

**Choice, Control, Inclusion -
Commissioning Strategy for Adults of Working age
living with physical disability in Halton 2014-2019**



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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.

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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 conditions¹.

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.

¹Long 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 else². 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 life³.

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...

³ No Health Without Men...

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 difficult 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 are 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 opportunities

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.**

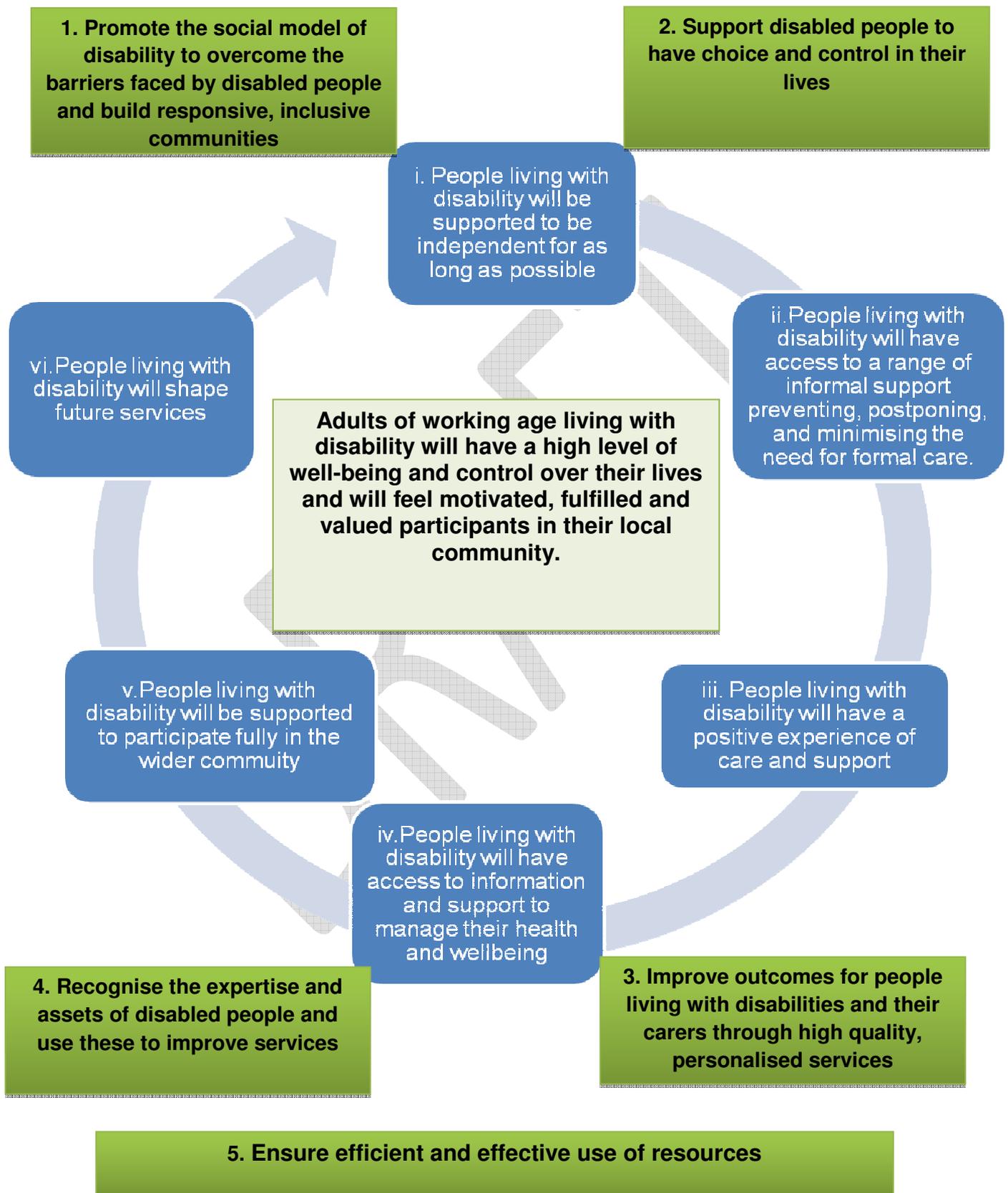
The accompanying evidence paper highlights significant increases in the numbers of people living with multiple long term conditions and that whilst individually these conditions are generally not

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.

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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 Real⁴ 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	2016/17
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 Number of physically disabled people helped into voluntary work in the year Local indicator	64% 10	65% 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 Adults with physical disabilities helped to live at home per 1,000 population	80% 8.00	80% 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	70%	70%
		Overall satisfaction of carers with social services Outcomes framework: Adult Social Care 3b	47%	50%
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	Benchmark against national published unit cost data	Benchmark against national published unit cost data
		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	

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 2016/17 65%

Number of physically disabled people helped into voluntary work in the year

Target 2014/15 10

Target 2016/17 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	Local employment strategies will consider support needed for disabled adults to gain and maintain employment	Increased numbers of disabled people in employment	March 2015	Staff time	Operational Director Enterprise and Property
1b	Harness the opportunities created through local regeneration and enterprise developments to increase access to paid and voluntary employment for disabled people.	Reduction in unemployment including youth unemployment and long-term unemployment			
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	Work in partnership with social landlords to influence housing development to include the needs of disabled people	Increased number of new build lifetime homes and wheelchair accessible properties.	March 2015	Staff time Equipment and adaptations budget	Commissioning Manager
1e	Promote the inclusion of lifetime homes and wheelchair standard dwellings in new developments				
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 2016/17 80%

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

Target 2014/15 8

Target 2016/17 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	Review learning around use of public funding streams from Right to control Trailblazers	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
2b	Evaluate the impact of personal health budgets and how the complex care pooled budget can support this.				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 Report and recommendations to SMT	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 and recommendation to SMT	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 70% Target 2016/17 70%

Overall satisfaction of carers with social services

(Outcomes Framework: Adult Social Care 3b)

Target 2014/15 47% Target 2016/17 50%

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 carers breaks and respite	Increased numbers accessing carers breaks	December 2015	Staff time	Commissioning Manager Carers Centre
3d	Ensure short term Early Intervention	Increased numbers of adults aged	December 2015	Staff time	Divisional Manager Urgent Care

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

domiciliary, residential and supported living services				
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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 policy and service development	Co-produced policies and service improvements	On-going through lifetime of the strategy	Staff time	Commissioning Manager Halton Disability Partnership Voluntary Sector 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?

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.

What do we want to achieve?

- 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 to better support those with the most complex needs	Number of delayed discharges for disabled adults under age 65	March 2016		
5c	Review existing contracting	Delivery targets met	March 2015	Staff time	Commissioning Manager

	arrangements for equipment and minor adaptations to inform future procurement and value for money				
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

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