centre to inform service development.				
2g	Jointly review pathways to and co-ordination of CCG and HBC low vision services including counselling and emotional peer support	Integrated, seamless pathway for those with visual impairment	September 2015	Staff Time	Commissioning Manager Halton Clinical Commissioning Group
2h	Implement the proposed cross-Government strategy on hearing loss	Local strategy/actions will be in place	December 2015	Staff Time	Commissioning Managers Halton Clinical Commissioning Group Public Health Adult Social Care
2i	Work with care homes to develop staff awareness of the impact of sight and hearing loss and ensure residents are accessing sight and hearing checks and aids are working	Trained staff Improved communication and participation for care home residents.	March 2016	Staff time Training	Commissioning Manager
2j	Review the demand for specialist advocacy services for D/deaf people currently funded through Big Lottery	Specialist advocacy services in place	October 2015	Capacity in voluntary sector.	Commissioning Managers
2k	Ensure all health and social care services are providing appropriate communication support from the point of referral	Interpreters are accessed appropriately	On-going through lifetime of the strategy		Divisional Manager Assessment and Care Management Commissioning Managers

PRIORITY 3: Recognise the expertise and assets of disabled people and use these to improve services.

Commissioned services demonstrating co-produced approaches to service development
(Local indicator)

Target 2014/15 70% **Target 2015/16 80%**

Why is this a priority?

Traditional models of support begin by exploring eligibility and entitlement to services which can undermine the resilience of people. By adopting an asset or strengths based approach people who use services, their families and the wider community contribute their in-depth knowledge of their requirements and how best to meet them to assist in the design, commissioning and provision of support and services rather than being passive recipients of services.

By placing the emphasis on more effective social care interventions, supporting the unpaid relationships and informal networks a person already has in place they are left better informed, connected and confident.

What do we want to achieve?

- co-design, including planning of services;
- co-decision making in the allocation of resources;
- co-delivery of services, including the role of volunteers in providing the service
- co-evaluation of the service.
- social care professionals and people who use services work in equal partnerships towards shared goals;
- people who use services and carers having an equal, more meaningful and more powerful role in services;
- people who use services and carers are involved in all aspects of a service – the planning, development and actual delivery of the service;
- power and resources are transferred from managers to people who use services and carers;
- the assets of people who use services, carers and staff are valued;

REF NO.	ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESOURCES	RESPONSIBILITY
3a	Develop protocol and actions for taking forward co-production in Halton	Co-production protocol in place	September 2014	Staff time	Commissioning Manager
3b	Implement Care Management Strategy to focus on the strengths and natural support already in place of those requesting an assessment	New working practices embedded	April 2015	Staff time	Divisional manager Assessment and Care Management
3c	Work in partnership with local User Led Organisations on policy and service development	Co-produced policies and service improvements	On-going through lifetime of the strategy	Staff time	Commissioning Manager Voluntary Sector

PRIORITY 4: Raise awareness of the barriers to social inclusion faced by people living with sight and hearing loss to build responsive, inclusive communities	
Proportion of people who use services and their carers, who reported that they had as much social contact as they would like (Outcomes framework: Adult Social Care 1I, Public Health 1.18)) **Target 2014/15 % Target 2016/17 %** **2013/14 baseline to be inserted**	
Why is this priority? The prevalence of sight and hearing loss will rise due to an aging population and many people also have additional health conditions and are likely to be at risk of isolation through the interaction of their conditions with social and environmental factors. Profoundly Deaf BSL users require appropriate communication support when accessing services. Consideration needs to be given to providing written information in appropriate formats as English is not a first language. Interventions are required to remove the barriers to improve quality of life for those living with sight and hearing loss.	**What do we want to achieve?** • Inclusive local communities where everyone's voice is heard and they can realise their aspirations. • Improved access for disabled people to accommodation and support options to maximise independence

Ref No.	ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESOURCES	RESPONSIBILITY
4a.	Work with voluntary sector and User Led Organisations to ensure impact of sensory impairment is addressed by statutory services throughout the development and implementation of policies and services.	Equality impact assessments	On-going across timelines of specific policy development.	Staff time Voluntary Sector capacity	Commissioning Manager
4b	Facilitate dialogue between local transport providers and local residents living with sight and hearing impairment.	Local concerns regarding transport are listened to.	December 2014	Staff Time	Logistics Manager
4c	Ensure working age adults living with sight or hearing impairment have access to support to retain or gain employment.		Ongoing across lifetime of strategy	Staff time	Division Manager Employment Learning and Skills
4d	Service	Commissioned	Ongoing across life	Staff time	Commissioning

	specifications prompt providers to review compliance with the Equality Act in regard to sensory impairment and in particular communication needs and consider if further adjustments are required.	services will make all reasonable adjustments in supporting those with sensory impairment	time of strategy		Managers

PRIORITY 5: Ensure efficient and effective use of resources

Maintain quality of life for people with long term conditions higher than England average
(Outcomes framework: Adult Social Care 1a, NHS 2)

2013/14 baseline to be inserted

Why is this priority?

Halton is committed to empowering to take control of the decisions made regarding their sensory impairment and avoid or move away from dependency on formal care.

Both the Council and Clinical Commissioning Group face significant funding reductions accompanied by pressures on the system arising from increased life expectancy and increased numbers of people living with multiple long term conditions. Closer integration between health and social care to deliver better, more joined up services adopting a preventative approach with early intervention are key to addressing these challenges.

What do we want to achieve?

- Good quality, locally provided care and support which strives to reduce the impact of sensory loss
- People with complex long term conditions enabled to remain independent in their local community
- Utilise Better Care Fund to commission more integrated and joined up pathways for those living with sensory loss
- Achieve value for money

REF NO.	ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESOURCES	RESPONSIBILITY
5a	Use integrated commissioning, contract monitoring and safeguarding arrangements to consolidate service specifications and quality standards of complex care	Percentage of providers rated good through local quality assurance reviews Reduced numbers of safeguarding and Vulnerable Adult Abuse referrals	April 2015	Staff time	Commissioning Manager Quality Assurance Manager
5b	Review care pathways for sight and hearing impairment and effectiveness of mainstream interventions and links to other services.	Integrated person centred pathway	December 2015	Staff time Possible service reconfiguration within existing resources	Divisional Manager Assessment and Care Management Commissioning Manager Halton Children's Trust
5c	Review contracting arrangements for equipment and minor adaptations to inform future procurement and value for money	Targets for delivery of equipment and completion of adaptations met	March 2015	Staff time	Commissioning Manager

REPORT TO: Executive Board

DATE: 16 October, 2014

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health & Wellbeing

SUBJECT: Community Day Services

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To consider proposals to expand day services for adults with learning disabilities through Shopmobility terminating the existing lease at Widnes Market and entering into a new lease at Simms Cross.

2.0 RECOMMENDATION: That Executive Board consider and approve the proposals as outlined in the report.

3.0 SUPPORTING INFORMATION

3.1 Work has been undertaken through consultation with people who use the service and consideration of other outlets within Widnes market. There is an overwhelming need to provide people with disabilities opportunities to experience and gain work. Currently Community Day Services provide 333 work experience places per week across a range of small 'businesses' predominately to people with learning disabilities, but also to people with mental health diagnoses and people with physical disabilities. These businesses include the micro-brewery, ice-cream, the hair salon, catering and several others. The development of these businesses have transformed the way day care is delivered focusing on providing people with work skills and is a fundamental change from the outmoded model of care associated with day centres.

3.2 The team is now highly skilled and have become 'entrepreneurs' in their own right focusing on developing businesses that train and develop our service users, giving them confidence, self-worth and community respect.

3.3 In order to develop and expand the number of work experience places for people with disabilities Day Services need to increase the number of businesses it operates. The more businesses, the more people can gain valuable work experience. Community Day Services currently operates the Shopmobility services in the Borough and the service in Widnes is located in Widnes Market. This provides 18 work experience

places per week and has been open since June 2012. There is the potential to expand the range of services by relocating in Widnes with proposals to work in partnership with Riverside College to extend student training.

3.4 To this end a shop site has been identified on Widnes main street at Simms Cross from which the service can increase its revenue streams and provide further work experience for more people. The shop at Simms Cross is large and will be able to accommodate the Widnes Shopmobility business and a number of other services can also be accommodated, for example, internet facilities open to the public and a mainstream outlet for our other products which we make such as beer, ice cream, vegetables and crafts. The new site will significantly increase placements by a minimum of 30 places per week. Consideration has been given to a larger site within the market. This was a split site but opposite each other, and whilst it is slightly larger than the existing market it would not provide sufficient space to deliver all the services and provide the students with meaningful learning.

4.0 Comparative Data

These are set out in the table below:

	Sq Ft	Max Number of Places	Accessibility	Net cost to the Council* (14/15)	Rental Costs
Current Market	450	18 places per week	Average	-£7,900	£12,000
Proposed Market	687	30 per week	Average	-£14,900	£16,000
Simms Cross	2,863	53 places per week	Good	-£9,860	£16,500

***** Income less expenditure (includes rental costs)

4.1 The net cost to the Council of Simms Cross assumes additional income of £15,000 only from Riverside College (see para. 4.7.2, below). Based on the above table it is clear that Simms Cross offers value for money, the better opportunity to increase revenues and the space needed to increase the capacity for work experience places. The risks associated with this move are set out in para. 8.1.

4.2 The proposal for the shop is three fold:

- Provide an outlet for members of our community to use internet facilities (there are none currently in Widnes except for the library but this is not always accessible due to its opening and

closing times)

- Provide a further high street outlet for our beer, ice-cream, crafts and garden produce which would have to be licensed in the same way as at Norton Priory.
- Relocate the Widnes Shopmobility service from its current site in the Market to the new shop.

4.3 The site at the market is relatively small and restricts the services ability to diversify its product range, increase its revenue and expand the number of work places. By relocating the service to the new shop the service can do all of these and provide places for people with learning disabilities who attend Riverside College (see below).

4.4 20 existing customers were asked to complete a questionnaire, to ascertain their views in relation to remaining in the market or moving to Simms cross. The majority of customers preferred the move to Simms Cross on the understanding that they would benefit from the development of the services and the increased products that would be available.

4.5 Two volunteers were delighted with the proposal to move to Simms cross as they cannot access Shopmobility in the market because their wheelchairs are too big. They currently have to travel across the bridge to Runcorn Shopmobility though they live in Widnes.

4.6 Carers in particular felt it would be beneficial to the development of the person in their care to move to Simms Cross. One carer said on the proposal to move to Simms Cross "if this means my son can go into an accessible café, with adaptive equipment it would enable people to feel like everyone else". The Simms Cross site has disabled toilet facilities, and is located on a busy thoroughfare.

4.7 **Riverside College**

4.7.1 In recent months discussions have taken place with Riverside College and the Children's and Enterprise Directorate to provide work experience places for students with disabilities attending the college programme. The College is unable to identify a suitable range of placements across its training courses. The Simms Cross proposal is strongly endorsed by the College and by the Councils Children's Services Directorate.

4.7.2 Riverside college ***have confirmed*** their commitment to 8 places per week to begin with. This will generate an annual income of £15,000 per year. It is likely that this number will significantly rise once the capacity to increase spaces via Simms Cross has materialised with potential income to the Council in excess of £100,000.

4.7.3 The proposed site at the market is still relatively small and restricts the services ability to diversify its product range, increase its revenue and

expand the number of work places.

4.7.4 Of critical importance are the service implications of the options in the Market. The basis of the Simms Cross proposal is to include a greater number of service users with a wider variety of conditions and disabilities (those with mental health problems and people using wheelchairs). Both the existing and proposed market sites throw up logistical problems related to increased usage. For example, there is nowhere that can be used as an immediate de-escalation room for those with challenging behaviours or a 'quiet room' for those with mental health problems. Further, the market is difficult to navigate for those with large wheelchairs. With expanded activity, the market creates potential risks to staff, service users and the public. Simms Cross overcomes these issues.

5.0 POLICY IMPLICATIONS

5.1 This proposal supports the national guidance 'Valuing People 2001' and the 2008 'Valuing People Now', which requires agencies to provide a holistic service and job opportunities to people with learning disabilities. There is also extensive research regarding the beneficial effects of work related activities for those with mental health problems. The Council's Health and Well Being Board has placed a high priority upon mental health and this proposal would enable around 30 people to access such activities.

6.0 FINANCIAL IMPLICATIONS

6.1 Day Services are not seeking additional funding for these proposals. The Council's contribution lies in existing staffing. At the beginning of the year Day Services approached the CCG who have agreed to contribute £49k for the development of new services and the related rental and refurbishment of the proposed new shop in Widnes. This is on the understanding that a proportion of the work places created by the developments will be ring-fenced for people with a mental health diagnosis. In addition, Millercare, a company who provide scooters and adaptations, have committed up to £5k of additional refurbishment and maintenance monies.

6.2 Since January 2010 the businesses have collectively contributed to a balanced budget, covering its overheads and producing some surpluses that have effectively reduced the costs of overall delivery, and contributed to the Council's financial efficiencies.

6.3 With the income from Riverside College the proposal will deliver initially a £15k return on investment. Development funding has come from other bodies than the Council (notably the CCG). While the market site offer is cheaper the square footage available is still significantly less than that of Simms Cross and poses the service with some insurmountable difficulties – not least the private space to deal

with behaviours that might appear challenging to the general public.

6.4 There are no staffing costs associated with moving from venue to venue.

6.5 The Year 1 financial risk to the service (Council) at Simms Cross amounts to £9,860 which rises to £14,860 by Year 3 as the CCG contributions runs out. Nevertheless, the Simms Cross Year 3 liability compares favourably with the proposed Market cost of £14,900. If the take up from Riverside College progresses as planned (upwards of £100,000) then there will be no liability, and the service will generate a significant surplus.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 Children & Young People in Halton

This will enhance opportunities for people with a disability in transition.

7.2 Employment, Learning & Skills in Halton

Employment is a wider determinant of health and wellbeing. Providing people with opportunity to develop employment skills within a supported environment can impact directly upon their health and wellbeing, in particular improving self-worth and mental health, whilst increasing their opportunity to access voluntary or paid employment.

7.3 A Healthy Halton

There is strong research evidence that meaningful day time activity or employment reduces mental ill health problems and also improves well-being for those people with learning disabilities.

7.4 A Safer Halton

The services will provide a safe environment for service provision.

7.5 Halton's Urban Renewal

None identified.

8.0 RISK ANALYSIS

8.1 The Council does not have a suitable alternative commercial site with the benefits offered by the Simms Cross site. Alternative sites have been considered but none provide the excellence of opportunity and value for money that the Simms Cross site represents. The risk of not taking on the lease will prevent the service from providing for increased numbers of service users. However, there are also risks associated with other options. These are set out below.

	Benefits	Risks	Mitigating Factors
Stay in Existing Market	• No increase in cost (£12,000) • Already established customers know where we are • Proximity to public transport good	• Unable to provide for any additional service users including those with complex needs and mental health problems • Potential loss of income as no space for product sales • Potential loss of income through college income	• None
Move to larger stalls (Market)	• Increase space for some additional service users • Additional space for sales • Increased rental to the Council (£16,000)	• Not suitable for those with challenging behaviour and mental health problems • Potential loss of earnings income through inability to set up café • Potential loss of income through college placements • Inhibit the roll-out of the work/business faculty model	• Increased rental costs (£4,000) should be met by increased sales
Move to Simms Cross	• Increased space to cater for challenging behaviour and mental health problems • Maximises the amount of college places and related income • Provides the only opportunity to set up internet café with related income • Will assist work experience and the faculty model • Break clause after one year now agreed	• College may not commit to long term placements • Loss of income to Market • Businesses do not generate projected income • Loss of income to the Council (£16,500) • Loss of income (£12,000) to Children & Enterprise from Communities • Increased expenditure by Communities of £4,500	• Service has strong track record of providing high quality work-related activities • Increased rental costs (£4,500) should be met by increased sales

8.2 The risk of legal action in the event that the service sublets portions of the site without permission has been alleviated by permission to 'sublet' having been granted by the landlord. The service will actively pursue a rent paying sub tenant to reduce overall costs.

8.3 Discussions have taken place with the landlord over break clauses during the three year lease. They have reduced the rental costs from

£30,000/year to £16,500 and have also now agreed a one year break clause.

8.4 The IT costs will be covered by CCG funding. In the event of the termination of the lease any costs should be covered by the revenues generated either at the Simms Cross site or from the gross profits generated across the entire Day Services business portfolio which averages a yearly surplus of £40k.

8.5 The Council will lose an annual rental income of £12,000 as a result of the relocation to Simms Cross. However, the Council could recoup these funds through re-letting the site.

8.6 Additionally the sales from beer, ice-cream and the café plus the potential revenues generated from the College (up to £100,000) will more than offset any rental losses or costs.

9.0 EQUALITY AND DIVERSITY ISSUES

9.1 This proposal will enhance the opportunities of people with disabilities to gain employment.

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

Document	Place of Inspection	Contact Officer
Valuing People 2001	Runcorn Town Hall 2nd Floor	Paul McWade Operational Director Complex care
Valuing People Now 2008	Runcorn Town Hall 2nd Floor	Paul McWade Operational Director Complex care

REPORT TO: Executive Board

DATE: 16 October 2014

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Physical Environment

SUBJECT: Grangeway Court Homelessness Service

WARD(S) Grange

1.0 PURPOSE OF THE REPORT

1.1 The report seeks approval for a waiver of relevant procurement standing orders in order to further extend the housing support contract at Grangeway Court while proposals for the redesign of the service are finalised.

2.0 RECOMMENDATION: That

1) **acting in accordance with Procurement Standing Order 1.8.3(a), Executive Board agrees to waive Procurement Standing Orders Part 4.1, in order to extend the contracts with Your Housing Group for housing management and housing support services at Grangeway Court up to the 31st March 2015;**

2) **a further report be presented to Board to agree proposals for a revised service model at Grangeway Court.**

3.0 SUPPORTING INFORMATION

3.1 Your Housing Group (YHG) has successfully delivered housing management and housing support services at Grangeway Court since October 2008. The scheme provides temporary accommodation for homeless families that the authority has a statutory duty to accommodate.

3.2 The original 5 year contracts were extended for a year by Board in September 2013 to facilitate planned refurbishment works which were identified as necessary during a Scrutiny Review of homeless services by the Health PPB in 2012.

3.3 A further report was submitted to Board in January 2014 outlining the financial losses that YHG had suffered over the life of the contracts as a consequence of low occupancy rates, which had accelerated in 2013/14, and it was agreed to vary the contract conditions to waive

the rental charge for the premises due under the lease.

3.4 This was a difficult decision given the financial pressures facing the Council but the Council does have a statutory duty to provide temporary accommodation for the homeless and the continued use of Grangeway Court is the best option given the unsatisfactory alternative of using expensive bed and breakfast accommodation with the limitations imposed on this by Government.

3.5 Discussions around what a new service model should look like have been complicated by concerns and uncertainty about whether or not the reduction in occupancy might be temporary, and the risk associated with permanently reducing the capacity of the scheme given the potential for homelessness to increase due to the Welfare Reforms.

3.6 However it now appears to be a sustained trend and so Officers have therefore been working with YHG to develop a service model that will be sustainable with current levels of demand. This work is not yet complete, due largely to occupancy rates further reducing from the 55% reported at the time of the January report to around 23% currently, and the need to revisit modelling assumptions several times.

3.7 It is anticipated that a report with firm proposals will come back to Board by November but in the meantime the existing contractual arrangements with YHG need to be extended as the contracts expired on the 5th October.

3.8 YHG has indicated a willingness to continue to provide the service on current terms and conditions provided that the Council agrees to underwrite up to 70% of any losses arising due to loss of rental income, with YHG bearing any losses above that threshold.

3.9 It is therefore proposed that the contracts be extended initially up to the 31st March 2015 on the terms described in 3.8 above with potential additional costs to the Council of up to £76,000, and that in principle the Board agree to further extend the contracts for a remodelled service until March 2016, although this will be the subject of a further report to Board.

3.10 This is because, depending on the nature of the changes that result from the service remodelling, it may take some time for them to be implemented and for the service to demonstrate its ongoing viability. It would also give YHG some comfort in agreeing to continue to work at risk with the Council to remodel the service. The intention would be to then retender the service from April 2016.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The potential financial implications are as set out in section 3.9 of the report. In the short term, until a new service model is agreed, the additional cost could be met from balances in the Supporting People budget.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**

None identified.

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

None identified.

6.3 **A Healthy Halton**

None identified.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 RISK ANALYSIS

7.1 Failure to agree terms for the extension of the service contract could result in closure of the scheme and the consequent need to house homeless households in unsuitable bed and breakfast accommodation.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified.

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

Document	Place of Inspection	Contact Officer
Part II Exec Board Report 12/07/12 - Homelessness Services	N/A	Commissioning Manager

Exec Board Report 05/09/13 – Homeless Accommodation Update	Runcorn Town Hall	Commissioning Manager
Exec Board Report 09/01/14 - Grangeway Court Variation to Contract Terms	Runcorn Town Hall	Commissioning Manager

REPORT TO: Executive Board

DATE: 16 October 2014

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Physical Environment

SUBJECT: Procurement of Floating Support Services

WARD(S) All

1.0 PURPOSE OF THE REPORT

1.1 In compliance with Procurement Standing Order 2.1, Executive Board approval is sought for the invitation of tenders to provide floating housing support services.

2.0 RECOMMENDATION: That Executive Board

1) Approves the commencement of a procurement exercise for floating housing support services; and
2) Receives a further report on the outcomes of the tenders.

3.0 SUPPORTING INFORMATION

3.1 A procurement exercise was undertaken in 2011 for floating support services to deliver housing related support to people in their own homes across all tenure to maintain their accommodation, promote independence and empower people to develop their capacity and skills.

3.2 There are currently four floating support services, providing housing support to people from the BME community, people with mental health problems, people at risk of homelessness from anti-social behaviour (ASB) and a generic service to provide support to all other client groups.

<u>BME Floating Support Service</u>
This service works with people from all BME communities, delivering support with tenancy and housing issues, providing a translation service and engaging with service users through other BME groups, including the Polish group and through drop in sessions on Halton's gypsy/traveller sites.

<u>Mental Health Floating Support Service</u>
This service works with people with mental health problems to meet their housing support needs and providing support to access and engage with other mental health services.

Risk of Homelessness due to Anti-Social Behaviour Service
This service works closely with the Community Safety team, accepting referrals from the Multi-Agency Meeting to prevent homelessness and working with perpetrators to understand the impact of their behaviours on their tenancy and the surrounding community and work in partnership to affect positive changes

Generic Floating Support Service
This service works cross tenure supporting all client groups to address any support needs which may affect their housing. For example providing support to sustain accommodation and prevent homelessness, manage finances and access appropriate health and support services.

3.3 A one year contract was awarded to Plus Dane for all four services from 1st April 2012, with the option to extend for a further two years. The final extension has been awarded and the contract will expire on 31st March 2015.

3.4 The services have supported 409 people in 2013/14, and 91 people in the first quarter of 2014/15. Statistics evidence continuing demand for floating support services and positive outcomes are being achieved including the prevention of homelessness for vulnerable people in Halton.

3.5 In line with Procurement Standing Orders, approval is sought to undertake a tender exercise for floating support services. The contract will commence in April 2015 and it is proposed to offer a 3 year contract with the option to extend for a further year to stimulate market interest and encourage competitive submissions.

3.6 It is proposed to go to tender for 2 lots, with the BME, generic and the risk of homelessness services due to ASB being rationalised into one service. There are a number of reasons for the rationalisation of services, including feedback received during monitoring visits about the complexity of ASB cases, potential duplication of services for BME clients and the potential for efficiencies by streamlining service provision.

3.7 The Mental Health service will go as a separate lot due to the specialist nature of that service.

3.8 The tender will be evaluated on a Most Economically Advantageous Tender (MEAT) basis, with a proposed weighting of 70% quality and 30% price.

4.0 POLICY IMPLICATIONS

4.1 The service will support and contribute to Halton's Homelessness Strategy 2013-18.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The budget for the housing-related floating support services tender will be £400,000 which will realise approximately £40,000 efficiencies against current budget provision.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The services support people to maintain a settled home environment for children and young people, enabling them to continue to access and maintain existing schools, health services and support networks

6.2 Employment, Learning & Skills in Halton

Services will empower people to access work, training and education opportunities.

6.3 A Healthy Halton

The services will support people to access and engage with appropriate health services to improve their physical and mental health and well-being.

6.4 A Safer Halton

Floating support services provide support to minimise the risk of harm across all client groups, including offenders, people with substance misuse problems and perpetrators of anti-social behaviour.

6.5 Halton's Urban Renewal

None.

7.0 RISK ANALYSIS

7.1 Financial risk is minimised as tenders will be invited within existing budgets.

7.2 An Equality Impact Assessment will be undertaken on the existing BME, Generic and Risk of Homelessness due to ASB services, but it is unlikely to highlight any risks from the change to service delivery as the new Generic service will be available to people from all client groups and will continue to accept referrals from existing referral agencies.

In addition, there is another BME service currently operating in Halton and existing Plus Dane BME clients will be signposted to this service where ongoing BME specific support is required.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Support providers will be required to demonstrate compliance with the Equality Act as part of the tender process.

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

None under the meaning of the Act.

REPORT TO: Executive Board

DATE: 16 October 2014

REPORTING OFFICER: Strategic Director, Policy & Resources

PORTFOLIO: Transportation

SUBJECT: Mersey Gateway Crossings Board (MGCB) – Interim Chief Executive

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To seek authority for the Chief Executive to undertake the role of Interim Chief Executive of the M.G.C.B for a period of 2 years.

1.2 To note that the M.G.C.B will pay to the Council, a fee, for the release of the Chief Executive, to undertake the role.

2.0 **RECOMMENDATION: That Executive Board**

1) **give authority for the Council's Chief Executive to undertake the role of Interim Chief Executive of the Mersey Gateway Crossings Board (MGCB) for a period of 2 years; and**

2) **authorise the Strategic Director, Policy and Resources to conclude the details of the arrangements and agreement between the Council and the MGCB.**

3.0 **SUPPORTING INFORMATION**

3.1 The Mersey Gateway Project is a major priority for the Council, the Liverpool City Region, the North West and the U.K. Government.

3.2 The Project is now under construction by Merseylink, the Council's contractor.

3.3 The Council has established the MGCB to oversee the construction of the Project. Construction will be completed in the Autumn of 2017.

3.4 Steve Nicholson the former Project Director currently undertakes the role of Interim Chief Executive for the MGCB. Mr. Nicholson will be stepping down from this role in October 2014.

3.5 The Council's Chief Executive has lead the Mersey Gateway Project

as the Senior Responsible Officer over the last 10 years, supported by Mr Nicholson and a multi-disciplinary team of experts.

3.6 The next two years are crucial in ensuring Mersey Gateway is delivered and Merseylink meet their contractual obligations to construct the new bridge and undertake all the necessary associated highway works.

3.7 The role of Interim Chief Executive MGCB is critical to the delivery of the Project in providing the appropriate leadership and strategic direction to achieve this. Over the last 10 years the Council's Chief Executive has demonstrated he has the leadership skills to drive the Mersey Gateway project towards a successful outcome and this has been recognised by the MGCB in supporting and seeking the Council's approval to this proposal.

3.8 The MGCB wish to appoint the Council's Chief Executive as Interim Chief Executive, from 1st November 2014 for a period of 2 years.

3.9 The proposed role of the Interim Chief Executive is envisaged as strategic rather than operational, and will involve

- Meetings with Merseylink
- Attendance at MGCB Board meetings,
- Attendance at MGCB Management Team meetings and support to the Team
- Strategic project development
- Liaison with Government

4.0 POLICY IMPLICATIONS

4.1 The proposed arrangements will support the delivery of the Mersey Gateway Project, a priority for the Council.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The MGCB have agreed to pay the Council a fee for the services the Council's Chief Executive will be providing to that Board.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None identified.

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

The Mersey Gateway Project will provide work, training and education opportunities for Halton residents.

6.3 **A Healthy Halton**

None identified.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

Mersey Gateway will provide the catalyst for the further regeneration and urban renewal of Halton.

7.0 **RISK ANALYSIS**

7.1 The Project requires strong leadership to deliver the construction phase, without this there is a risk of non-delivery.

7.2 The Chief Executive will continue to meet his full responsibilities to the Council and meet the role identified for him by the MGCB.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The Mersey Gateway Project has been designed to meet the Council's equality and diversity policies.

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

None under the meaning of the Act.