Halton and St. Helens NHS
Primary Care Trust

Health & Community Directorate

Joint Commissioning Strategy

For People with Physical and/or sensory Disabilities

2007-2011

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EXECUTIVE SUMMARY

It is important in today’s society that people with physical and sensory disabilities, their families and carers have access to services based on recognition of their rights as citizens, social inclusion in local communities, choice in their daily lives and real opportunities to be independent. These form the basis for the vision, aims and fundamental values and principles, which underpin the strategy.

This strategy is written as a practical document to assist Physical and Sensory Disability (PSD) services in Halton move towards a more focussed way of commissioning services for adults in the 18-64 age range by anticipating need over a four year period. It connects the needs and aspirations of service users and carers to the design and delivery of services as well as considering the needs of younger physically disabled people entering transition into adult services. It is a joint strategy between the PCT and Social Care, which emphasises outcomes for individuals that maintain their independence, promote health and wellbeing and allow them to control how they are supported.

The commissioning agenda is developed by consulting with people who access services and their carers, engagement with stakeholders who provide services to those who are physically disabled and on needs analysis, which will evolve as people’s individual needs and circumstances change. It is crucial that this is seen and used in the context of a “*living document*”.

WHAT IS COMMISSIONING?

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

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

Halton Borough Council and health colleagues in both primary and secondary care will work jointly to eliminate unnecessary duplication of effort between health and social care and in partnership with the voluntary sector, providing where possible an integrated response based on services which meet assessed needs and which are designed to improve lives and offer choice and new opportunities.

The concerns identified nationally as creating barriers which prevent physically disabled people of working age from leading life at full optimum include information provision, transport, housing, the physical and built environment, access to healthcare and personal assistance, low income, social attitudes to disability, and psychological barriers such as low self esteem. Views of people using services in Halton reflect these concerns and prioritise the need for:

- accessible housing,
- public transport,
- community facilities,
- worthwhile activity
- more focussed personal care, support and rehabilitation.

Halton's approach to services for adults with disabilities is to support people in their own homes and communities. The key actions of the strategy support this and address the locally identified concerns by focussing on:

1. Improving access to adapted Housing in the Borough and promoting a wheelchair accessible environment together with provision of suitable personal care facilities in public places.

2. Influencing the provision of accessible public transport that takes people where they want to go when they want to travel.

3. Reviewing therapy services across the whole health and social care system to make best use of available local resources.

4. Meet the needs of people with long term conditions by offering opportunities to learn strategies to help manage their condition and remain independent through available and consistent rehabilitation services that continue through community-based services on discharge from hospital.

5. Offer support to people to maintain/develop employment skills and increase social participation and reduce isolation.

The Physical and Sensory Disability Local Implementation Team (LIT) will be responsible for monitoring and reviewing implementation of the strategy. This group has representation from all key stakeholders including service users and carers.

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SECTION ONE: COMMISSIONING IN CONTEXT

INTRODUCTION

This document sets out the overarching strategy for the commissioning, design and delivery of services to people in Halton who are physically disabled (including those with sensory disabilities), their families and carers. . The document stands alongside and complements the Corporate Plan for the Council, the Health and Community Directorate's Business Plan 2006-09, the Adult Services Departmental Service Plan 2006-09, and annual Physical and Sensory Disability Team Plans.

The Disability Discrimination Act 1995 defines a disabled person as a person who '…. has a physical impairment which has a substantial and long-term adverse effect on his (her) ability to carry out normal day-to-day activities'.

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

The Strategy attempts to facilitate better business planning for current and prospective provider organisations. It aims to enhance and assure quality with regard to the provision of services to adults who are physically or sensory disabled and to demonstrate value for money.

The Strategy focuses on commissioning services to physically disabled adults aged 18 onwards whose needs are identified within the eligibility criteria for the service. The needs of younger physically disabled people entering transition into adult services are also considered.

THE COUNCIL'S VISION

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

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

- **A healthy Halton**
- **Halton's Urban Renewal**
- **Employment learning & skills in Halton**
- **Children & young people in Halton**
- **A safer Halton**

These underpin the key mission statement of the Directorate for Health and Community :

"To promote effective, affordable, quality services that are accessible, equitable, timely and responsive and to enable individuals and groups in Halton to make informed choices. "

HALTON'S VISION, VALUES AND PRINCIPLES

Vision for Physical and Sensory Disability Services

- To promote a social environment where people feel motivated and able to participate fully and constructively in the life of the local community and do not feel excluded.
- To enhance quality of life by supporting individuals and communities who experience marginalisation and exclusion.
- To promote the independence of physically disabled people in order that they can achieve their full potential through our commitment to the social model of disability.

The social model of disability emphasises the need to remove the barriers to access faced by disabled people and defines independence as 'the ability to control your own life'. Future commissioning will, therefore, aim to develop services which provide service users with more control. Central to this development is In Control / Individualised budgets which the Council is committed to establishing for all service users by 2009. This will offer individuals more choice on how they access support and promote independence.

In Control is an organisation whose role is to be the authoritative source of information and research on how self-directed support will best work: to provide a new operating system for social care. In Control's mission is to "change the organisation of social care in England so that people who need support can take more control of their own lives and fulfil their role as full citizens: The complete transformation of social care into a system of self directed support".

The six keys to citizenship
In Control identifies six different things which contribute to full citizenship:

1. Self-determination

We have self-determination when other people treat us as people who can speak for ourselves. If we have difficulty in speaking for ourselves then we can get help from other people to achieve self-determination.

2. Direction

We have direction when we know what we are doing, when we have a purpose or a plan for our lives. Although we can all get stuck or taken over by other people's ideas, there is a lot that can be done to help us get our own direction in life. Person Centred Planning tells us about how to get direction.

3. Money

We need money to be a citizen. Not just so we can buy what we need to live, but also so that we can control how we live and how others treat us. It is especially important for people to control the money that is used to pay for their own support services, as this will affect every part of life.

4. Home

We all need a home, a place that belongs to us and where we can belong. Much has been learnt about how we can all have a home, and disabled people are increasingly buying their own homes.

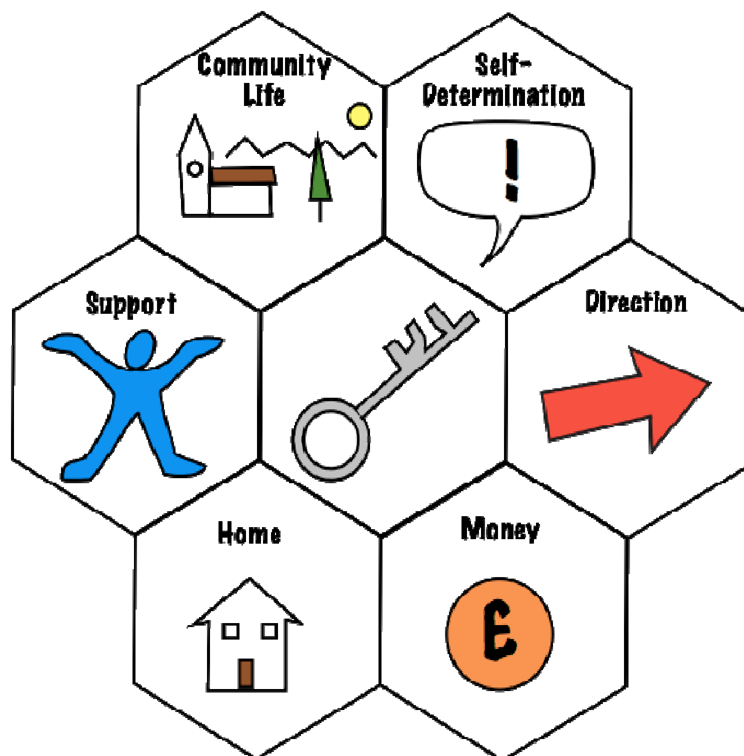
5. Support

We all need help, but if you have a significant physical disability this means that you will need ongoing and regular help. This does not mean you have to live a life controlled by other people. There are now many examples of people having support that is really helpful, flexible and individual.

6. Community Life

It is also very important that we play a part in our community. This means working, playing, learning or praying with our fellow citizens and making friends along the way.

Diagram 1: The 6 keys to Citizenship



(Source Keys to Citizenship by Simon Duffy 2006)

Halton's vision is one where physically disabled people and their carers have a voice and real influence. Friendships and relationships with families, friends, colleagues and neighbours are seen as essential to the vision.

Opportunities to develop relevant skills, to have opportunities to make choices, big and small, and to be supported in taking risks are seen as necessary conditions for self-confidence, a sense of personal identity and achievement in adult life.

Relationships, skills and self-confidence are themselves seen as far more likely through active support for integration and inclusion in work, education, employment, leisure and housing. Sharing places and activites with other non-disabled people is something that should start early on and be continued into old age.

Safety is also considered very important, as are supports for healthy lifestyles and the right to equitable access to the NHS and other community facilities and resources that can promote health.

Supporting and promoting the independence of disabled people is not just a health and social care responsibility but one for the whole community and there are opportunities to join up existing action plans and strategies in Halton within the Local Strategic Partnership (LSP) key priorities of social inclusion and quality of life.

Local Opinion and Aspirations

Through engaging with stakeholders who provide services to the physically disabled, including staff, and physically disabled people who use those services and their carers, we are aware that the society in which disabled people would want to live in 5 years time is one where they would be able to lead more independent lives.

To achieve this a wide change in public attitudes towards disability from one where disabled people are defined by their impairment, eg, arthritic, epileptic, (known as the medical model of disability) to one where there is an acceptance that society needs to make adjustments so that disabled people are able to take up the same opportunities and make the same choices as everyone else (the social model of disability) needs to be made.

People who use services have identified the most important issues for them as being:
- Action which will change attitudes towards disability.
- Promotion of independence.
- More inclusion.
- Support which enhances their dignity.
- Effective and flexible transport.
- Better access to all community facilities.
- More flexible access to rehabilitation services.
- Accessible and useful information, advice and support.
- Supported representation at all levels of decision making.
- More IT enabled choice and control of their care packages.
- Faster provision of equipment and adaptations.

Much of the above is reflected in the social model of disability, which looks at the way in which the lives of disabled people are affected by the barriers that society imposes. It understands that people are not disabled but are disabled by their environment, so pavements without ramps are disabling not the fact that someone uses a wheelchair.

Values

All agencies involved in the provision of services to physically disabled people should share the following set of common values:

- Promote independence and self-determination for physically disabled people and their carers.

- Have respect for physically disabled adults regardless of their gender, race, religion, disability and/or sexual orientation.

- Promote and practice the understanding that people with disabilities have the right to live as a valued and equal member of the community while being shown respect and afforded privacy.

- Afford people with disabilities the right to exercise informed choice about the way they live their lives and in the take-up of services.

- Afford people with disabilities the right to have their views listened to in the planning and provision of services.

Principles
The following principles should apply in implementing this Strategy:

- The Commissioning Strategy should reflect and be integrated with Community Planning, the NHS Plan (and Local Delivery Plans), the NHS Modernisation process and other planning processes.

- Partnership working should be facilitated and developed.

- Stakeholders should be open, honest and consistent.

- All processes and information should be clear, understandable by all stakeholders and jargon free.

- Best Value requirements should be applied across all sectors, ensuring that the money invested results in the best possible service for service users.

- Planning decisions should be evidence based wherever possible.

- Clinical governance arrangements should be in place to ensure staff are appropriately skilled and maintain competence in their roles.

- All planning decisions and service developments should be sustainable, improving the quality of life of people in Halton without jeopardising that of future generations.

THE NATIONAL CONTEXT

Many national Government policies are influencing local policy and the development, improvement and commissioning of services for disabled people, the main drivers of which are:

The National Service Framework for Long Term Conditions (DH March 2005)

This NSF was developed in consultation with people with long-term neurological conditions in order to raise standards of treatment, care and support across health and social care services. It does this by providing 11 Quality Requirements to be used by health and social care professionals. Whilst the NSF is mainly for people with long-term neurological conditions many aspects of the Quality Requirments apply to people with other long-term conditions. Health and Social Services in Halton will be expected to deliver each of the Quality Requirements over the next 10 years. The NSF does not prescribe how these requirements should be implemented but outlines the early steps we need to take to ensure that we are able to deliver them.

Neurological conditions are caused by damage to the brain, spinal cord and other parts of the nervous system. Approximately 10 million people across the UK have a neurological condition. They account for 20% of acute hospital admissions and are the third most common reason for seeing a GP. There are many such conditions which affect people's daily lives in different ways and to different degrees. Some are relatively common (e.g. mulitple sclerosis), others are rare (e.g. motor neurone disease). Neurological conditions affect people of all ages, but this NSF concentrates on services for adults.

White Paper: Our Health, our care, our say: a new direction for Community Services (January 2006)

The White Paper signals the next stage in implementing the NHS Plan and describes a vision and set of proposals with the intention of developing modern and convenient health and social care services. The 2 consultations, which led to publication of this document, are the Green Paper 'Independence, Well-Being and Choice' and the listening exercise ' Your Health, Your Care, Your Say'.

The key strategic shift contained in the White Paper is to locate services in local communities closer to people's homes and to improve the health and well being of the population. A range of initiatives and proposals, which can be summarised as follows, will achieve these strategic objectives:

- Improve access to community services, especially in poorer areas.
- Improve preventative services and earlier intervention.
- Improve care for those with long-term conditions and more support for their carers.
- Shift care out of acute hospitals to where people live.

The key drivers for change to achieve these will be Payment by Results and Practice Based Commissioning. Improvements will be dependent on increased partnership working across health and social care. To support this policy initiative the Adult Social Care Outcome Framework has been developed.

Adult Social Care Outcome Framework

The following broad outcomes are set out in the above framework:

- **Improved Health**
  Enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long term conditions independently. There are opportunities for physical activity.

  Services promote and facilitate the health and emotional well being of people who use the services

- **Improved Quality of Life**
  Access to leisure, social activities and life-long learning, and to universal public and commercial services. Security at home and confidence in safety outside the home.

  Services promote independence and support people to live a fulfilled life making the most of their capacity and potential

- **Making a Positive Contribution**
  Maintaining involvement in local activities and being involved in policy development and decision-making.

  Councils ensure that people who use their services are encouraged to participate fully in their community and that their contribution is valued equally with other people

- **Exercise Choice and Control**
  Through maximum independence and access to information. Being able to choose and control services and helped to manage risk in personal life.

  People, who use services, and their carers, have access to choice and control of good quality services and helped to manage risk in personal life

- **Freedom from Discrimination and Harassment**
  Equality of access to services for all who need them.

  Those who need social care have equal access to services without hindrance from discrimination or prejudice; people feel safe and are safeguarded from harm

- **Economic Well Being**
  Access to income and resources sufficient for a good diet, accommodation and participation in family and community life.

  People are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this

- **Personal Dignity and Respect**
  Not being subject to abuse. Keeping clean and comfortable. Enjoying a clean and orderly environment. There is a availability of appropriate personal care.

  Adult Social Care provides confidential and secure services, which respects the individual and preserves people's dignity.

In addition there are two further 'management' measures, as follows:

- **Leadership**
  A council with Adult Social Services responsibility (CASSR) will provide a key professional role for staff working in Adult Social Services. They will also have a key role in assuring accountability of services to local communities through consultation with local people and in particular people who use services.

- **Commissioning and Use of Resources**
  Adult Social Care Leaders commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available and so demonstrate value for money.

These outcome statements are broad overall objectives and the task for commissioners is to translate them into desirable outcomes for individual service users, and achievable (and measurable) goals for service providers.

Government Strategy 'Improving the Life Chances of Disabled People'

This Strategy looks to transform the life chances of disabled people. It states that by 2025, disabled people should have full opportunities and choices to improve their quality of life and be respected and included as full members of society. It makes recommendations in 4 key areas:

1. Independent Living
2. Early Years and Family Support
3. Transition to Adulthood
4. Employment

Disability Discrimination Act 1995 and 2005

The new Disability Discrimination Act 2005, an update of the 1995 Act, requires all public authorities to produce and have in place a Disability Equality Scheme by December 2006. Halton Borough Council therefore needs to ensure that it is compliant with the requirements of both the Act and Scheme and that necessary actions have been identified and steps taken to implement them.

Progress in Sight

Progress in Sight, published in October 2002, outlined 16 National Standards of social care for visually impaired adults. Local Authorities self assessed against these Standards in the form of a survey conducted in 2003 by the Association of Directors of Social Services Sensory Sub-Committee. (Halton's results are summarised in Section 5 Performance and Finance).

Supporting People

The Supporting People programme, implemented in April 2003, changed the funding arrangements for housing related support services with the arrangements for funding these services transferring to Local Authorities. The funding available for housing services is now cash limited, but the Programme gives the opportunity for Authorities to integrate their strategies and funding for housing support needs with wider local strategies, especially health, social care and neighbourhood renewal.

The aims of Supporting People include enabling people to live at home independently and being part of preventative strategies, giving early help to avoid the need for crisis or acute care.

Local government efficiency agenda (Gershon)

The aim of the local government efficiency agenda is a simple one. It is to ensure that the resources available to local government are used in the optimum way to deliver better public services according to local priorities.

In August 2003, Sir Peter Gershon undertook a review of public sector efficiency focussing on the Government's key objective to release resources to fund the front line services that meet the public's highest priorities by improving the efficiency of service delivery. The subsequent report required local government to achieve efficiency savings of 2.5% per annum to 2007/08.

In June 2004 the Care Services Efficiency Delivery Programme (CSED) was established to support the implementation of the Gershon report recommendations in the NHS and social care services. They are currently working with a number of pilot sites in the North West but have made contact with a number of authorities, including Halton, who are interested in sharing the learning from these pilots. Efficiency measures being looked at include 'reducing the amount of contact points within a council, removing work that does not add value, making processes simpler, eliminating duplication and transferring work to administrative teams to free up capacity for professional staff.'

THE LOCAL CONTEXT

The key issues arising from the national context such as modernisation, integration, joint working, partnerships, social inclusion, designing services around the service user and actively involving physically disabled people, their families and carers feature significantly in local planning and developments.

Government thinking and the Commissioning Strategy focus on joining up services across departments and health services to more effectively support people independently at home in communities. There is greater emphasis on prevention of ill-health, providing choice and well-being, as well as supporting carers. The future of a number of services lies in working collaboratively to support the provision of health care, general social care services and statutory personal care to vulnerable people. Two services are particularly well placed to respond to this agenda - intermediate care - such as Rapid Access Rehabilitation Services and Joint Equipment. The roll-out of Single Assessment Process across Health and Social Care is also supporting integration at the front line. There will be some reduced costs and improved

efficiency (less duplication) from such integration. There are also a number of future challenges around contributing to the wider government agenda for preventative services, developing and sustain the capacity for independent living and helping to address social exclusion amongst disabled people. Service changes around new assistive technology and supporting people will support this.

Physical and Sensory Disability services have a major role in delivering the Borough's priorities. Local Futures links include:

- Health – Social care for older people and adults supports the culture change to prevention and community-based services.
- Employment – Social care is one of the fastest growing sectors of employment both locally and regionally. Disabled adults are often excluded from employment and improving employment in this area reduces peoples care needs.
- Crime and disorder – Adult protection is a key statutory responsibility and links to preventing bogus callers through to financial, physical and sexual abuse. Fear of crime is a key issue and wardens and community alarms, key safes and risk assessments all support this agenda.
- Increasing wealth and equality though maximising benefits, improved targeting of resources to those most in need and access to transport.

A multi-agency Physical and Sensory Disabilities Local Implementation Team (LIT) has been established in Halton whose primary role is to discuss proposals and agree plans for an integrated network of co-ordinated services for physically disabled adults. The LIT acts as a meeting point for representatives from a wide range of stakeholders and provides a shared forum for making recommendations to the Halton Health Partnership on the strategic direction of physical and sensory disability services from a 'whole service' perspective.

A pooled budget made up of monies from Halton PCT and the Borough Council has been established for the running of Halton's Integrated Community Equipment Service (HICES), which administers, stores and dispenses equipment to assist independent living. Halton PCT operationally manages the Store and a Multi-Agency Advisory Board (MAAB) with representation from both organisations has overall responsibility for the management of the Store.

WHAT IS COMMISSIONING?

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

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

Commissioning should be based on:

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

- A continuous cycle of planning services, commissioning services, contracting services and revising or reviewing those services.

Definitions

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

Commissioning

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

Procurement

Procurement is the **'process of securing services and products which best meet the needs of users and the local community for the time the specific need exists'**. Halton Borough Council has a Procurement Strategy 2006-2009, which aims to set a clear framework for procurement throughout the Authority. The Strategy reflects the Council's Corporate Plan, the Borough's Community Strategy, provides a framework for best value and stands alongside the Council's Constitution, including the Contract and Financial Standing Orders. It also sets out an action plan for achieving the corporate approach to procurement and includes the expectation that the procurement of services will be based on 3 principles:

- Purchasing a service via a contract to meet the current need.
- Maintaining effective and up to date procurement procedures.
- Ensuring that procurement meets the Borough's key Corporate Objectives.

Contracting

If commissioning is seen as providing strategic direction, then contracting can be defined as **'the management of the legal agreements between the Local Authority and service provider agencies which lay down the standards of the service, costs and monitoring arrangements. As such it provides a quality assurance service to the Local Authority'.**

Integrated Commissioning

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

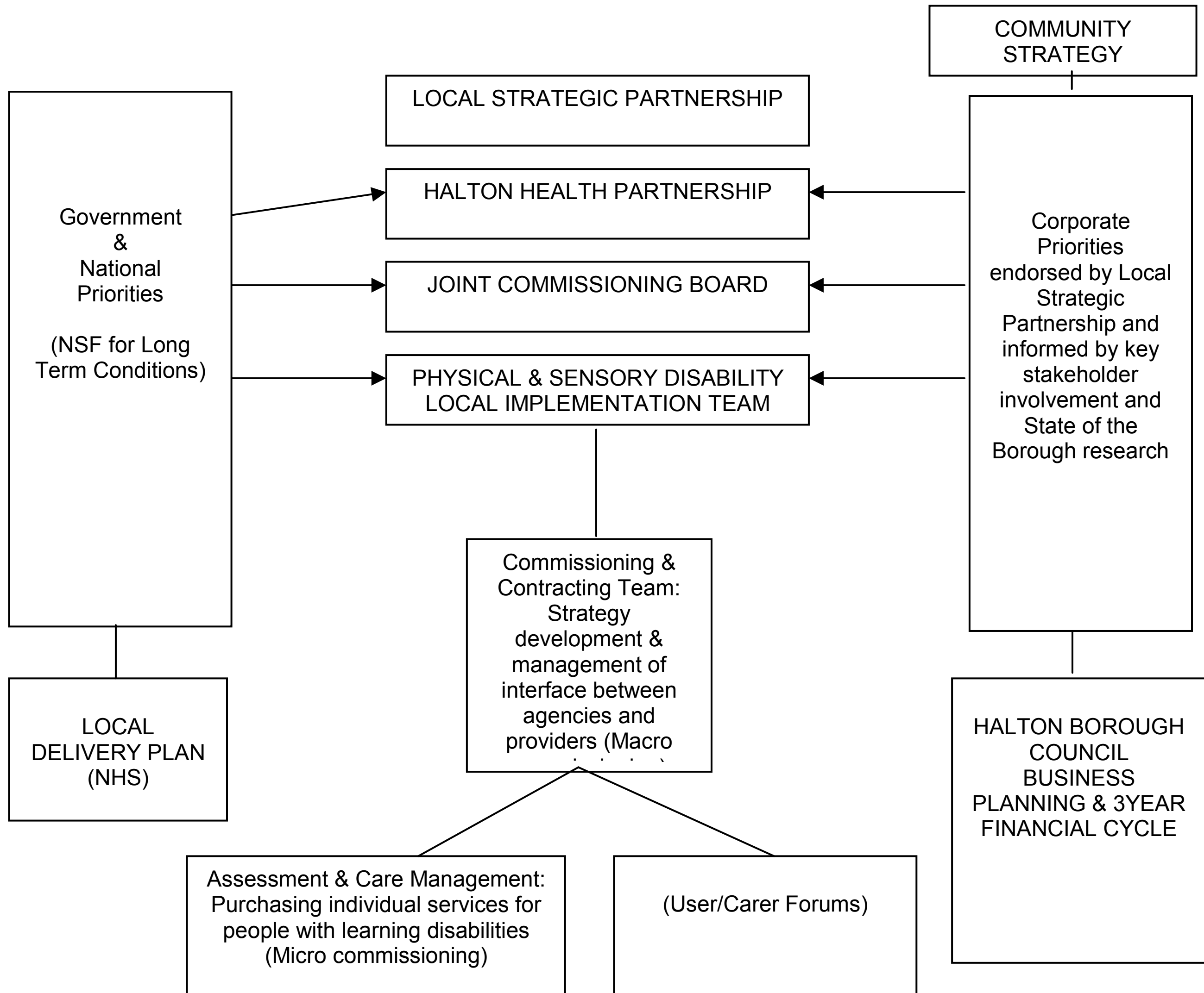
Integrated strategic **(macro)** commissioning integrates the components of the commissioning process within 4 main functions:

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

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

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

Diagram 2: How do we apply commissioning locally?



This diagram highlights planning processes and links between strategy (macro) and individual (micro) commissioning carried out by Social Workers, Community Care Workers and Occupational Therapists when they purchase care for individuals according to assessed need.

This Commissioning Strategy will not replace or duplicate existing strategic planning and development structures and should be perceived as an overarching framework that facilitates further work and development. It is envisaged that this Strategy will be a working document that will evolve and respond to change.

The Health Clinical Executive Board (CEB) and Local Delivery Plan (LDP)

It will be important that the commissioning agenda for physical and sensory disability services can be taken through the statutory framework within Health. Key areas of work will be presented through the Clinical Executive Board (CEB).
It will also be essential that issues for physical and sensory disability services influence the Local Delivery Plan (LDP), which provides the focus for much of the Health Authority's work over the coming years. In essence, the LDP is a local plan of action which aims to improve health and modernise health services. Tackling the priorities identified in the LDP will require services to be planned in a co-ordinated way with collaboration between NHS agencies, social care services and partner organisations.

THE 5 LEVELS OF CARE

A whole systems approach to integrated commissioning has been adopted based on Peter Fletcher Associates 5 Levels of Care, illustrated in the diagrams below. At the strategic level work will include setting the vision and direction for service development by senior officers. At service level the vision and strategy are translated into action, both in terms of commissioning and providing. In terms of service level commissioning, it will be necessary to ensure that services are clearly specified with service providers and that they are regularly monitored. Providers of services will be performance managed by service level commissioners.

Diagram 3: Planning and Commissioning

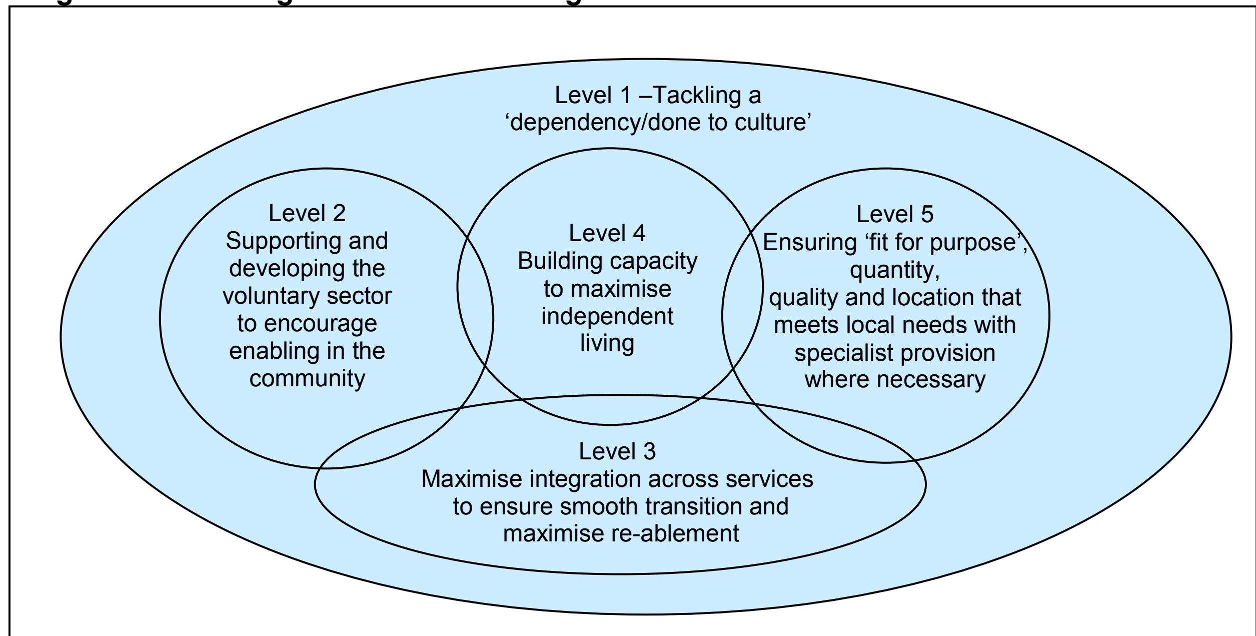


Diagram 4: Building on Levels of Care

Halton has a historical legacy of investment in acute and reactive services. However, it is clearly better to prevent than to treat. In order to understand this, a model examining the local balance was developed, which is laid out below in Diagram 3.

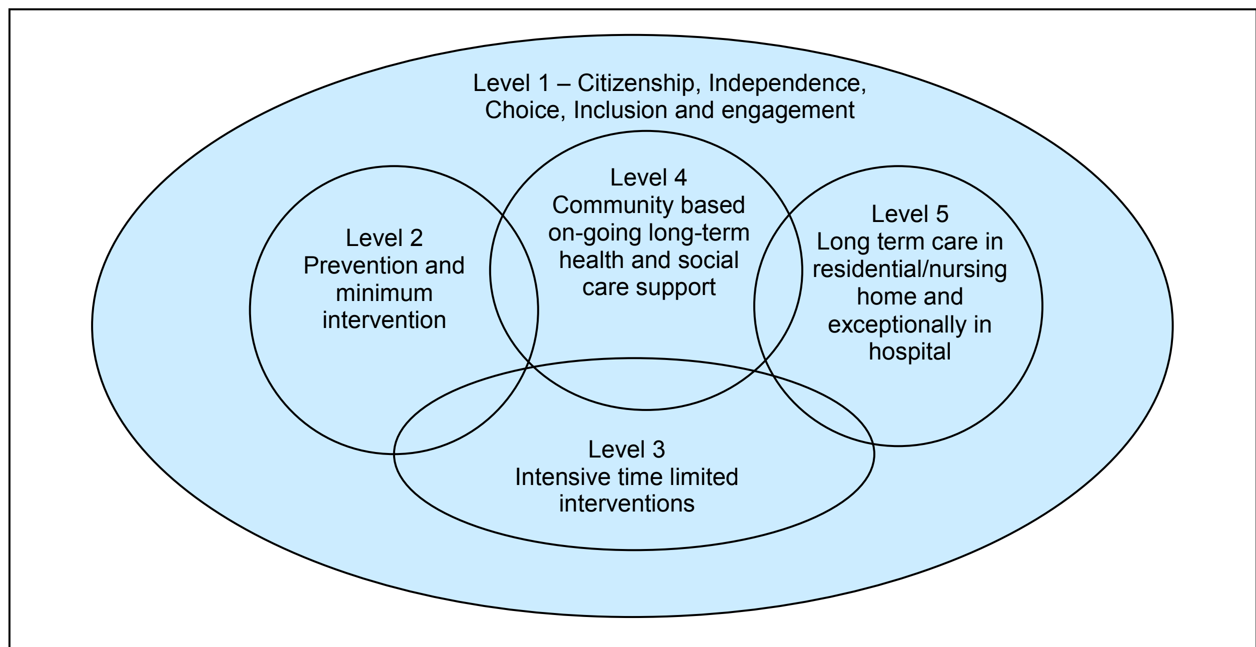
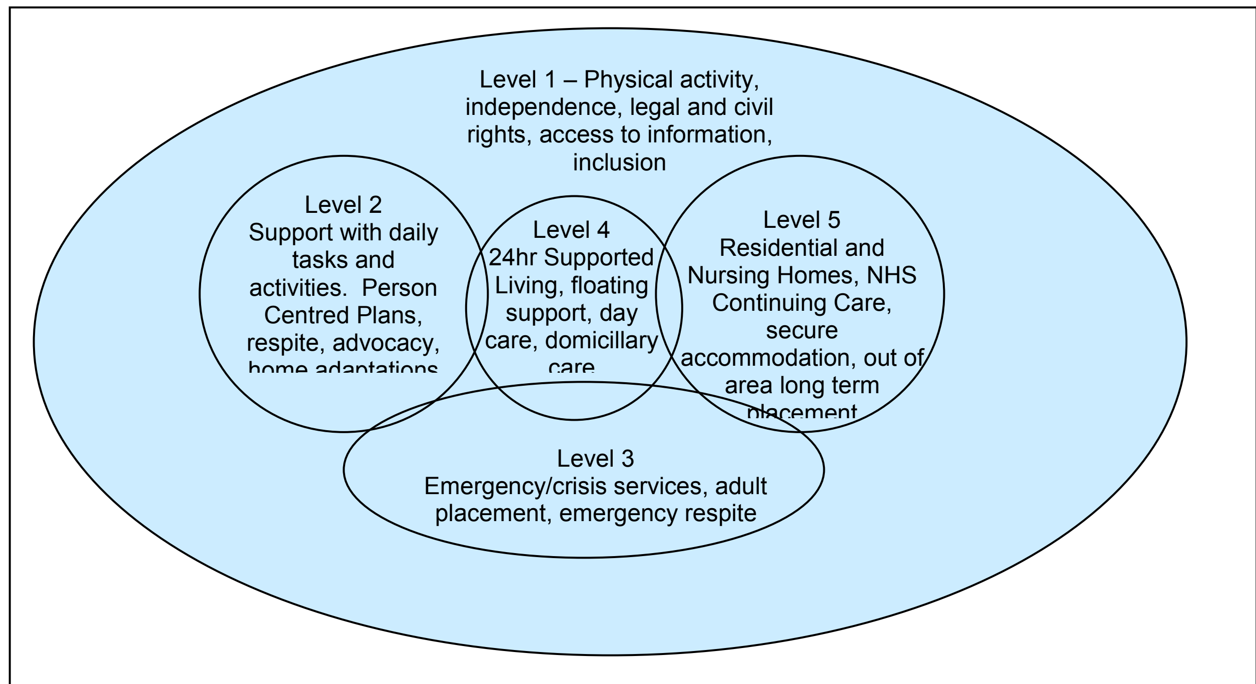


Diagram 5: Levels of Care - Activities

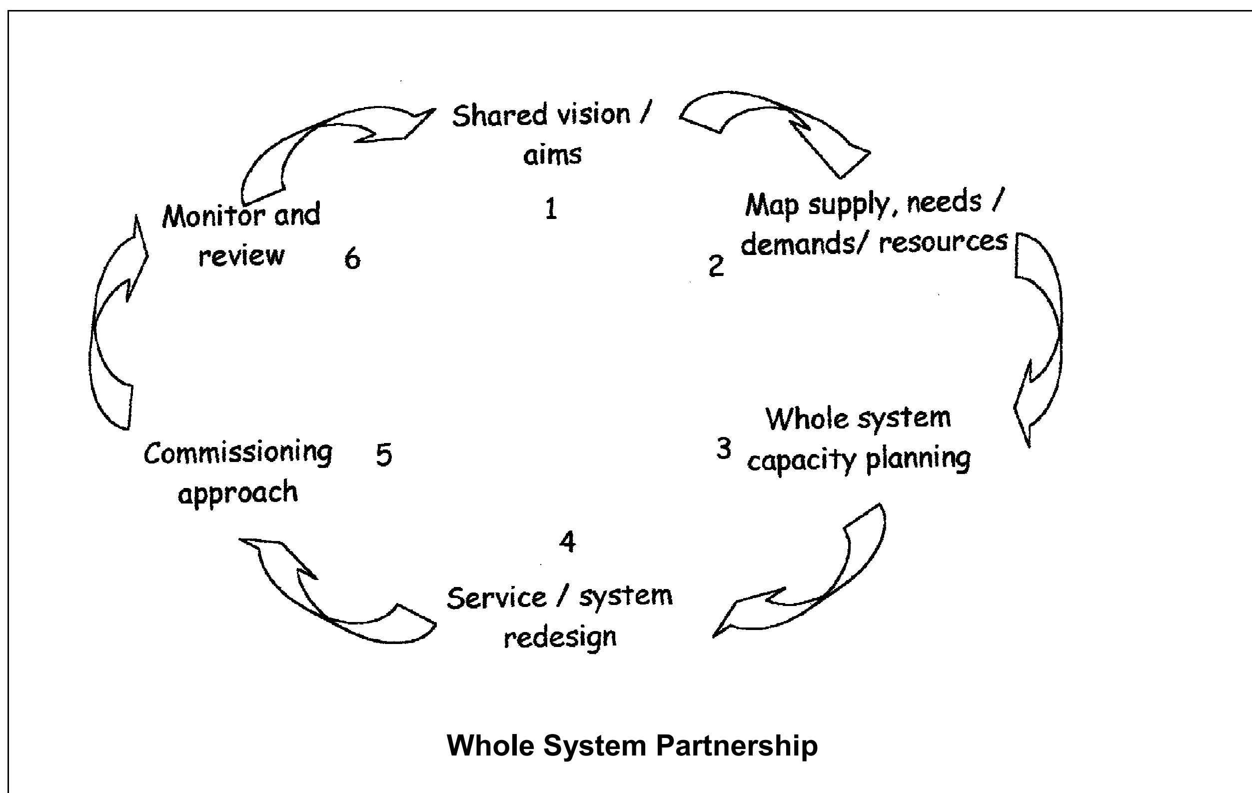
Diagram 5 below gives some examples of activities associated with each level and begins to explain how each section of the Local Authority and health can play their parts in providing services for people with physical disabilities which are effective and which truly reflect need.



Elements of the Strategic Approach

Partnerships across health and social care commissioners and providers and with people who receive services have become increasingly important in effecting integrated planning and commissioning of services. The Section 31 partnership arrangements in the Health Act 1999 are intended to give services the flexibility to be able to respond to people's needs, either by integrating existing services or developing new co-ordinated services, and to work in partnership with other organisations to fulfil this. Crucial to this is a shared vision and aims which give guidance and direction.

Diagram 6: Whole System Partnership



Whole System Partnership

QUALITY

Service user perception is fundamental to the provision of quality services and this is directly linked to their expectations of services. Research shows that if a service user expects poor quality from an organisation and the service is higher than their expectations, then this service will be viewed as 'good'. Conversely, high expectations of a service which does not match the expectations is viewed as 'poor.' Managers should try and achieve a balance by continually striving to increase the expectations of their service users whilst at the same time continually improving performance.

To achieve continuous improvement in services there is a need to:

- Ensure physically disabled people and their carers are encouraged to have high expectations of services and are enabled to have a part in raising the standards of services.
- Ensure that feedback about services is continuously collected to allow adjustments to service design and delivery when necessary.
- Ensure people understand their right to comment or complain about a service (or lack of a service) and for those comments to be demonstrably listened to by the organisation and its representatives.

Quality needs to be 'built in' rather than 'inspected' and is the responsibility of all individuals, teams and departments. To achieve this, people must be involved in all aspects of the process and most importantly of all this includes the people who will receive the service.

CONCLUSION: SECTION ONE

There is a need to ensure that managers are able to make decisions informed by accurate timely data, which will increase the pro-activity of management action for physically disabled people living in Halton.

However good the quantitative data, qualitative data is also very important to ensure that quality services are developed and maintained. There is a need, therefore, to ensure that wherever practical people with physical disabilities, their families and carers, should be involved in planning processes.

The planning of services and service delivery should be completed, by taking a 'whole systems' approach, to ensure the most efficient and effective use of resources. The end product should provide a seamless service to the person with a physical or sensory disability, which also ensures 'quality of life' for the individual. Quality of life includes listening and acting on the wishes and aspirations of the individual.

To achieve the above there needs to be a clear understanding of partnership working and commissioning should be jointly agreed and developed to ensure a solid financial basis for the commissioning of services, with effective quality control and monitoring systems in place.

Peter Fletcher's 5 Levels of Care give a framework in which to identify actions that are required for investing in the modernisation of services to ensure that the expressed wish of people with physical disabilities can be supported.

SECTION TWO: NEEDS ANALYSIS

INTRODUCTION

The issues identified nationally as creating barriers which prevent physically disabled people of working age from leading the life of their choice include information provision, transport, housing, the physical and built environment, access to healthcare and personal assistance, low income, social attitudes to disability, and psychological barriers such as low self esteem.

DEMOGRAPHY

It is not easy to estimate overall numbers in any given population, not least because the age bands used by the 2001 Census do not fit neatly with the 18-64 age group covered by this strategy.

The 2001 Census gives an estimate of 9.76% of people in Halton aged 16-74 who are permanently sick or disabled (8355), nearly as high as the Merseyside average and nearly twice as high as the England average (5.52%). Reducing the number by subtracting 9.76% of the 65-74 age group (900) gives a figure of 7345. Further reduction of the 16/18 age group would probably give an estimate of around **7,000** people aged 18-64 who are permanently sick and disabled. The usefulness of such a figure is that of a range finder, and it is difficult to be more precise. A potentially more accurate estimate is given in the **Housing Needs Survey** which suggests that 5031 people aged 16-64 have a level of physical and/or sensory disability serious enough to be reported. The best estimate is, therefore, that between 5,000 and 7,000 people aged 18-64 in Halton have a significant level of physical and sensory disability.

The population projections for the age groups in question for the years 2006-2011 are as follows (the figures being in thousands).

Table 1 : Halton's Population change ages 18-64

Age	2006	2011	Change
15-19	8.5	7.6	-0.9
20-24	7.9	7.8	-0.1
25-29	7.0	7.9	+0.9
30-34	7.6	7.0	-0.6
35-39	8.7	7.5	-1.2
40-44	9.0	8.6	-0.4
45-49	8.5	8.9	+0.4
50-54	8.2	8.4	+0.2
55-59	8.6	7.8	-0.8
60-64	6.1	8.0	+1.9
Total	80.1	79.5	-0.6

Source: ONS Sub-national population projections.

The population trend is relatively stable (with some reductions) with the only notable increases being the 25-29 age group (+900) and the 60-64 age group (+1,900). Both of these increases may have significance especially the 60-64 age group which contributes to 29% of the current client group (see paragraph on **Age** in Housing Issues Paper in Appendix 2).

It is difficult to gain an accurate breakdown of age range within the current services, other than the considerable number of older people (aged 65+) across all provision (see section on Current Services for more details of this). What can be said from an analysis of the age ranges of clients who have undergone a comprehensive assessment with the PSD team in 2005-06 is that the weighting, towards the 50-64 age spectrum, is confirmed. The figures for the different age ranges undergoing an assessment in 2005-6 were as follows:

Total number (duplicate assessments excluded)	171
Age 18-30	5
31-50	39
51-64	49
65+	78

There were therefore 93 (or 55%) assessments of people aged 18-64.

Within this total of 93, in the 51-64 age group, 40 of the 49 were aged 55+, or 43% of the 18-64 age group who were assessed.

There are several different sources of numbers that need to be commented upon and understood. The first is based on the Carefisrt system.

Table 2: Numbers of people in receipt of a service (all figures as at 01.04.2006)

Number of people provided with a service by the Health and Community Directorate	474
Number of people on system with primary client group of physical disability, sensory disability and frailty	4,920
Number of people in receipt of a service from the Independent Living Team	1,082
Current service packages open to ILT	1,151

It is assumed that all these numbers include a proportion of older people. The numbers of clients' aged 18-64 who are PSD clients is 355 The total number of people with a physical or sensory disability, by residency, is recorded as 394.

Housing needs and market assessment survey 2005

This report, carried out independently, is based on extensive surveys and questionnaires, but again the age range is different (16-59). As stated, the estimated number of people in that age group with a physical and/or sensory disability was 5031. Of these, 2679 people said they required support, and that support was provided as follows:
88% from family/neighbours/friends
8% from social services/voluntary sector
4% from both

This would give a number, supported by social services or the voluntary sector, of 321 people (in line with the figures provided by Halton Borough Council).

The range of estimates suggests between 320 and 400 adults aged 18-64 as active service recipients at any one time. However, this figure does not accurately reflect the high workload within both the PSD team and the ILT (see section 5 for details).

Table 3: Halton's Resident Population who are of black or other minority ethnic (BME) origin

Grouping	Total Numbers and % of overall population
White British	115,959 (98.9%)
Irish	824 (0.7%)
Mixed (white & Black Caribbean, Black African, Asian)	705 (0.5%)
Asian or British Asian	273 (0.2%)
Black or Black British	132 (0.1%)
Chinese or other ethnic group	315 (0.2%)

(Figures in brackets are % of the total population.) Source: Census 2001

A total of 1.21% or 2249 people of the total population in Halton are of BME origin. The wards with the highest populations (all ages) of people of BME origins are Birchfield and Mersey wards.

Views of People from Black and Minority Ethnic Groups

People from BME communities have the same main priorities as all other people. However there are also specific issues that arise generally when people are consulted:

- Poor knowledge of and access to services by some BME groups
- Specific issues around particular services relating to the appropriateness of accommodation to support people's independence
- Mainstream services could do more to be culturally sensitive to specific BME groups
- Some additional services are needed specifically for particular BME groups e.g. interpreting
- Differing perceptions amongst different BME groups about their health and well being
- BME groups feel that their cultural and religious needs are not identified or assessed and as a result their needs are not met.

The small numbers of black and ethnic minority people in Halton means there are no large groups for which services can be targeted. The focus therefore needs to be on strong individual assessments, creative packages of care that can meet specific individual identity and heritage needs and on developing services that acknowledge and value diversity.

There are no community groups within the borough for people of any BME origin and the implications of this suggest that service design for residents of BME origin in Halton may need to be centred on individuals. Additionally, community groups have traditionally been the first method of making contact and consulting with any BME population. This avenue is clearly not available to staff in Halton so other imaginative ways will need to be found to engage with parts of the community. This emphasises the importance of diversity training for staff in all agencies and the close monitoring of practice. It will be important to ensure that staff have an understanding of and are sensitive to issues of culture and communication which they demonstrate through their day to day practice as key aspects of any needs led assessment for someone of BME origin.

A research study into the current and future needs of Halton's BME community in respect of adults social care is currently being undertaken. The findings of this study will identify any service development required to ensure that current and future service provision is tailored to meet the needs of this community.

ECONOMIC FACTORS

Deprivation and Health

Halton is ranked as the 21st most deprived Local Authority area out of 354 Local Authorities in England according to the 2004 Index of Multiple Deprivation. Halton has well documented poor health statistics, having amongst other health issues one of the highest standardised mortality ratios in England.

Rates of permanent sickness and disability amongst the 16-74 age group are also high in Halton at 9.76%, against an England Wales average of 5.5% (the averages for the North West and Merseyside being 7.75% and 10.02% respectively).

According to the 2001 Census 11.6% of Halton's population (13,770 people) reported their health as 'not good'. This ranks Halton as being in the lowest quartile of boroughs in England and Wales.

The percentage of Halton's population with a limiting long-term illness (eg chronic health disease, stroke, dementia, depression, diabetes, cancer, arthritis) is 21.5% (25,440 people), higher than the England and Wales average of 18.2% and the North West average of 20.7%. In the last quarter of 2005, 11,000 people of working age were claiming benefit as a result of sickness and disability. The total working age population is 75,500, so the number of sickness related benefit equates to 16% of the working age population.

HEALTH FACTORS

The **Halton Health Study** (Lancaster University 2002) is particularly relevant in painting the picture of health in Halton, and investigated the causes of high death rates and illness rates reported in Halton. At 23%, Halton has the fourth highest standardised mortality rate in the country. The study confirmed that death rates in 1998-2000 were especially high for cancers, heart disease, stroke, suicide and infant mortality.

A key finding of the study was that health in Halton was primarily affected by material deprivation and unhealthy lifestyle. The report also showed that social capital and community issues, especially the lack of someone to confide in, have a significant impact on all health outcomes including limiting long term illness. Most important were the levels of reciprocal help and support among members of the community and maintaining a sense of control or ability to influence their surroundings.

The implication is that solutions to the high rates of ill health in Halton are a community wide responsibility and not restricted to support in the traditional domains of health and social care. Having a strong sense of social capital could be harnessed to further improve health through community-based projects and, therefore, policy initiatives should continue to concentrate on material deprivation and unhealthy lifestyles. Reducing unemployment, raising income levels, improving housing, increasing educational attainment, reducing smoking, improving diet and increasing exercise should all have positive impacts on the health of the people of Halton and thus reduce limiting long term illness.

PSD managers, meeting at a workshop in November 2006, confirmed many of the issues raised above. A picture was painted of an isolated and dependent population amongst PSD clientele, often without the confidence to take control. This led to a need amongst PSD service personnel to support individuals for far longer than technically necessary, because of problems relating to a culture of dependency and a lack of accessible community resource. Hence the managers made the point about corporate responsibility particularly in respect of accessible

housing, accessible public buildings, and transport. In addition they made the point about the lack of capacity to support PSD clients psychologically, as well as physically.

Employment

The Borough has a high unemployment rate especially amongst young people, which at 4% is higher than the national average of 2.6%. Of Halton's population, 21.5% have a limiting long-term illness, compared to the England and Wales Average of 18.2% (see Table 9).

The probabilities of disability are highest among those who are permanently unable to work or retired, who have no qualifications, are in a manual social class, live in social housing or are renting privately. A national survey conducted in 2001 by the Joint Health Surveys Unit of the National Centre for Social Research and the Department of Epidemiology at the University College London, estimated that the risk of having one or more disabilities was 24% higher for those in manual classes than for those in non-manual classes.

RATES OF DISABILITY

It is estimated that there are about 11 million disabled adults in the UK – one in five of the total adult population – and 770,000 disabled children (Source: Improving the Life Chances of Disabled People, Jan 2005). Many of these people would not define themselves as disabled. The majority of these people experience low level impairments – wheelchair users, blind people and deaf people make up an important minority. The population of disabled people is distinct from and much larger than the 3 million in receipt of disability related benefits.

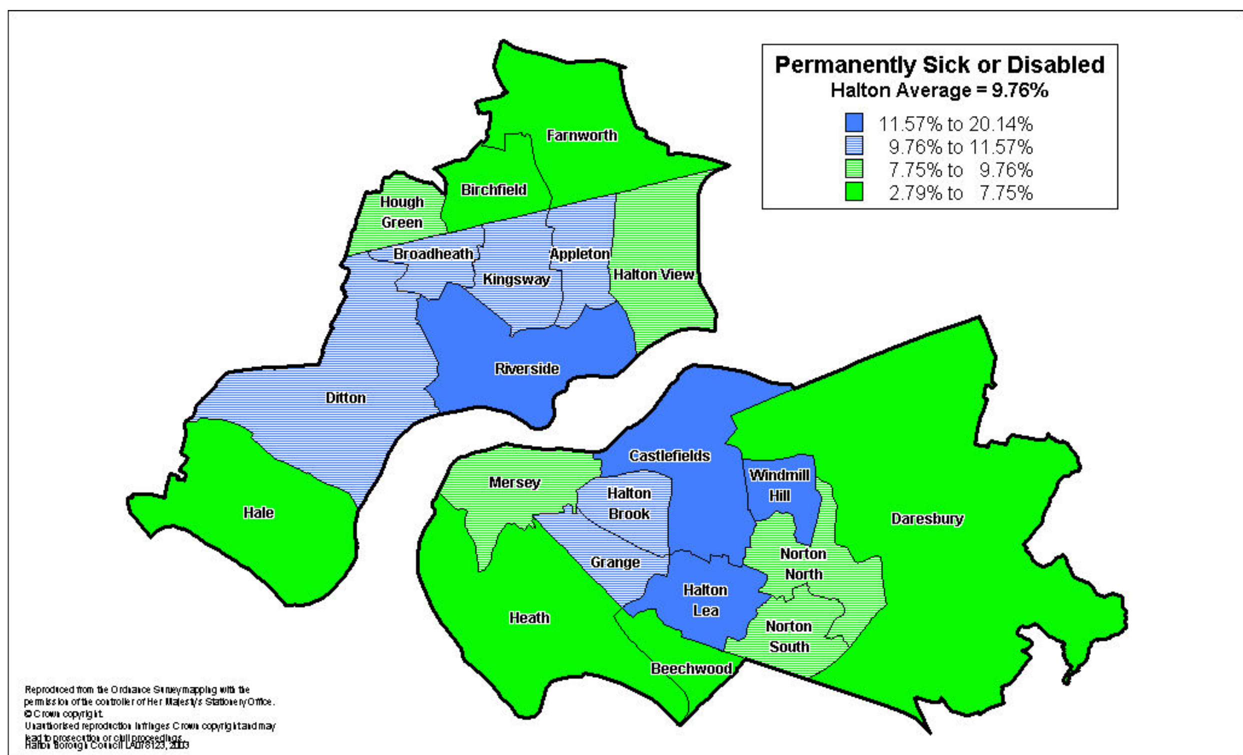
Table 4: Permanently Sick or Disabled People in Halton

Wards	Number of Permanently Sick or Disabled	Percentage of People Aged 16-74	Halton Rank	Greater Merseyside Rank
Appleton	482	10.70	7	65
Beechwood	168	5.24	19	130
Birchfield	90	2.79	21	138
Broadheath	499	10.49	8	68
Castlefields	751	15.53	2	16
Daresbury	95	3.29	20	137
Ditton	472	10.17	9	72
Farnworth	287	6.61	17	112
Grange	541	11.15	6	55
Hale	91	6.09	18	121
Halton Brook	543	11.57	5	53
Halton Lea	658	14.81	3	23
Halton View	475	9.47	13	85
Heath	272	6.64	16	110
Hough Green	479	9.37	14	86
Kingsway	426	9.90	10	75
Mersey	414	9.57	12	82
Norton North	375	7.75	15	99
Norton South	492	9.63	11	80
Riverside	408	12.39	4	42
Windmill Hill	337	20.13	1	2
Total	**8,355**	**9.76**	**21 Wards**	**138 Wards**

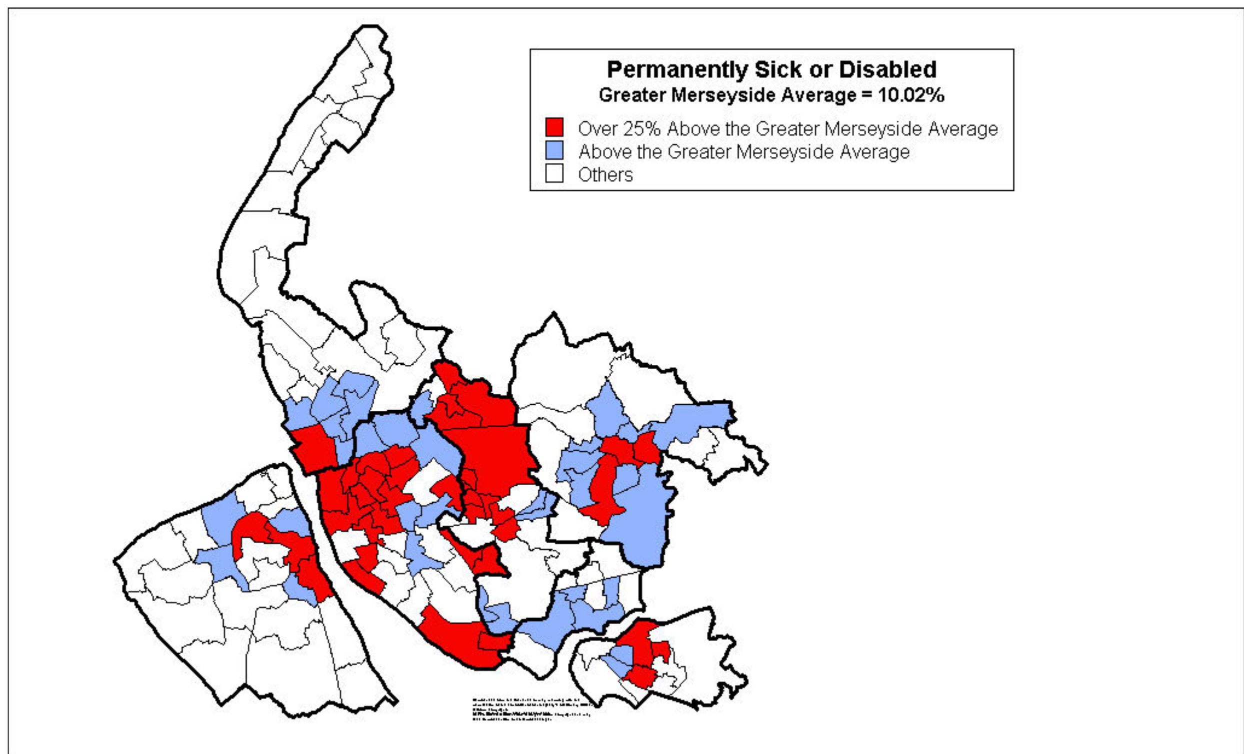
Greater Merseyside Average	***10.02***
North West Average	***7.75***
England Average	***5.52***

Locally, what is known from the 2001 Census is that the rates of people aged between 16-74 living in Halton who are permanently sick or disabled reflect the overall trend of rates being higher in the Northwest than the national average. The Northwest Average is 7.7%, the England and Wales Average is 5.5% and Halton's figure is 9.7%. Windmill Hill has the highest proportion of permanently sick or disabled people in Halton (20.1%) followed by Castlefields (15.5%) and then Riverside (12.4%). The lowest proportion are found in Birchfield (2.8%) and Daresbury (3.3%).

Map 1 - Number of People Permanently Sick or Disabled in Halton



Map 2 - Wards over 25% above the Greater Merseyside Average



CARERS

Carers and carers' needs are the subject of a separate strategy 'The Carers Strategy 2006-2008', therefore, their needs will only be referred to here as they link to the overall strategy for physically disabled people.

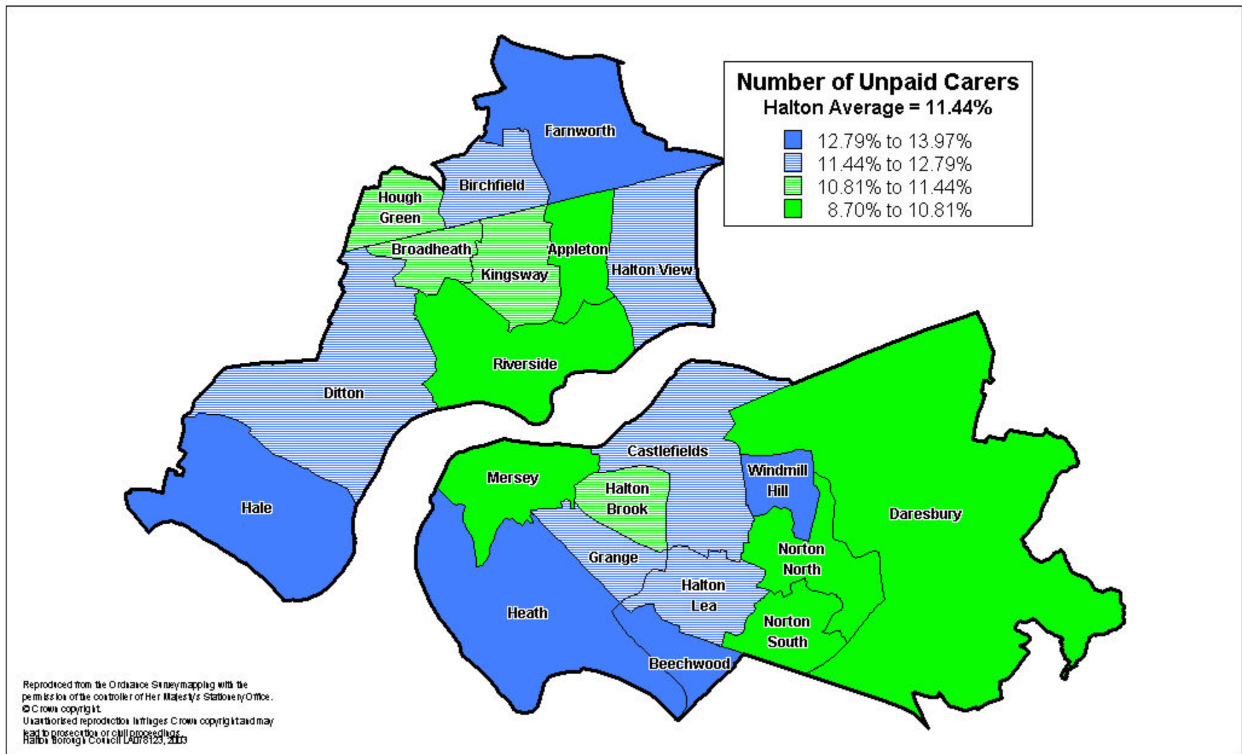
Table 5: Provision of Unpaid Care

Wards	Number of Unpaid Carers	Proportion of Total Population	Halton Rank	Greater Merseyside Rank
Appleton	678	10.61	16	111
Beechwood	524	13.15	4	15
Birchfield	553	12.43	7	33
Broadheath	726	11.26	14	85
Castlefields	771	11.99	8	47
Daresbury	340	8.70	21	135
Ditton	799	12.79	6	23
Farnworth	760	12.86	5	20
Grange	796	11.60	9	67
Hale	264	13.91	2	4
Halton Brook	744	11.28	13	84
Halton Lea	739	11.52	10	71
Halton View	793	11.52	11	72
Heath	748	13.58	3	6
Hough Green	764	10.81	15	106
Kingsway	688	11.29	12	83
Mersey	645	10.49	17	117
Norton North	680	10.47	18	118
Norton South	721	9.98	19	125
Riverside	455	9.45	20	131
Windmill Hill	340	13.96	1	3
Total	**13,528**	**11.44**	**21 Wards**	**138 Wards**

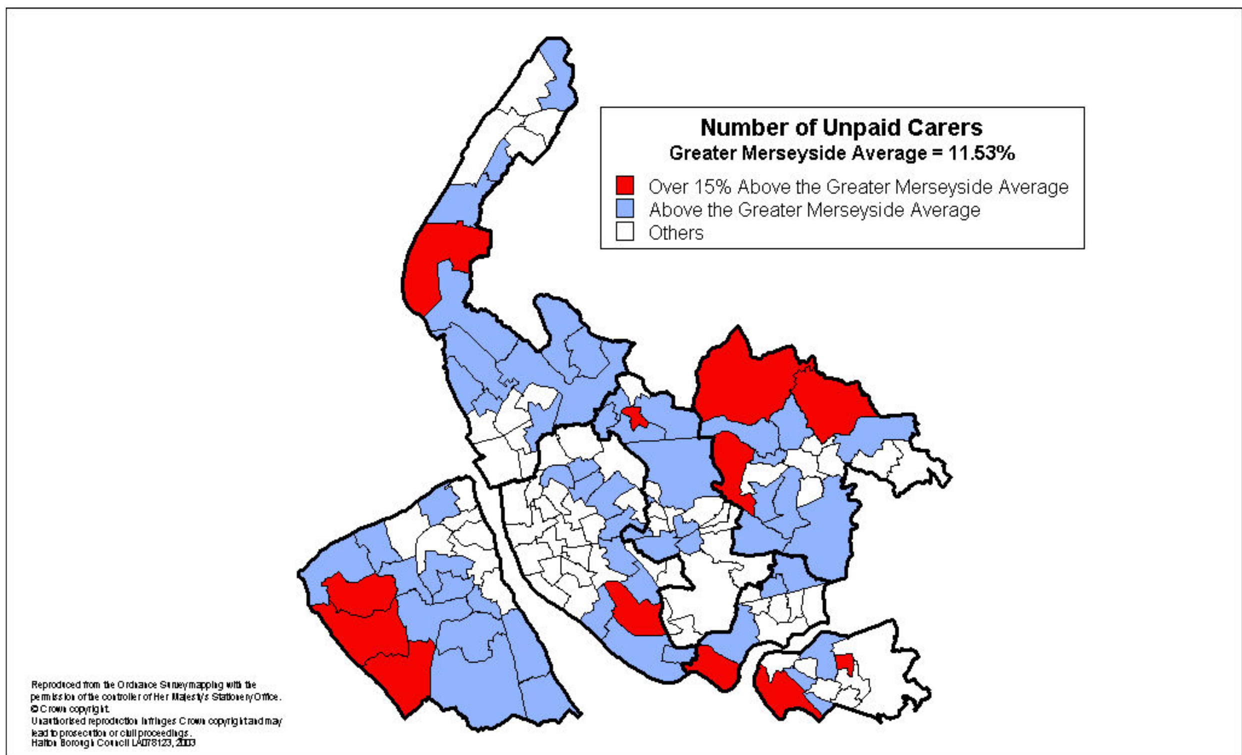
Greater Merseyside Average	***11.53***
North West Average	***10.77***
England Average	***10.03***

The percentage of people in Halton who provide unpaid care to others, usually a close relative, is 11.4%. This means that 13,528 people are providing care for someone for more than 50 hours every week. This figure ranks 5th highest in Greater Merseyside and 8th highest in the Northwest. The Wards with the highest numbers of unpaid carers are Windmill Hill, Hale, Heath and Beechwood where the figures are above 13%.

Map 3 - Number of Unpaid Carers in Halton



Map 4 - Wards over 15% above the Greater Merseyside Average



Recent consultation with carers includes a pilot study undertaken by the Occupational Therapy division of the University of Liverpool School of Health Sciences 'Informal Carers' Experiences of an Intermediate Care Service'. The study focussed on 4 male carers' experiences of Intermediate Care from the Rapid Access Response Service (RARS) in Halton. It recommended that a full-scale study should take place to review carers' experiences further.

TRANSITION

In January 2007 CSCI published a report Growing Up Matters Better Transition planning for young people with complex needs. The report outlined six key prerequisites for successful transition.

The Borough Council employs a Transitions Co-ordinator and has a Transitions Protocol in place. Children and Young Peoples Directorate and the Health and Community Directorate are developing a joint Transition Strategy to incorporate the priorities highlighted in Growing up matters.

Table 6: Number of children with physical or sensory disabilities in Education in Halton by school year

Year	PSD
13	1
12	3
11	9
10	7
9	5
8	9
7	8
6	4
5	3
4	8
3	2
Average	4.8

The number of children with physical and sensory disabilities appears likely to stay fairly similar over time and they represent only a small proportion of the overall referral numbers for PSD services.

Entering the world of work is part of the process by which young people develop adult roles and responsibilities and ultimately independence and autonomy. The more young people and their families are supported in achieving this, the less demand there will be for traditional service provision.

A range of initiatives could be employed to divert young people from entering traditional services, such as:

- Embarking on a project to get young people in transition on ILF. This would enable this group to attract additional funding and promote more individual support packages.
- Promoting and prioritising Direct Payments and Individual Budgets for the transition population to offer choice and control over when and how support is accessed.
- Implementation of the Person Centred Planning agenda. This would clearly identify wishes and hopes and vocational aspirations.
- Explore with Economic Regeneration Service the feasibility and resource implications of providing a Transitions Employment Support Programme.
- Expanding voluntary work opportunities.

- Offering increased work experience/supported employment placements in the Borough Council. Many young people identify vocational interests in areas of work that the Council directly provides, eg, gardening, catering, etc.
- Explore with Economic Regeneration Service the feasibility and resource implications of developing social enterprise activity for young people.

HOUSING

The point has already been made above concerning the dearth of accessible housing for PSD clients in Halton. This must be seen, as suggested above, as a corporate responsibility to be taken seriously given the very high health and deprivation indices in the borough.

The issue in respect of accessible housing is further explored in the Housing Needs and Market Assessment Report (2006) – Appendix 1 provides a summary of the main points. During the survey, respondents were asked whether their house had been built or adapted to meet the needs of a disabled person. In total 35% (1396) indicated that their home had been so adapted (i.e. 65% had not). However, there were large differences according to the type of disability. The figures are as follows:

Disability	% Adapted
• wheelchair user	94%
• walking difficulty	35%
• other physical disability	8%
• sensory disability	9%
• physical and sensory disability	50%

It is not surprising, reading these figures, that a **major problem** for the ILT team is the very high level of demand for equipment and adaptations for houses and flats. This is manifestly an area for urgent action in the near future.

Unmet Need

A database will be established to record all unmet needs and service deficits formally identified through the assessment process. These will be presented to Resources Panel and quarterly reports produced for Management Teams, Service Development Officers and Commissioning Managers with a view to meeting those needs in the future through reviewing or revising services or the commissioning of new services.

CONCLUSION: SECTION TWO

The development of services needs to be informed by a comprehensive set of data indicating met and unmet service need and performance against national performance indicators and targets.

The small numbers of black and ethnic minority people in Halton means there are no large groups for which services can be targeted. The focus, therefore, needs to be on strong individual assessments, creative packages of care that can meet specific individual identity and heritage needs, and developing services that acknowledge and value diversity, ie, person centred planning.

Transition arrangements, will need to have the process developed and tightened up to ensure this is a positive experience for all Young People and their Families. Early identification of needs and PSD involvement for complex cases would assist a smooth transition.

SECTION THREE: CONSULTATION

INTRODUCTION

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

PSS USER SURVEY 2003/04

The national PSS User Survey for 2003/04 was conducted via questionnaire with a sample group of adults aged 18-64 with physical and sensory disabilities in receipt of community based services at that time. Clients who were receiving respite or carers break services at that time could not be sampled, nor could those in receipt of equipment as a stand alone service from the Independent Living Team or any service users with a learning disability. Service users who were in hospital during the time of the survey were not eligible to be included in the sample. Locally, this resulted in a final sample group of 238 service users in Halton.

The survey was administered between January-March 2004. The total number of respondents within Halton amounted to 173 (out of 238), which gave a response rate of 72.6%.

A summary of the findings for Halton is outlined below with comparisons made to Halton's CIPFA comparator group of 15 similar Local Authorities:

- 58% of respondents knew about Direct Payments, 31% had not been told and 10% were unsure as to whether they had been told about Direct Payments by their social or care worker. Compared to Halton's comparator group, Halton ranked 2nd for this question.

- 19% of respondents used Direct Payments, however, as the survey responses were anonymised, in some cases the validity of responses could not be checked. Compared to the comparator group, Halton ranked 8th for this question.

- Of those using Direct Payments, 73% felt that they had been very well supported in the use of them. Compared to the comparator group, Halton ranked 2nd for this question.

- The number of people answering 'Always' to the question "Do you feel that your opinions and preferences are taken into account when decisions are taken about what services are provided to you?" as a % of people answering 'Always', 'Usually',' Sometimes' or 'Never' was 42%. This provided a figure for the performance indicator PAF D58. Compared to the comparator group Halton had the highest satisfaction levels.

- 33% of respondents did not know how to make a complaint about social services in Halton while 5% did not feel that they could make a complaint if they needed to. Compared to the comparator group, Halton ranked 3rd for this question.

- 81% of respondents strongly agreed or agreed with the statement "My life would be a lot worse if I didn't have help from Social Services or Direct Payments". Compared to the comparator group, Halton ranked joint 9th for this question.

- 11% of respondents felt that Social Services did not provide them with all the information they needed.

- 84% of respondents felt that they could easily contact social services if they needed to. Compared to the comparator group, Halton ranked joint 6th for this question.

- 44% of respondents felt that care workers always came at times that suited them. This question can be compared to 2002/03 user survey of elderly home care users when the same question was put to them – 55% of respondents at that time felt that care workers always came at suitable times. This may be due to different expectations of care by service users of different ages. 29% of respondents did not have a care worker or personal assistant, which may demonstrate the use of more flexible services. Compared to the comparator group, Halton ranked joint 6th for this question.

- 57% of respondents felt that they were extremely or very satisfied with the help they received from Social Services. Compared to the comparator group, Halton ranked 3rd for this question.

Two non-statutory questions were asked:

- 'Would you like to be involved in the Physical and Sensory Disability Local Implementation Team service improvements and decisions being made?' to which 39 respondents said that they did wish to be involved (permission for their details to be passed on was obtained and their details forwarded).

- 'Would you like to be involved in the review of Transport services?' to which 34 respondents said that they did wish to be involved.

Permission for the above respondents' details to be passed on was obtained and their details subsequently forwarded.

STAKEHOLDER AWAY DAY 2005

A stakeholder day was held in April 2005, facilitated by LCS Limited and hosted by Halton Borough Council and Halton PCT. The purpose of the day was to consult with stakeholders and work together on how the vision in the Government's consultation Green Paper 'Independence, Well-being and Choice' might be achieved and to inform this Commissioning Strategy.

The day was attended by 38 people representing a cross-section of people with an interest in services for the physically disabled and included service users and carers, Vision Support, Halton Voluntary Action, Independent Living Centre staff, Independent Living Team staff, Social Care staff, Halton Voice of the Disabled, Deafness Support Network, Bridgewater Day Centre staff, Supported Employment staff, North Cheshire Hospital staff and Halton PCT staff.

There was a general agreement amongst attendees that the society in which people would want to live in 5 years time was one where disabled people would be able to lead more independent lives. This would mean a wide change in public attitudes towards disability from one where disabled people are defined by their impairment, eg, arthritic, epileptic, which is known as the medical model of disability, to one where there is an acceptance that society needs to make adjustments so that disabled people are able to take up the same opportunities and make the same choices as everyone else, known as the social model of disability.

Attendees recognised that it would take time to move to a society-wide acceptance of the social model and it would also need a realisation at every level that supporting disabled people to lead independent lives was not just a health and social services responsibility but part of a wider agenda to improve social inclusion. To achieve this agenda, people felt it would be necessary to take a holistic approach to support disabled people where all services seamlessly worked

together, pooled their funding, rationalised red tape and communicated more effectively. It was also felt that disabled people ought to be able to influence decisions at every level in service planning, design and development and in monitoring the results.

Service users have identified the most important issues for them as being:
- Action which will change attitudes towards disability
- Promotion of independence
- More inclusion
- Support which enhances their dignity
- Effective and flexible transport
- Better access to all community facilities
- More flexible access to rehabilitation services
- Accessible and useful information, advice and support
- Supported representation at all levels of decision making
- More IT enabled choice and control of their care packages
- Faster provision of equipment and adaptations

Much of the above is reflected in the social model of disability, which understands that people are not disabled but are disabled by their environment.

People appreciated the outreach service with its one-to-one support and the carers' breaks. Transport services were praised for being of high quality but concerns were raised about reliability and availability and the knock-on effect this has on the quality of life for disabled people.

Aligned to transport difficulties was a similar problem around getting around the community in wheelchairs. A lack of wide doorways, lifts, suitable toilet and changing facilities in public places as well as dropped kerbs and ramps were cited as affecting the quality of life for disabled people. For many these restrictions mean that they are reliant on day care and facilities provided by specialist services and are unable to take up opportunities for mainstream leisure and socialisation.

The lack of suitable housing for disabled people and the waiting lists for adaptations were a big issue for attendees, staff and service users alike. It was felt that the process needed to be streamlined to cut bureaucracy and waiting times.

Whilst funding, sharing resources and the effects of short-term funding were recognised as challenges, people felt that some changes could be made quite easily and that 'the simple things were often the biggest problem'. Ideas for improvements suggested on the day included:

- Re-use of existing resources in new and creative way, ie, through partnerships.
- Rationalising the differences in building regulations between the Planning Department and Social Services.
- Widening the existing Physical and Sensory Disability Local Implementation Team to include more service users and carers.
- Setting up a Council-wide access team to improve inclusivity and quality.
- Recognition and rewarding of good practice by a system of awards and introducing financial incentives for services to improve their access for disabled people.
- Having a more responsive rehabilitation service, for periods of rehabilitation to be longer and for rehabilitation teams to be integrated across services. People felt that the current focus of rehab was short and did not respond to the changing and long-term needs of disabled people.
- Extend day-time service hours which are not restricted to 9am-5pm.

To make a more influential contribution to effect change, the following suggestions were made on the day:

- Increase the representation of disabled people at higher levels within organisations. For example, having a Champion for disabled people's issues at senior levels of key organisations whose role would be to make sure the implications and advantages to disabled people of major decisions were taken into account and to advocate for the social model of disability.
- Increase the representation of disabled people at all levels of decision making, to be involved at the beginning of discussions and projects and to be actively listened to.
- Deliver disability awareness training to Members and senior managers within the Borough Council and PCT, which does not emphasise medical conditions but promotes the social model of disability and active, holistic thinking about service developments.
- Increased support for disability groups to function and advocate for their membership.

'How We Are Doing" Consultation 2006

This major consultation over two days gained feedback from service users and staff using the framework of the National Standards for Adult Services. Many points raised in these two days have already been covered, but there were some notable additions:

- Some concern over 'transition' services (college → adulthood, 64+ → old age)
- Absolute necessity to have a **needs led** rather than service led assessment
- Adult service provision (18-64) was seen to be less than that available to older people
- Need to deal with the psychological effects of disability, as well as the physical side.

Housing Needs Survey 2005

This survey was the result of a randomly selected sample of 2321 people responding to a question about whether care and support was required, and whether it was being received. The following needs were identified from those respondents requiring support. The list is written in descending order:

- Claiming welfare benefit/managing finances
- Help with personal care
- Someone to act for you
- Looking after your home
- Accessing training/employment
- Establishing personal safety/security
- Establishing social contact/activities.
-

The first two items accounted for more than 55% of responses. In addition, the survey found that 25% of wheelchair users indicated that they received insufficient care and support, see Appendix 1.

Manager/Practitioner Consultation November 2006

This consultation formed part of a workshop organised to develop material and ideas for the production of this Commissioning Strategy. The following points were made :

- As regards caseloads, there is a preponderance of high levels of dependency and support which tend to block new work, for example, supporting clients through a major adaptation process, or helping to maintain habitable standards, whilst continuing to provide person centred care.
- Whilst some cases are straightforward, many are complex in relation for example to:
  - degenerative neurological conditions

- alcohol/drug related physical disability
  - homeless people who are physically disabled
  - some parts of the system have high waiting lists (ILT waiting list for OT assessment was 281 on 1 April 2006)
- There is a particular need concerning the provision of very high levels of personal care to a defined small group
- Adaptations are difficult where there is not space for hoists for example.
- Houses used for adult placements are not wheelchair adapted
- There is a need to continue to increase direct payments for respite purposes, and so minimise the few remaining residential admissions for this purpose
- **Transport** and access to it was seen by the group as the key to other improvements in people's lives
- It was important not to underestimate the camaraderie and support between disabled people themselves.

In addition, the group identified a list of needs overall which it is worth repeating in full, in order to compare with those from the service users and the Housing Needs Survey. It is as follows:

- **accessibility**
  - houses
  - community facilities
  - transport
- **worthwhile activity** (employment integrated in community, other valued integrated activity)
- **more focused** personal care/support and rehabilitation – helping the client to move to the most independent state possible
- **psychological rehab** - need to work through this as well as physical rehab – hence need for greater counselling input
- **palliative support** – recognition that some people's conditions will deteriorate rapidly
- identify the areas of **corporate responsibility** – housing, public places, general access, attitudes, culture, thinking about the bigger picture
- develop an **accessible homes** register
- more **spontaneity and flexibility** in services.

Many of the themes are now familiar, and do not need repeating, but it is important that so many issues (corporate responsibility, accessible housing and public places, psychological rehab) are reaffirmed as important. But there are two items on the list which merit further attention, namely:

- worthwhile activity
- more focussed personal care/rehab.

Both of these, voiced by service managers, point to the need to tighten up on the content of what is offered to PSD clients. There needs to be a serious examination of any activity or regime which 'passes the time' all the time (endless bingo sessions, meaningless, devalued social activities etc). Further, because of the pressure of referrals and what has already been said about a dependent population in need of ongoing support, more emphasis needs to be put on 'active rehab' and resources need to be found, and diverted for that purpose. Such programmes do not have to happen in institutions (day centres etc) but in people's homes or in community facilities. The case studies provided by service managers, and an analysis of the contracts types and individual costs suggest that there is a three way split in the client group (the age of which is biased toward the 50-64 age group, ie the age of stroke, heart problems etc). This split appears to be as follows:

- highly disabled, often younger people with extensive care packages
- dependent, though less needs, people who hang on the system because there is nowhere else to go

- low dependency people, some of whom only use the service for a short time, but whose resource use level is low.

This may be a way of beginning to understand the dynamics in the PSD client group, but the managers' call for more worthwhile activity and focused rehab is a call not to be missed.

SERVICE USER COMMITTEE

A Service User Committee is in place at Bridgewater, providing the service users with a means of raising issues with centre management and to provide feedback on centre services and activities on a regular basis. The use of service user funds (eg, the comforts fund) is determined by the Committee and needs to be authorised by 3 Committee members.

A number of arrangements exist to obtain service user feedback at Bridgewater, including the annual review for each service user, the fully elected and constituted Service User Committee, the Building Improvement Programme. It is evident that these arrangements provide some useful information and have 'shaped' the care provision. The current arrangements do not include feedback from other stakeholders such as carers and family members. However, there are a number of ways in which carers have a voice in Halton, eg, through the Carers Umbrella Group, Carers Strategy Group, specific consultation events, the Carer Development Officer, the carer Information Centres.

It is recognised that current feedback/consultation arrangements may not be obtaining the right level of feedback on all relevant issues and from all relevant parties, which may result in the services being provided not meeting the needs of all service users. To address this, a questionnaire will be devised and added to the annual review process to provide a better response rate. The questionnaire will be given out a week before the annual review.

CONCLUSION: SECTION THREE

The needs outlined in this consultation sub section can largely be grouped under the following headings:

(1) Improved Services/Availability of Basic Requirements
- access in the home
- worthwhile, valued activity
- more focussed personal care/rehab
- faster equipment/adaptations (assessment and delivery)
- transport (availability and access)
- advice which is available and can be understood
- financial advice (including benefits advice)
- advocacy and support in the public arena.

(2) Reduction of Barriers Which Separate
- accessible housing
- better access to community facilities
- safety and security
- valued social contact
- IT enabled choice and control of care packages.

(3) Improved Service/Corporate Attitudes and Style
- all items concerned with
  - dignity
  - respect
  - independence
  - access
  - control.

The picture emerges of Halton PSD clients and services as one of a largely middle aged group, often living in high areas of deprivation and with generally poor health status. Importantly, self-esteem and confidence are generally low so the psychological/social side of rehabilitation is as important as the physical side. Certain service areas jump out as needing attention:

Mainly PSD	• more focused rehab • more focused worthwhile activity • faster access to equipment and adaptations • access to psychological support
Corporate	• improved accessible housing • a real attempt to deal with transport • raising the profile of PSD services generally • access to public places
In partnership with health	• greater emphasis on healthy lifestyles • measures to increase social participation and reduce isolation

SECTION FOUR: CURRENT PROVISION OF SERVICES

INTRODUCTION

Halton's approach to services for disabled adults is to support more people in their own homes and communities and less people in hospital and care homes. The information below represents a snapshot of current service provision.

Physical and Sensory Disability Services are made up of 2 arms - Care Management & Assessment and Provider Services. Care Management & Assessment assess needs and Provider Services are then commissioned to meet those identified needs. Both Assessment and Provider services rely heavily upon a shared approach and in particular the strong partnerships that exist with Health Services, private and voluntary sectors. The whole system is based on inter-dependency with other agencies and organisations and partnerships that involve service users and carers, and increasingly looking to Single Assessment across services.

Much of our work is set down within statutory requirements, eg, the NHS and Community Care Act 1990.

CARE MANAGEMENT, ASSESSMENT AND PROVISION

Assessment & Care Management

The service provides an assessment and care management function through its social work (or fieldwork) team for adults with a physical and/or sensory disability aged 18-64, those of all ages with a visual impairment and those who care for them. The service provides, monitors and reviews care packages and offers a range of services to support re-enablement, encouraging people to retain or regain independence or to offer supported environments for them to live within Halton whenever possible.

Eligibility for services is established through 'Fair Access' to Care Services, implemented in April 2003 and reviewed annually, which determines the Council's eligibility threshold. The FACS approach requires Councils to prioritise their support to individuals in a hierarchical way. However, whilst services to those at greatest risk are a priority, it is essential that our investments enable agencies within the community to develop preventive, promotional and enabling services.

In Halton, the current policy is that people are eligible for support if there needs are critical or substantial:

Critical
- Life is or will be threatened
- Significant health problems have developed or will develop
- There is or will be little or no choice ands control over vital aspects of the immediate environment
- Serious abuse or neglect has occurred or will occur
- There is or will be an inability to carry out vital personal care or domestic routines
- Vital involvement in work, education or learning cannot or will not be sustained
- Vital social support systems and relationships cannot or will not be sustained
- Vital family and other social roles and responsibilities cannot or will not be undertaken

Substantial

- There is or will be only partial choice and control over the immediate environment
- Abuse or neglect has occurred or will occur
- There is or will be an inability to carry out the majority of personal care or domestic routines

An indication of the level of activity is given by looking at the data on completed assessments and reviews. As has been mentioned, assessments were carried out on 169 individuals during 2005-6. In the age range 18-64, the breakdown between physical disability and visual impairment was as follows:

• Physical disability	62
• Visual impairment	29
Total	91

Apart from the assessments, a total of 721 reviews were carried out during the year, which suggest a service working very hard with complex, long term cases, with potentially problematic capacity problems.

Around 78-80 people are supported contractually in day care. Another 250 people are supported at one time or another during the year in residential care and there are 60-90 cases for support at home and personal care.

Most of the contracts for PSD are let via the PSD team, the main ones being:

- Deafness Support Network
- Vision Support
- Verna Care
- Sankey Care
- Medico Nursing
- Lifeway Community.

An analysis of the contract periods suggests the following patterns. In any give period there are about 200 contractual episodes. Of these 124 (or 62%) are worth less than £200 per month (£2400 per annum), and of these 67 (or 33%) are worth less than £100 per month. These figures are balanced by larger care packages including one which costs around £85k per annum. The impression is however, of a large number of small scale interventions which may be important to keep under review.

Independent Living Team

Physical and Sensory Disability Services focus on adults aged 18-64 years old, however, the Independent Living Team is responsible for assessing children, adults and older people, resident in Halton, who have a permanent and substantial disability. The team also provides assessments to people with similar needs who have learning disabilities, mental health problems, frail older people and support to carers. This Team incorporates the provision of Occupational Therapy services, the Independent Living Centre, the prescribing of equipment through Halton Equipment Store and the carrying out of major and minor adaptations to homes to assist independent living.

In April 2006 the following people for waiting for assessment by:

- **Occupational Therapist**
  There were 281 on the waiting of whom
  28 (11%) are children
  125 (44%) are aged 18-64
  128 (45%) are age 65+.

- **Community Care Worker waiting list**
  There were 454 on this waiting list

0 children
150 aged 18-64
304 aged 65+

The team works within the whole system of health and community services and has established links with Halton Primary Care Trust, North Cheshire Hospital Trust and other outlying hospitals e.g. Aintree & Walton, Whiston & St Helens, Royal Liverpool, Broadgreen, Countess of Chester etc.,

The team uses a rehabilitative approach to service delivery. During their assessments they will consider if there are alternative ways of carrying out everyday tasks to enable service users to improve or retain their best level of independence, to live independently at home or in a care home, in their community and enjoy fulfilled, healthy and active lives.

If an alternative method does not work then the team may provide equipment, (via Halton Integrated Community Equipment Service) or recommend adaptations to the user's home. The Independent Living Team work closely with all other teams within the directorate to ensure that all needs are considered.

Some of the issues faced by the PSD team appear to belong to the ILT as well. In particular there is an issue about capacity. In 2005 – 2006 those receiving minor adaptations numbered 619, and major adaptations 63, The ILT states that there are 1980 cases either open or pending review. In addition, as already mentioned, the OT waiting list was 281 and the CCW waiting list was 454 in April 2006.

On the surface, these numbers are unmanageable and it may have something to do with the comments, already reported from the November workshop, concerning a culture of continuing need and dependence amongst Halton residents, which makes it difficult to close cases and move on, because there are not other support networks available.

The high caseload may also highlight another theme of this report – ie the dearth of adapted and accessible housing in Halton, and the difficulty of adapting in often narrow cramped space, both inside the house and in the immediate environment.

A further complication may well be the considerable strain on running an all age service, with growing pressure from older people sometimes in more acute need than younger referrals.

It is important to understand some of these problems, and to act as appropriate in particular in respect of:

- consider caseload review mechanisms to sharpen closure, and reduce the log-jam
- put pressure on corporately to improve accessibility generally within the existing housing stock
- consider re-investing from some current services into a more focussed rehabilitation programme.

Equipment

Without the right equipment, eg, grab rails, and adaptations to support independent living people often repeatedly go in and out of hospital. The equipment contract is currently provided by Halton and St Helens PCT and is provided through Halton Integrated Community Equipment Store (HICES). The amount of equipment being issued continues to increase year on year as the population ages. This service will be reviewed alongside that of St Helens to determine how to increase capacity to meet the growing demand.

Adaptations

Key to supporting people to live at home is the ability to have the home improved to enable someone to cope with their changed circumstances. There are a number of services which assist people to remain in their own homes such as the Care and Repair Agency, the Vulnerable Tenants Scheme and the Handyperson Scheme. The Care and Repair Agency also assists homeowners with obtaining renovation and Disabled Facilities Grants and carrying out adaptations. Common adaptations are level access showers, ramps, door widening, stair lifts, etc.

A contract for minor adaptations has been awarded.
Service users want the whole process for the prescribing of equipment and carrying out of adaptations to be streamlined to cut bureaucracy and waiting times. Temporary adapted accommodation is needed for people to move into whilst their homes are being adapted as there have been instances where families have had to be split up and expensive respite facilities used whilst work has been done on their homes.

An Adaptations review is underway within the Council and a Project Group set up to review the processes, practices and procedures involved in the provision of minor and major adaptations.

Independent Living Centre

Halton's Independent Living Centre is a resource centre for anyone who wants to know more about equipment for independent living. The Centre houses permanent displays of basic and specialist equipment that assist with independence and caring and holds regular open days for equipment demonstrations.

The Centre provides an Occupational Therapy service, which gives free impartial assessment, information and advice on the purchase of a range of equipment. A wheelchair service is also available via referral from a GP, Consultant or a health care professional.

PROVIDER SERVICES

Provider services are commissioned to meet assessed needs. These services are an essential component of services to manage demand, reduce dependency and fill gaps in the market. They also support a large number of Carers by offering a break.

Bridgewater Day Centre

Bridgewater provides a community day care service for adults and older people as well as an Outreach service and an Adult Placement Scheme. While gaining in personal confidence and undertaking rehabilitative skills programmes, which are subject to guidance from occupational therapists, psychotherapists and speech therapists, users at Bridgewater can opt to pursue social, leisure and educational activities. Service Users feel particularly supported by the comradeship of meeting with their peers, generally in group settings, as they report that this is beneficial in dealing with the “psychological” difficulties presented to some by disability.

Table 7: Snapshot of attendance at Bridgewater taken during October 2006.

Service	Daily		Weekly		Monthly	
	Places	Taken	Places	Taken	Places	Taken
Bridgewater Day Centre	40 per day (5 days pw)	Range from 21 to 31 per day	200	Range from 132 to 149	800	558
Outreach Service	-	M = 1 T = 0 W = 1 Th = 1 F = 2	-	5	-	12
Adult Placement Service	M = 20 T = 15 W = 21 Th = 21 F = 18	M = 16 T = 12 W = 14 Th = 18 F = 14	95	74	380	296
Community Day Care	T = 75 W = 40 Th = 40 F = 20	T = 56 W = 33 Th = 32 F = 17	175	138	700	552

Explanatory Notes:

- Bridgewater has 86 service users who use the Centre. Only 1 service user attends the Centre 5 days per week.
- The Outreach Service supports service users enabling them to access a variety of community activities and facilities with one to one, experienced support. Since October 2006 this service has been offered to those over age 65.

Table 8: Number of service users utilising Bridgewater Day Centre

No. of Days Attendance	No. of People Using Service
1	31
2	39
3	13
4	2
5	1
Total	86

Currently 50 of the people attending Bridgewater are aged 65 years of age. Within this group, the majority (66%) have become disabled by means of some aspect of chronic ill health. The other third of under 65s tend to be the younger set that have either been disabled as children (and often passed through the Special Education system) or have become disabled after some traumatic accident (commonly a severe head injury). Also, of particular note are the numbers of users from BME groups who attend the centre. Although low in number, they make up over 3% of the entire group, which is more than the average population in Halton.

An elected, constituted Service User Committee is in place at Bridgewater, providing service users with a means of raising issues with centre management and to provide feedback on centre services and activities. The Committee determine how service user funds (eg, the comforts fund) should be spent and they have funded many items within and around the Centre and elsewhere.

Halton has one day centre for physically disabled adults (Bridgewater). SCOPE have day service provision based at Frodsham Business Centre, however, eligibility has recently been changed and only those in residential care can attend. The Supporting People team have one unit within SCOPE at 11 Daresbury Court, Runcorn. Other authorities originally placed all service users here but one person from Halton has recently become a tenant.

An updated analysis of the current needs of people within day services is required to inform the continued modernisation of day services.

Traditionally opportunities have been service-led, not needs-led, resulting in a narrow band of activities and life-styles for people that use services. This has resulted in limited informed choice being exercised by users of services, which in turn has led to limited service delivery. *Person-centred planning must be at the heart of service development and services must be able to respond to demands made through this process.*

Halton Borough Council has been reviewing day services provided to local disabled people, of all ages, and seeking ways to improve accessibility into a range of activities provided at local community centres. This review, supported by the newly formed Community Bridge Building service which aims to promote social inclusion for all adults and older people by helping them access mainstream services, will ensure that all community venues can be accessed and used by all adults within the borough.

Outreach Service

The Outreach Service has capacity to support up to 14 service users enabling them to access a variety of community activities and facilities with one to one, experienced support. The service is offered to adults with physical disabilities between the ages of 19-65 years and has been extended to a small number of people aged over 65. Users of this service are contemplating independence in the future, others are independent but wish to increase their community involvement, and others are building up their skills in preparation for transferring to Direct Payments.

Adult Placement Scheme

Adult Placement is a direct alternative to traditional residential and day care for some and is provided by individuals and families in the community. The Service has also provided respite weeks for one or two young people with acquired brain injuries very successfully and can be a suitable venue for some people with hearing loss. The number of placements is limited by the numbers of carers available and the regulations, which limit the number of service users to be supported by one carer to three at any one time. There are restrictions to some people with physical disabilities accessing this service as carers homes are generally not be suitably adapted.

There is potential to develop the role of Adult Placement Service to support some people with a wider range of needs through day, short stay and long stay placements in a cost effective way.

Rehabilitation

The Visual Impairment Rehabilitation Services is a generic; all age service. It has a high referral rate and is unable to provide long-term intensive rehabilitation on the scale needed. Of the 169 individuals assessed in 2005-6:

78 were aged 65+
49 were aged 51-64
37 were aged 31-50
5 were aged 18-30.

A Service Level Agreement is in place with Vision Support who provide a wide range of support to visually impaired people in Halton, including a resource centre, network of support workers, information and benefit advice, counselling, specialist equipment, adaptive technology training and Braille/large print transcription.

A Service Level Agreement is also in place with the Deafness Support Network who provide services to children and adults who are deaf, hearing impaired or deaf/blind in Halton and with Guide Dogs for the Blind, provide mobility training to visually impaired people. However, there is no low vision service in Halton, therefore, service users attend a clinic in St Helens.

Community Bridge Building Service

This is a new generic service in Halton for all adults over the age of 18, which supports the national and local modernisation agendas for day services and enhances social inclusion for people with a range of disabilities. This Service aims to:

- Modernise day service provision in line with the requirements of government legislation, guidance and good practice.
- promote enhanced social inclusion and greater engagement in mainstream services for people with disabilities
- Challenge stigma and discrimination by raising profiles in service areas and the community
- Enhancing the capacity of mainstream services to promote full social inclusion of people with disabilities

HEALTH

GPs and Primary Care teams have a key role in providing health care for people with physical disabilities. They are responsible for making sure that physically disabled people can access the full range of health services to meet their ordinary health needs, eg, health screening and immunisations, as well as their additional needs through referral to specialist services.

Primary Care Trusts are the lead NHS organisation for assessing need, planning and securing all health services and improving health. They are expected to work in partnership with local communities and lead the NHS contribution to joint work with local government and other partners. They can use their discretion in commissioning care to:

- Re-shape how local health services are delivered to reduce waiting times, increase responsiveness and improve clinical outcomes.
- Ensure a focus on prevention as well as treatment.
- Forge local partnerships to more effectively address health inequalities.
- Ensure an appropriate balance between investment in primary and community services as well as acute services.

Halton and St Helen’s Primary Care Trust is responsible for creating a Local Delivery Plan that describes how the PCT will use its resources to deliver on national and local priorities for health and service improvements in Halton.

A range of community health services is available to physically disabled people in Halton, including speech and language therapy, physiotherapy and occupational therapy and the provision of wheelchairs.

Halton and St Helens PCT fund the Independent Living Centre and jointly fund with the Borough Council, the Halton Equipment Store that administers, stores and dispenses equipment to assist independent living.

The Borough Council have a Physical Activity Co-ordinator and have produced a Physical Activity Strategy that makes the links between physical activity and health gains.

TRANSPORT

Currently coaches are used to transport people to and from day services. Some people spend over an hour on the coach yet live only 10 minutes from the centre. The special transport services in Halton are in some cases the only current option for some disabled people and these were praised by users for being of high quality, but there were concerns raised around reliability and availability and the knock on effect this has on the quality of life for disabled people. Buses often arrive late, have to be booked at least one day in advance and may take a longer route because of the need to pick up others on the way.

Through consultation, service users have identified the following needs:

- Transport which can be ordered the same day so they do not need to plan ahead and are able to take part in spontaneous activities. Users said if they had this freedom, their quality of life would be vastly improved.
- Accessible and affordable transport which is available 24 hours a day, 7 days a week.
- Bus routes, which go to where people are and need to be and which link to shops, leisure, education and health facilities.
- One point of contact for transport.

ACCESSIBLE ENVIRONMENT

The Shop Mobility scheme is widely appreciated by service users, as is the help and advice offered by the Halton Disability Service.

Users and carers have expressed concerns about the problems of getting around the community in wheelchairs. A lack of wide doorways, lifts, suitable toilet and changing facilities in public places as well as dropped kerbs, ramps were all cited as affecting the quality of life for disabled people. For many, these restrictions mean that they are reliant upon day care and facilities provided by specialist services and are unable to take up opportunities for mainstream leisure and socialisation. Users want effective and sufficient services they can access in the community.

EMPLOYMENT

Management responsibility for the Council's Supported Employment Service rests with the Enterprise and Employment Division of the Economic Regeneration Service. This has enabled the service to be integrated with the Council's enterprise and employment services that have provided better access to main stream employment and enterprise opportunities for people with disabilities.

Table 9: Number of new supported employment placements of people with a physical or sensory disability during the period 1st April 2005 to 31st March 2006:

Education & Training	Voluntary Work	Supported Permitted Work	Full-time or Part-time Work
18	19	11	7

Table 10: Number of PSD clients being supported in training or work placements as at 31st March 2006 regardless of their start date was:

Education & Training	Voluntary Work	Supported Permitted Work	Full-time or Part-time Work
33	34	21	26

A revised strategy will be developed for Employment opportunities in 2007. This will encompass Paid Employment/Voluntary work opportunities through Supported Employment and Bridge Building.

ADULT LEARNING

Halton Borough Council's Adult Learning Team delivers adult community learning in excess of 60 venues throughout each academic year and is the main provider of adult education in the borough. During the 2006/7 academic year, the following individuals have been supported onto an adult learning class:

22 people with visual impairments
32 people with hearing impairment
114 people with mobility issues
29 people with other physical problems
57 people with other medical conditions (e.g. epilepsy, asthma, diabetes)
6 people with emotional/behavioural issues
7 people with mental health issues
13 people with multiple disabilities
20 people with 'other' disabilities

The Learning & Skills Council funds the adult learning provision and this continues to be reduced year on year in favour of qualification-bearing courses. Course fees are payable and a Fee Remission Policy is in place for those individuals in receipt of benefits.

Any learners identifying themselves as having additional needs receive advice from a member of the team during the enrolment process. In some cases, the adult learning courses will not be suitable for some individuals.

SUPPORTING PEOPLE

The Supporting People programme provides essential housing related support services for over 1.2 million vulnerable people across England. It enables people to live more independently in their homes than would otherwise be possible, providing them with greater choice about how they live. It can also help to prevent social exclusion and the need to go into institutionalised type care settings.

A grant is paid by the Office of the Deputy Prime Minister (ODPM) to 150 Administering Authorities (top tier and unitary authorities) who then contract with service providers to deliver housing related support services (this does not include care services) to vulnerable people. A Commissioning Body (a partnership of local housing, social services, health and probation services) sits above the Administering Authority and plays a key role in advising and approving decisions on priorities, de-commissioning of services and the local 5 year Supporting People Strategy.

There are 108 Supporting People services operating in Halton with capacity to offer housing related support in 2,074 homes. There is also low provision of supported accommodation for

people with mental health problems, people with a physical/sensory disability and for people with drug problems.

The Supporting People Strategy for the 5 year period from 2005 has identified support for disabled people as its second priority for expansion. Halton is working on the development of registers detailing adapted social housing stock in order to match up people to appropriate rented accommodation.

HOUSING

The Council's Housing Strategy 2005-2008 shows there are no designated accommodation based units for people with physical disabilities and because of this service users who would normally live in the borough live outside of the borough. Out of area placements are made to Hillside in the Huyton area of Liverpool and Callands Court in Warrington.

There is also an identified need for the provision of 3 units of accommodation for visually impaired people.

The council has identified 577 units of supported housing in Halton with an additional 2,777 units identified as suitable for people with additional needs. In addition, there are 1,422 units designated for older people and 10 units providing very sheltered/extra care and 182 units identified for cross-authority referrals. It is also estimated that 28 disabled people out of a total of 1,423 people with other needs use the floating support services that are available.

There are a number of services which assist people to remain in their own homes such as the Care and Repair Agency, the Vulnerable Tenants Scheme and the Handyperson Scheme. The Care and Repair Agency also assists homeowners with obtaining renovation and Disabled Facilities Grants and carrying out adaptations.

CARERS

Halton has a Carers Strategy and Action Plan 2006-2008 for carers across all services. The Borough has 2 Carers Centres, one in Runcorn and one in Widnes, which are open 5 days a week from Monday to Friday, and a dedicated full-time Service Development Officer for Carers.

An updated Carer Information Pack has been produced and provides details of local support services available to all of Halton's carers. Carers Grant, available to the Directorate, has paid for the development of a Carers Breaks service. A wide range of Carers Breaks were provided during the last year by voluntary organisations and teams within Social Care.

Services available to support carers in their caring role include:
- Day Care – away from the home, to allow the carer some time at home away from caring.
- Night sitting services – to help the carer to get a good night's sleep.
- Evening or day sitting services – to allow the carer to go out or to do something for themselves (eg, meet friends, go to the cinema or an evening class or do some shopping).
- Carers Breaks Scheme – free daytime care at weekends for older people.
- Short Term Breaks – for the person being cared for, in a range of places (eg, activity breaks, family based care, residential care, Bridgewater Day Centre).
- The voluntary sector and Halton's Carers Centres also provided breaks for carers in the form of holidays, day trips and pamper sessions

Between April 2006-March 2007 Physical and Sensory Disability Team supported 62 carers to receive a break from their caring role. Of these, 2 carers received support more than once. Thirty three carers received the funding via a Direct Payment. A further 10 service users

received the funding via a Direct Payment to enable the carer to remain at home and allow the cared for person to receive respite in an appropriate format. Bridgewater Day Centre, Halton's Carers Centres and the voluntary sector provided breaks to a further 241 carers.

The expenditure on providing breaks to carers of individuals with a Physical and Sensory Disability in 2006/07 was:

- PSD Team £30,032
- Bridgewater Day Centre, voluntary sector and the Carers Centres spent an additional £23,482.

SUMMARY OF MAIN PROVIDERS

Block Contracts

Fieldworkers are currently utilising block purchased Domiciliary Care agencies, eg, Sankey HC, Medico, Carewatch and Verna. However, there are no block purchased specialist domiciliary agencies specifically for PSD clients.

Spot Purchase

In addition to block contracts, Fieldworkers are accessing validated Domiciliary Care agencies on a spot purchase basis, eg, Allied Medicare, PSS, Lifeways.

There is currently no specific bed based respite facility for physical and sensory disabled clients within Halton. Fieldworkers are able to pursue spot purchases from older people's establishments subject to CSCI variations.

Younger people with respite needs are offered services in out of area facilities on a spot purchase basis. These are predominantly Hillside Younger Persons Unit (Huyton) and Callands Court NH (Warrington). Disability specific resources are also spot purchased in out of area resources.

SCOPE have 5 establishments providing residential care provision which have been utilised by teams:

- 10 Coronation Dive, Widnes
- 1-3 Edward Street, Widnes
- 102-108 Warrington Road
- 1-3 The Hollies
- 8-11 Harbour Close, Runcorn

SCOPE also has a day service provision based at Frodsham Business Centre. Service provision has recently been changed and only those in residential care can attend. The Supporting People team have one unit within SCOPE at 11 Daresbury Court, Runcorn.

In-House Services

- Day care provision from Bridgewater Day Centre, which covers 18 years, and over.
- The Adult Placement Service, which is predominantly an older person's resource. There is currently one physically disabled client using the service.
- The Adult Placement service currently has a placement available for respite provision. Last year 2 people with an acquired brain injury were able to utilise the service.
- Intermediate care beds are based in older people's establishments.

Intermediate Care is currently provided by the Council's Home Care team for short term intervention. There are, however, several service users who utilise this service whose needs are of a long-term nature and cannot be transferred to the Independent Sector due to the complexity of their cases.

The Bridgewater Outreach Service is specifically designed for physically disabled service users to enable them to access and integrate into the community and to promote their independence. It is a small-scale service and does not provide any personal care. Previous difficulties have been around service provision when workers have been on leave or off sick. More recently, however, extra hours have been funded which should reduce these incidents.

Halton and St Helens PCT

Halton and St Helens PCT fund the Independent Living Centre and jointly fund the Halton Equipment Store with the Council, which is responsible for the prescribing of home equipment to assist independent living.

Voluntary Sector

Service Level Agreements are in place with Vision Support who provide a rehabilitation service, with the Deafness Support Network who provide services to children and adults who are deaf, hearing impaired or deaf/blind in Halton and with Guide Dogs for the Blind to provide mobility training to visually impaired people. However, there is no low vision service in Halton, therefore, service users attend a clinic in St Helens.

Crossroads Caring for carers provide a sitting and home care service (at no charge to the service user) to allow the carer short periods of respite. There is currently a waiting list for this service. There is no age limit on this service. They also have lottery funding for palliative care hours.

CONCLUSION: SECTION FOUR

Many of the services accessed by disabled people in Halton are designed for older people and there are few dedicated services for those with physical disabilities. For example:

- The Rapid Access Rehabilitation Service is only for service users who are 55 years and over.

- Provision from Bridgewater Day Centre covers those aged 18 years and over but there are a significant number of service users who are aged over 65 years. The challenge is to make the service appropriate for the younger service users who feel it is an older people's service. Difficulties are in providing a range of meaningful, community based daytime opportunities linked to leisure, education and employment.

- The Adult Placement Service is predominantly an older person's resource with only one physically disabled service user accessing the service at the moment.

- There is only residential respite provision for disabled people in an older peoples' home and for those with brain injuries the only facility is within the family placement service and this is only suitable for those who are more able.

- Intermediate Care beds are based in older people's establishments and referrals have to be age appropriate, which prohibits a significant amount of physically disabled service users from using them.

There are only community based rehabilitation or intermediate care services for those with visual impairments or those needing home care. This means that inappropriate and expensive residential and nursing placements have to be used.

Only one domiciliary agency specialising in complex neurological disorders has been validated by the Council in 2004 and this means re-tendering to meet needs.

Occupation/Vacancy Levels

There is little central information available on occupancy and information included below has emerged from service plans. There is a need to collate this information centrally and use it to monitor services.

- There is currently a waiting list for Crossroads Care Attendant services.
- The Visual Impairment Rehabilitation Services works with users of all ages and not just adults and the large referral rate means it is unable to provide long term intensive rehabilitation on the scale needed.
- There is a greater demand on the equipment and adaptations budget than can be met.
- The Council's Housing Strategy 2005-2008 shows there are no designated accommodation based units for physical and sensory disability services, therefore, 75 service users who would normally live in the borough live outside of the borough. There is also an identified need for the 3 units of accommodation for visually impaired people.

SECTION FIVE: PERFORMANCE AND FINANCE

PERFORMANCE ASSESSMENT

Halton Borough Council is currently rated as an 'Excellent' Authority and a 2 Star Social Services Authority. A number of indicators are relevant in assessing the performance of Physical and Sensory Disability Services, which are outlined below.

Table 13: Performance Indicators

Ref.	Indicator	2005-06 Performance	2006-07 Performance	2007-08 Target
PAF D40 & BVPI 55	Clients receiving a review	80%	81%	
BVPI 195	Waiting time for new clients from (i) Contact to start of assessment (ii) Contact to end of assessment	79% 79% **79% Combined Result**	92% 75% **84% Combined Result**	
PAF E50	Assessments of adults and older people leading to provision of service	60%	67%	
BVPI 196	Waiting time for new clients from completion of assessment to provision of service	93%	92%	
BVPI 56 & PAF D54	Delivery of equipment within 7 working days	76%	92%	
PAF C51	Direct Payments	165 per 10,000 pop.	189 per 10,000 pop.	
PAF D39 & BVPI 58	% of people receiving a statement of their needs and how they will be met	99%	99%	
PAF C29	Adults and older people helped to live at home	7.10 per 1,000 pop.	7.60 per 1,000 pop.	
PAF C73	Admission to permanent residential and nursing care (adults of working age)	0.4 per 10,000 pop.	0.8 per 10,000 pop.	
PAF D42	Carers assessments	38.9%	No longer a PAF Indicator	
PAF C62	Services for Carers	6.9%	10.2%	

Independent Living

The increase in disabled adults helped to live at home is dramatic and regionally, comparators are at similar levels to Halton.

Halton also has high levels of people using direct payments (8th in UK), which provide greater control over people's choice of who provides their care. Government is keen for this to move towards personalised budgets, which although powerful, does reduce efficiency due to reduced economies of purchasing activity. Halton plan to pilot this approach as an efficiency gain.

Residential Placements

In 2004/05 residential placements were at an all time low. This reflects a fundamental change in culture to improved assessment and better working across social care and health services and promoting independence by supporting service users to remain living in their community. No physical and sensory disability service users have been placed into residential or nursing home care.

Waiting Times

Waiting times are service measures of efficiency and effectiveness for social care, and are increasingly measured in both CSCI Self Assessment Survey (SAS) and by Health and Social Care Information Centre performance indicators, and relates to both time for assessments and for provision of service.

Targets are now about reducing waiting times for assessment and provision of service, the Government rightly having a view that all assessment should be started with 48 hours and all care should be in place within 4 weeks. Year on year the target is tightened as to how many of these are completed within these timescales. This has meant the need for additional assessment staff (social workers and community care workers) to undertake that assessment work.

In 2006/07 nearly 1,415 adults of a working age were assessed and/or reviewed.

Equipment

Government have been emphasising equipment as a key service that supports independence, recognising that without the right equipment and adaptations people often repeatedly go in and out of hospital. Equipment is, therefore, seen as a good measure of how well we promote independence. Halton has surpassed local and national targets for delivery of equipment within 7 days. In 2006/07 92% of community equipment was delivered within 7 days. However, there is an expectation that this will increase year on year, putting pressure of the equipment budget.

Halton and St Helens PCT currently provides the equipment contract. Further work will need to be undertaken to predict future demand and resource pressure.

The amount of equipment issued continues to increase year on year, particularly more high cost, specialist and new catalogue items. The changes within the PCT to cease being a direct provider of services may mean that the contract will be re-tendered to a different provider. This may reduce long term costs.

Adaptations

A significant number of complaints made to Adult and Older People's Services in 2004/05 related to adaptations to property. The majority of these complaints were about delays in procedures and the length of time taken to complete adaptations. The average length of waiting time in 2006/07 for minor adaptations from assessment to work beginning was less than 1 week.

The average length of waiting time in 2006/07 for major adaptations from application of Disabled Facilities Grant to approval of the Grant was approximately 15 weeks. Obviously putting an extension on someone's house is a major piece of work, but timescales need to continue to be reduced. Improvement in performance in this area must be an objective of any future plans to fund or provide adaptations.

Self-assessment against Progress in Sight

Progress in Sight produced national standards of social care for visually impaired adults in October 2002. In 2003 a survey was conducted on behalf of the Association of Directors of Social Services Sensory Sub-Committee in 2003 to determine progress against the Standards. This involved Local Authorities self-assessing against the Standards.

Halton's performance is compared to the English Average Score in the Table 12 below. Overall, Halton ranked 30th of all Local Authorities in England against these Standards.

Table 12 Halton score compared to English Average Score

Standard	England Average Score/10	Local Authority Score/10
1 Involving visually impaired adults in service planning	5.83	5
2 Planning services	5.78	6
3 Commissioning services	6.28	8
4 Managing services	6.46	8
5 Managing the workforce	7.00	8
6 Resourcing services	6.40	7
7 Making services more accessible	7.00	6
8 Reaching adults with a newly diagnosed sight problem	7.34	8
9 Involving service users in developing care pathways	7.85	8
10 Supporting carers	7.55	9
11 Assessing individual needs	7.46	9
12 Agreeing the care plan	7.55	6
13 Providing emotional support	5.96	6
14 Training people for life	7.98	7
15 Equipping people for life	7.35	9
16 Achieving continuous improvements to services	6.17	8

FINANCIAL ANALYSIS

Table 13 below shows the breakdown of the Council's Physical & Sensory Disability expenditure by service type. The 2007/08 budgets are included for comparative purposes. In recognition of the increased number of referrals for over 65's and to ensure hospital discharges were facilitated, specific grants were invested to increase capacity of community care workers, vision rehabilitation workers and occupational therapists as well as minor adaptations and equipment services. This investment is likely to be repeated in 2007/08 but is not reflected in

figures for this year in Table 13. These grants cease on 31st March 2008 and to date the Government has not indicated what, if any alternative monies will be available beyond this date.

Table 13: Gross Expenditure on PSD services (£000)

Service	2004/05	2005/06	2006/07	2007/08 Budget
Management/overheads	165	680	766	488
Community Day care	111	117	127	136
Adult Placement	56	83	108	94
Bridgewater	344	450	385	405
PSD	1,829	1,445	1,632	1,753
Independent Living Team	596	748	768	647
Equipment Service		104	166	110
Contracts with voluntary sector	104	92	90	93
Total	**3,205**	**3,615**	**4,042**	**3,726**

Diagram 7: Percentage expenditure by service in 2006/07

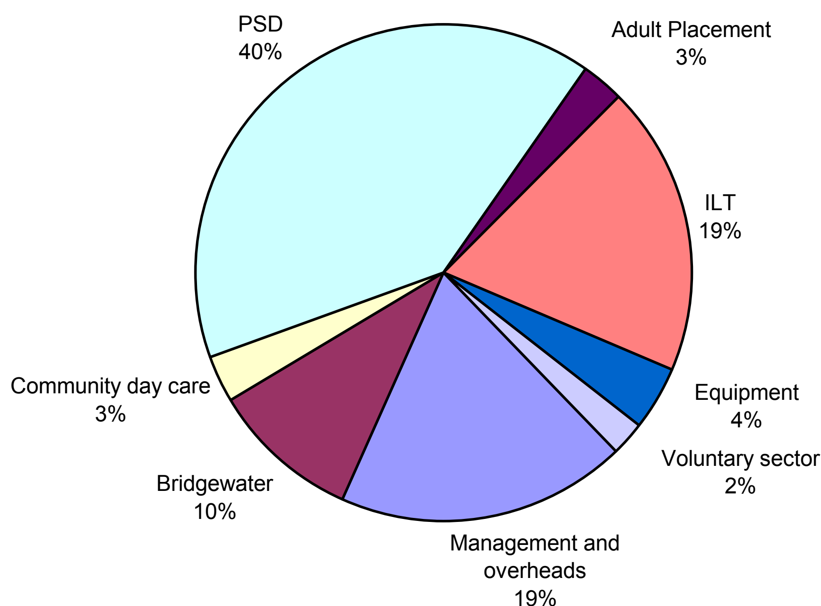
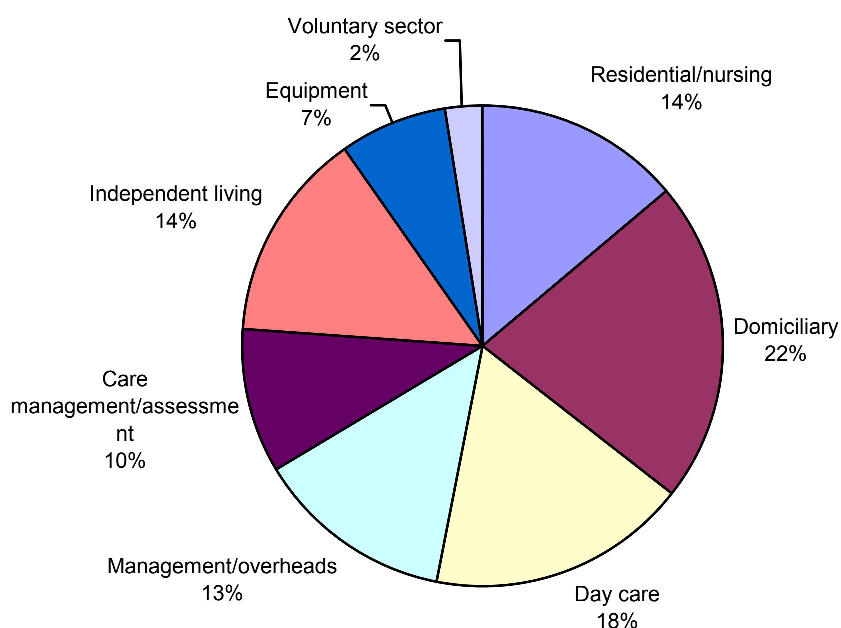


Table 14: Physical and Sensory Disabilities – Budget by Activity 2007/08

Service	£000
Residential and Nursing	514
Domiciliary care, direct payments and meals	814
Day care	653
Management /overheads	488
PSD care management and assessment	364
Independent living team	535
Equipment – including audio, visual and minor adaptations	265
Voluntary sector – audio/visual services	93
Total	**3,726**

Diagram 8 : Percentage budget by activity type 2007/08



Community Care

Expenditure on community care in the independent sector for the last three years is shown below together with the budget for 2007/08. expenditure for Physical and Sensory Disability Services for 2004/05 and 2005/06 is shown below in Table 21.

Table 15: Community Care expenditure 2004/05 to 2007/08

2004/05 Expenditure	2005/06 Expenditure	2006/07 Expenditure	2007/08 Budget
£1,227,768	£1,441,308	£1,413,322	£1,346,490

The Directorate operates a policy that encourages individuals to access Independent Living Fund, which has helped reduce the budget pressure in the service. There are a small number of complex packages jointly funded with Health.

Regional Procurement

Across the North West region, there is recognition that it is beneficial to work collaboratively on a Regional basis to commission services more cost effectively across boundaries. There are several strands of this work lead by the North West Centre of Excellence, who have launched, a project to Audit, across the Region, high cost placements. The project scope will look at variations in cost and quality, inconsistencies in charging, the need for more complete picture of clients, cost, care and contracting. It aims to provide baseline information to support service development and improved commissioning/contracting. The scope will cover Adults 18-65 with Learning and/or physical disabilities.

Disabled Facilities Grant

Adapting properties (within owner occupied, private and council tenancies) to meet the needs of disabled people can be funded by use of Disabled Facilities Grants (DFGs). The current upper limit per grant is £25,000 per adaptation and eligibility for a DFG is means tested. Adaptation work above the grant limit is funded through the Independent Living Team budget (£111,590 for the year 2007/2008).

The ILT budget is also used to fund minor adaptations (eg, grab-rails); top up where the available grant is below the maximum, falls short of the amount required to complete work and the service user is unable to identify alternative funding; and fund adaptations for disabled service users in all service user groups and for of all ages.

The demands on this budget will increase in the future due to:

- The anticipated growth in Halton's ageing population.
- More extensive work being recommended to take advantage of new equipment/technology and assessing service users needs for the longer term rather than the immediate future.
- The drive to enable more service users to remain independent in the community.
- Service user awareness of their right to adaptations and determination to remain in the community.
- The increased cost of materials and building work.

The following options exist to manage the growing demand on this budget:

- Support to service users to move to adapted or more easily adapted properties -an Adapted Housing Register is currently being established.
- The use of prefabricated adaptations – “pods”.
- Introduction of an equity release scheme.
- Introduction of a loan/interest free loan scheme.

The Government has issued a consultation document “Disabled Facilities Grant Programme: The Governments Proposals to Improve Programme Delivery” which contains proposals for a staged increase on the upper limit to £50,000 and giving authorities powers to recover grant on future sale. The latter is a long term solution to recycle money but in the short term additional funding will be required to implement these proposals.

CONCLUSION: SECTION FIVE

Activities to achieve our overall objectives to promote independence, help more people to live at home and give them more choice are bearing fruit as can be seen from performance evidence. In 2006/75 92% of community equipment was delivered within 7 days and Halton also has high levels of people using direct payments, which provide greater control over people's choice of who provides their care.

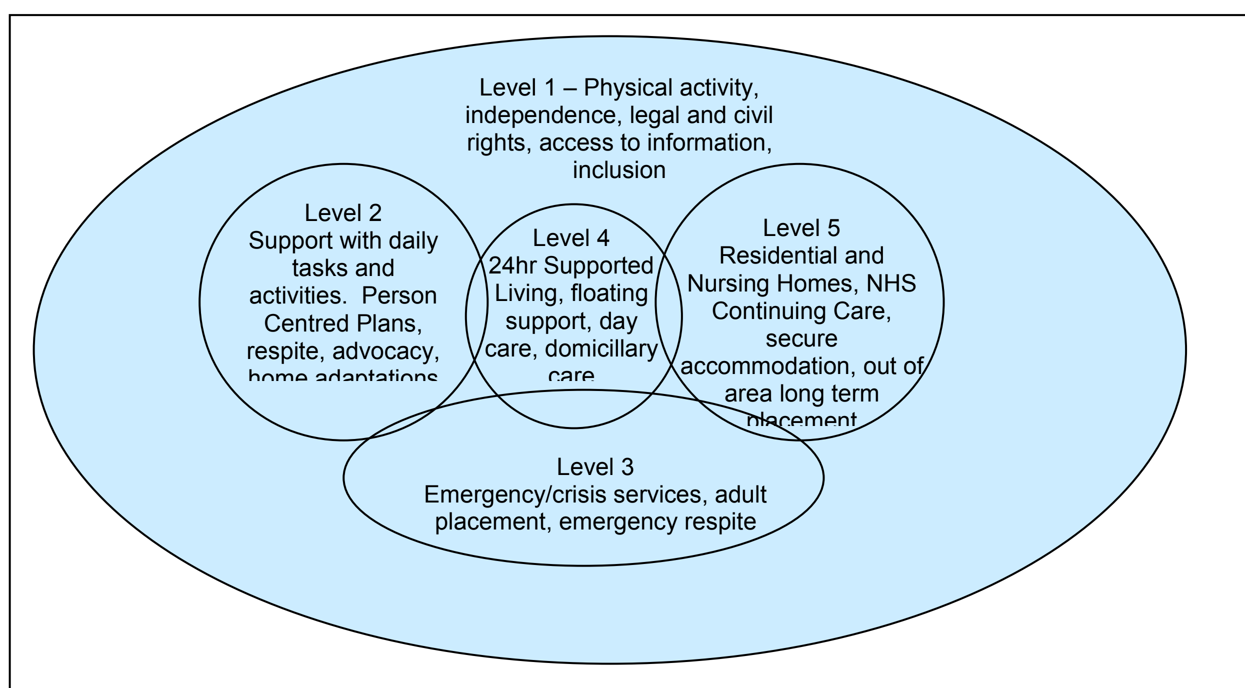
Waiting times with regard to major adaptations are lengthy and need to be reduced, however, a review of the adaptations service is underway, which aims to improve processes and practices and reduce waiting times.

A culture of continuous improvement is needed to ensure improved performance against performance indicators. Detailed financial planning will inform decisions for funding service developments and meeting future demand for services.

SECTION SIX: IMPLEMENTING THE STRATEGY

This Strategy in relation to the commissioning of services for physically disabled people is structured on the Peter Fletcher Associates' 5 Levels of Care outlined in Section One, which underpin the whole system approach to strategic commissioning. Most health and social care provision and financial resources are geared towards the higher dependency needs of vulnerable people in the community. Any move therefore to increase investment in citizenship and lower level support services depends to some extent on disinvestment in the higher cost services at Levels 4 and 5 or using resources more effectively.

The diagram below, first outlined in Section One, gives some examples of activities associated with each level and begins to explain how each section of the Local Authority and PCT can play their parts in providing services for people with physical disabilities which are effective, outcome focussed and which truly reflect need.



LEVEL 1 - CITIZENSHIP

Information

A full range of information needs to be provided in an accessible format to enable people with sensory impairments resident in the borough to know what services are available and to fully participate in services they access.

- All services commissioned or accessed by people with sensory impairments will be required to produce a statement of purpose for commissioners and accessible information for users.

- All written publicity, information and documentation will be produced in a format which is accessible to service users and their carers.

Service User and Carer Involvement

The provision of services needs to be informed by service users and their carers both at a macro and micro level of commissioning.

- Service users and carers' views should be considered and recorded in all assessments, plans and reviews. The full implementation of person centred planning is essential in developing full user participation and services will need to be responsive to the challenges this presents.

- Service user forums should be developed for those using Physical and Sensory Disability Services. These should be supported and membership encouraged. Consultations about service improvements and developments should be referred to the forum for comment.

- An active forum for carers to articulate their views exists within the Halton Carers Umbrella Group existing in its own right and having representation on the Carers Strategy Group. The development of further carer forums and consultation events for those caring for physically disabled people should be encouraged.

- The needs of carers should be identified through carers' assessments.

Social Inclusion

Strong partnership working with the whole range of organisations in the Borough is fundamental in contributing to the development of fully accessible services. Within Social Care, services provide stepping stones for disabled people towards full social inclusion. These services enable access to employment, education, community and leisure facilities, voluntary societies and self-help groups, disability arts and sports, peer support, advocacy services and community participation.

LEVEL 2 - PREVENTION AND MINIMUM INTERVENTION

Halton's approach to services for disabled adults is to support more people in their own homes and communities and less people in hospital and care homes.

Promoting Independence

- Care planning will be outcome focussed by taking a person centred approach and will require services which promote independence by giving service users more control over service delivery and by offering a rehabilitative approach.

Independent Living

- A Direct Payment scheme operates in Halton and is available to all service user groups. As at April 2006, 55 disabled people were in receipt of Direct Payments. The take-up of direct payments will be encouraged as the most effective way of giving service users control of services and from 2008 Individualised budgets will be available to all.

- Every effort will be made to enable service users to live independently in the community. This will require a range of domiciliary support services including personal assistance services and community support services.

- Intermediate care services include the needs of physically disabled adults under 65. Short term rehabilitation services will be needed both in residential and nursing care and in the community.

- Respite care services should offer high quality care and be a positive and stimulating experience for the service user.

- The provision of special equipment and adaptations to assist independent living should be improved. A review of the adaptations service is underway within the Council and a Working Group set up to review the processes, practices and procedures involved in the provision of minor and major adaptations.

- A review of day services provided by the Physical and Sensory Disability Service will commence in January 2006. Currently, day service provision for physically disabled people of working age is primarily through Bridgewater. This review, together with the Modernisation of Daytime Opportunities Review across the Health and Community Directorate of the Council, will determine the future shape and provision of day services.

- Links with the Supported Employment service will be strengthened to encourage those who wish to work to gain access to and be supported in employment.

- The Community Bridge Builder service will promote enhanced social inclusion and greater engagement in mainstream services for people with disabilities

- Accessibility to community centres in the borough has been reviewed and the recommendations will be acted on to ensure mainstream services can be used by physically disabled people.

Transition

- A joint strategy with the Children and Young People's Directorate will be in place by September 2007 and is crucial in enabling a proactive approach to young people having a positive experience of transition into adult services.

Advocacy

- A generic advocacy service has been commissioned with time limited funding. Joint working with the provider will be undertaken to identify alternative funding sources and secure the future of this service.

LEVEL 3 - INTENSIVE TIME-LIMITED INTERVENTIONS

- Adult Placement is a direct alternative to traditional residential and day care and is provided by 'foster' families in the community. There is considerable scope to develop this service to prevent hospital admissions and speed up transfers.

LEVEL 4 - COMMUNITY-BASED ONGOING LONG-TERM HEALTH & SOCIAL CARE SUPPORT

- Alternative options to manage the growing demand on the Independent Living Team budget to top up Disabled Facilities Grants will be explored, for example:

  - Support to service users to move to adapted or more easily adapted properties and linked to an Adapted Housing Register.

- The use of prefabricated adaptations – “pods”.
- Introduction of an equity release scheme.
- Introduction of a loan/interest free loan scheme.

- Comprehensive information about housing and support options will be made available to all service users, carers, staff and other stakeholders.
- Consideration should be given to the development of Adult Placement as an option for support and accommodation. This is significantly under developed in Halton, but has proved to be a positive option in other areas.

LEVEL 5 - LONG-TERM CARE IN RESIDENTIAL OR NURSING HOMES AND HOSPITAL

In April 2006 there were 13 people aged 18-64 with physical or sensory disabilities placed in permanent residential or nursing care placements. The service is successful in supporting people to remain in their own homes.

ADULT SOCIAL CARE OUTCOMES FRAMEWORK

The White Paper Our Health, Our Care, Our Say requires a strategic shift to locate services in the local community and sets out seven broad outcomes for services to deliver for individuals – these were outlined in Section 1, page 10.

ACTION PLAN

The action plan at the end of this section links each specific outcome to the broader outcomes set out in the white paper and also shows which of the five levels of care an action will promote. Actions are weighted towards achieving citizenship and lower levels of support - levels 1, 2 and 3, which maintain independence and prevent admission to acute or high dependency services.

OPTIONS FOR CHANGE

Five over-arching options exist for the commissioning and planning of services to ensure the needs of service users are met:

- Disinvest or de-commission – Disinvestment is the process of reducing or eliminating investment in services because they no longer align with need.
- Re-configure services – Re-configuration is the process of negotiating changes to the service specification with an existing provider to ensure that they align with needs.
- Re-negotiate or end contracts – Re-negotiation is the process of improving performance in delivering the contract.
- Maintain contracts – Maintenance is the process of ensuring continuity of service provision, price and quality.
- Commission new services – Commissioning new services is the process of securing services to meet new or changed needs.

Factors affecting the decision on which of the above processes are appropriate include:

- None or poor alignment with needs.
- Poor quality services.
- Adversarial relationship.
- High cost service.
- Contract details.

Given the range of actions in the plan all of these options will be utilised as appropriate.

PSD Joint Commissioning Strategy Action Plan

Adult Social Care Outcome	Service area/activity	Actions	Outcome	Level of Care	Accountable Manager	Timescale
Improved Health	Rehabilitation	Develop a consistent approach to physical and psychological rehabilitation services and establish community based services and support groups.	Individuals learn strategies to help manage their condition and remain independent.	3	Divisional Managers Independent Living Services and Assessment and Care Management	December 2007
		Identify how short-term neuro-rehab can be accessed.		3		December 2007
		Ensure continuity of rehabilitation and follow up reviews.		3		December 2007
		Extend intermediate care to those aged under 65.		3		April 2008
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	2	Divisional Manager Assessment and Care Management	March 2008 Work topic for PPB
		Implement ongoing provider monitoring arrangements			Joint commissioning Manager Adults with Disabilities	March 2008
	Deaf/Blind Strategy	Checklist/mapping exercise leading to action plan	Individuals have access to specific support.	4	Principal Manager - PSD	October 2007

Adult Social Care Outcome	Service area/activity	Actions	Outcome	Level of Care	Accountable Manager	Timescale
Improved Quality of Life	Transport	Replacement programme for HBC fleet and HCT vehicles will support modernisation of day activities.	Accessible transport available and passenger journey times reduced.	4	Team Leader - Client Services (Transportation)	March 2008
		Offer travel training and improve information to enable individuals to access public transport.	Individuals are enabled to travel independently.	2	Team Leader - Client Services (Transportation)	September 2007
		Improve frequency of public transport services.	Improve accessibility in areas of the Borough across the week and Bank Holidays.	1		March 2008
		Encourage bus companies to replace remaining non-accessible vehicles.	Accessible vehicles will be available on all public transport routes at all times.	1		March 2009
	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.	3	Principal Manager -PSD	2008
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.	1	Principal Manager -PSD	September 2007

Adult Social Care Outcome	Service area/activity	Actions	Outcome	Level of Care	Accountable Manager	Timescale
Making a positive contribution		Review access to Advocacy services	Individuals can express their views and be heard. Implications of IMCA are addressed.	2	VATF Programme Manager Divisional Manager Assessment and Care Management	December 2007 December 2007
Exercise choice and Control	Individualised Budgets	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	IB's will be made available to all who want them. Individual sets the outcome they wish to achieve.	2	Divisional Manager Assessment and Care Management	Full implementat ion 2008
	Independent Living Team	Self Assessment for equipment	Reduced waiting times and individual's are in control.	2	Principal Manager ILT	December 2007
	Carers Support	Ensure services are available to meet carers needs identified through assessment.	Carers will be supported to maintain their health and social networks.	2	Divisional Manager Assessment and Care Management	April 2008
	Information	Explore opportunities to promote services/support and signpost individuals appropriately.	Individuals will make informed choices.	1	Divisional Managers Independent Living Services and Assessment and Care Management	December 2007
		Ensure people have full information about their condition and what this may mean for them.		1		

Adult Social Care Outcome	Service area/activity	Actions	Outcome	Level of Care	Accountable Manager	Timescale
Exercise choice and Control	Independent Living Centre	Re-establish vision/purpose	Effective use of building.		Divisional Manager Independent Living Services	April 2008
	Equipment services	Scope of HICES	Clarity around support for C&YP			December 2007
		Build capacity to expand HICES in response to aging population.	Equipment is available within time target.	2	Divisional Manager Independent Living Services	April 2008
		Direct payments for equipment	Greater choice for individuals	2		April 2008
Freedom from discrimination and harassment	Diversity monitoring	Record diversity data in assessment, planning and review.	Individuals' cultural and religious needs are met.	1	Principal Managers ILT and PSD	December 2007
		Training to ensure diversity is addressed in care planning / service provision.			Divisional Managers Assessment and Care Management and Independent Living Services	December 2007
Economic well-being	Life chances	Consider best use of Bridgewater	Available services will be designed to move people on.	3	Divisional Manager Independent Living Services	April 2008
		Ensure Management Responsibility protocol is in place for all in-house services.	Council managers working alongside agency staff will ensure care plans are followed.			October 2007
	Employment	Develop support for maintenance of existing employment skills.	Individuals can continue or return to employment.	2	Joint Commissioning Manager Adults with Disabilities/Supported	April 2008

Adult Social Care Outcome	Service area/activity	Actions	Outcome	Level of Care	Accountable Manager	Timescale
Economic well-being		Offer training to access employment		3	employment	
	Housing	Set up adapted housing register.	Housing need will be quickly matched with suitable accommodation	2	Principal Manager ILT	March 2008
	Housing	Colleagues responsible for Housing elements of local development framework to sit on PSD LIT	Need for an accessible environment compliant with both Lifetime Homes and Decent homes standards is promoted.	1	Joint Commissioning Manager Adults with Disabilities	July 2007
	Community bridge building	All aspects of PSD services to link to the Bridge Building Service and ensure appropriate referrals are made	Opportunities for social integration and employment are identified and realised.	1	All Principal Managers within PSD services	July 2007
	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.	1	Divisional manager Independent Living services	Ongoing
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.	1	Principal Manager PSD and all relevant agencies in line with no secrets policy.	Ongoing

Adult Social Care Outcome	Service area/activity	Actions	Outcome	Accountable Manager	Timescale
Leadership	Transition	Develop strategy for transition from Children's to Adult services.	Joint planning so young people experience a positive move into adulthood.	Divisional Manager Children with disabilities/Joint commissioning manager.	September 2007
	PSD/OP Care Management	Review process for Adults approaching age 65	Continuity of care management will be maintained.	Principal manager PSD	September 2007
		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.	Operational Director OP and AOWA	September 2007
	Primary Care Services	Build relationships with local clinicians to influence PBC and promote whole system working	Promote preventative services and early intervention.	Operational Director AOWA	Ongoing
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	To be determined	April 2008
	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.	Divisional Manager Independent Living Services	2008/09

Adult Social Care Outcome	Service area/activity	Actions	Outcome	Accountable Manager	Timescale
Commissioning and use of resources	Visual Impairment Service	Determine where this service is best situated.	Integrated, effective support available.	Divisional Manager Assessment and Care Management	December 2007
	Providers	Ensure staff are appropriately trained. Incorporate person centred working practices into staff induction and ensure implemented.	Only skilled staff will provide care/support. Individuals will be in control of how and when they receive care and support.	Divisional Manager Independent Living Services / Joint Commissioning Manager Adults with Disabilities	December 2007
		Review specifications within contracts and SLA's to promote continuous improvement.	Commissioners will be able to monitor performance and know when intervention is required.	Joint Commissioning Manager Adults with Disabilities	Ongoing
	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.	Divisional Managers and Joint Commissioning Manager	October 2007

REVIEW ARRANGEMENTS

This Strategy will be launched in mid 2007 and implementation and monitoring of progress will be through the Physical and Sensory Disability Local Implementation Team (PSD LIT) and service planning processes. The LIT will review annually to:

- Measure progress against actions set out in the Strategy
- Identify any barriers to achieving progress and identify solutions
- Ensure that existing service and new service proposals reflect changes in people's needs over time

REFERENCES

1991 Halton Census Atlas

2001 Halton Census Atlas

Index of Multiple Deprivation 2004

'Independence Matters: An overview of the performance of social care services for physically and sensory disabled people' Dec 2003 (DoH Report)

'Improving the Life Chances of Disabled People' January 2005 (ODPM Report)

DH NSF for Long-term Conditions

Carers in Halton Report

Physical & Sensory Disabilities Business Plan 2002-03

Physical & Sensory Disabilities Joint Investment Plan 2001-04

Halton Borough Council Corporate Equality Plan 2006-09

LCS Limited Stakeholder Away Day Report April 05

Our Health, Our Care, Our Say: a new direction for Community Services (DH January 2006)

A new outcomes framework for performance assessment of adult social care (CSCI 2006)

APPENDIX 1

Adults under 60 with a physical and/or sensory disability
Housing related statistics

Background

The statistics presented in this report are calculated from the responses to the Housing Needs Survey 2005 and relate to people over the age of 15 and under the age of 60 who indicated that they have either a physical or a sensory disability or both. Some 2,321 randomly selected households across the Borough participated in the survey. The statistics presented here have been weighted from the original responses according to tenure and location to represent the Borough wide position.

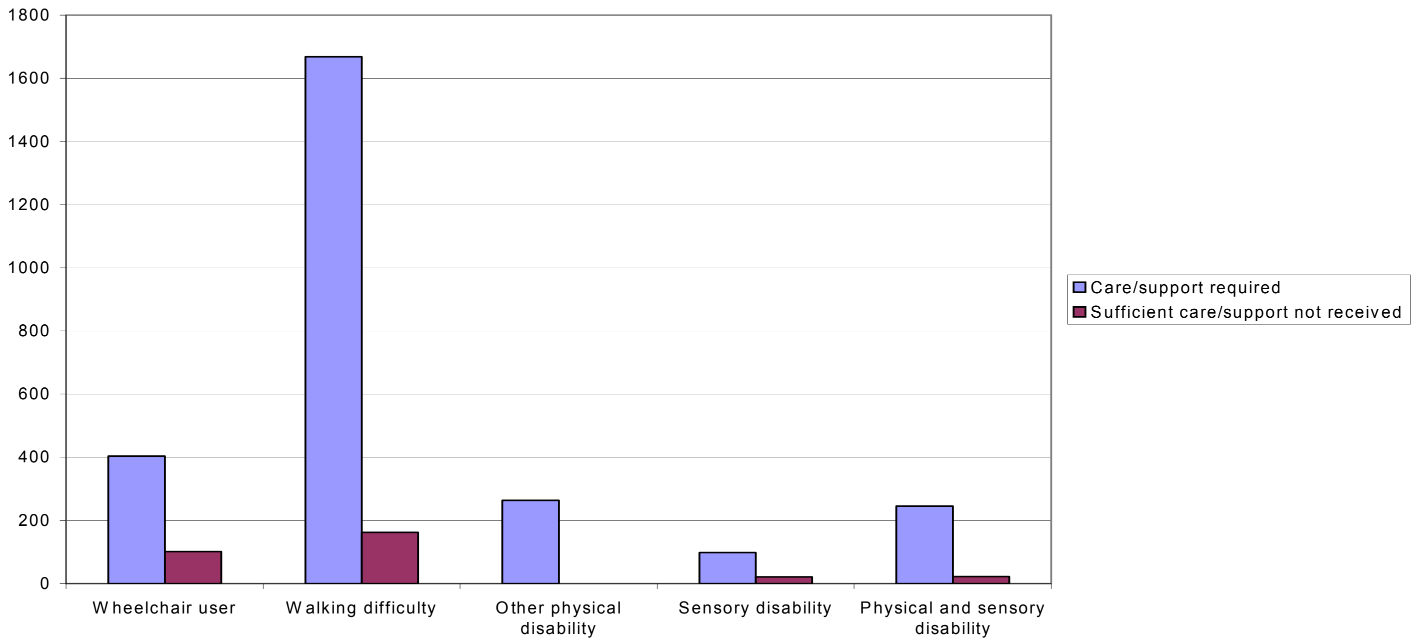
Number of people

The findings show that 5,031 people between the ages of 16 and 59 have a physical and/or sensory disability. The majority of these (72%) are aged between 45 and 59 with 23% aged between 25 and 44 and 5% between 16 and 24.

The majority (88% equating to 4,438 people) have a physical disability only with 71% of these having a walking difficulty, 9% in a wheelchair and the remaining 20% with another physical disability. 343 people have a sensory but no physical disability and 250 have both a physical and a sensory disability. The table below shows the type of disability for each age group and also indicates the number of responses on which the borough wide data is based.

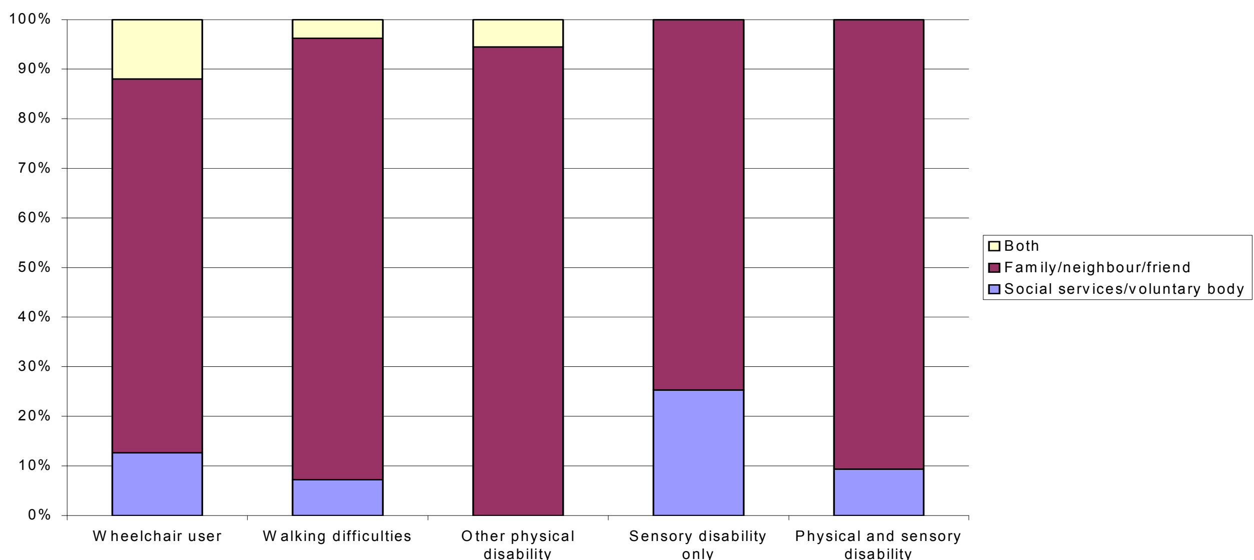
	16 - 24		25 - 44		45 - 59		Total	
	Weighted data	No. of responses	**Weighted data**	No. of responses	**Weighted data**	No. of responses	**Weighted data**	No. of responses
Physical disability only								
Wheelchair user	**62**	3	**113**	6	**242**	11	**417**	20
Walking difficulty (not in wheelchair)	**105**	6	**521**	24	**2528**	113	**3154**	143
Other physical disability	**35**	2	**270**	13	**562**	25	**867**	40
Total physical disability only	**202**	11	**904**	43	**3332**	149	**4438**	203
Sensory disability only	**23**	1	**225**	9	**95**	6	**343**	16
Physical and sensory disability								
Wheelchair user with a sensory disability	**0**	0	**0**	0	**3**	1	**3**	1
Walking difficulty with a sensory disability	**0**	0	**33**	2	**195**	8	**228**	10
Other physical disability with a sensory disability	**0**	0	**0**	0	**19**	1	**19**	1
Total physical and sensory disability	**0**	0	**33**	2	**217**	10	**250**	12
Total people with a physical and/or sensory disability	**225**	12	**1162**	54	**3644**	165	**5031**	231

Care and support required
Respondents were asked to indicate whether the household member with the disability required care or support and whether they are currently receiving sufficient care or support. The results



are illustrated in the chart above.
Over half (53%) of those with a physical and/or sensory disability indicated that they did, equating to 2,679 people. However, care and support is more likely to be required for people with both a physical and a sensory disability (98%, 245 people) and those in a wheelchair (97%, 404 people). In total 12% are not receiving the care or support they need. Wheelchair users are least likely to be receiving the care or support they need with 25% indicating insufficient care or support.

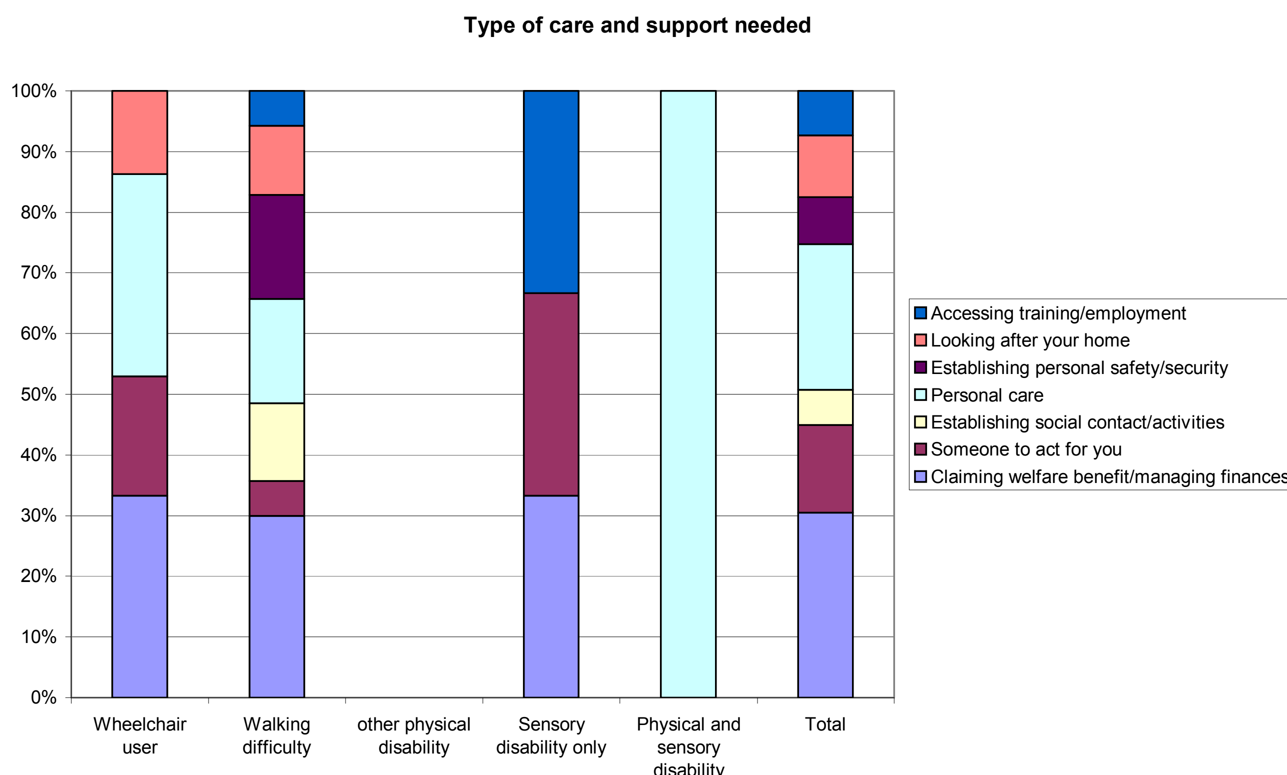
Where sufficient care or support is provided this is most likely to come from family, neighbours or friends rather than Social Services or a voluntary body as illustrated in the chart below. 88% of adults with a psd received care or support from family/neighbours or friends, with 8%



from Social Services or a voluntary organisation and 4% from both.

The chart below illustrates the type of care and support needed for each category.

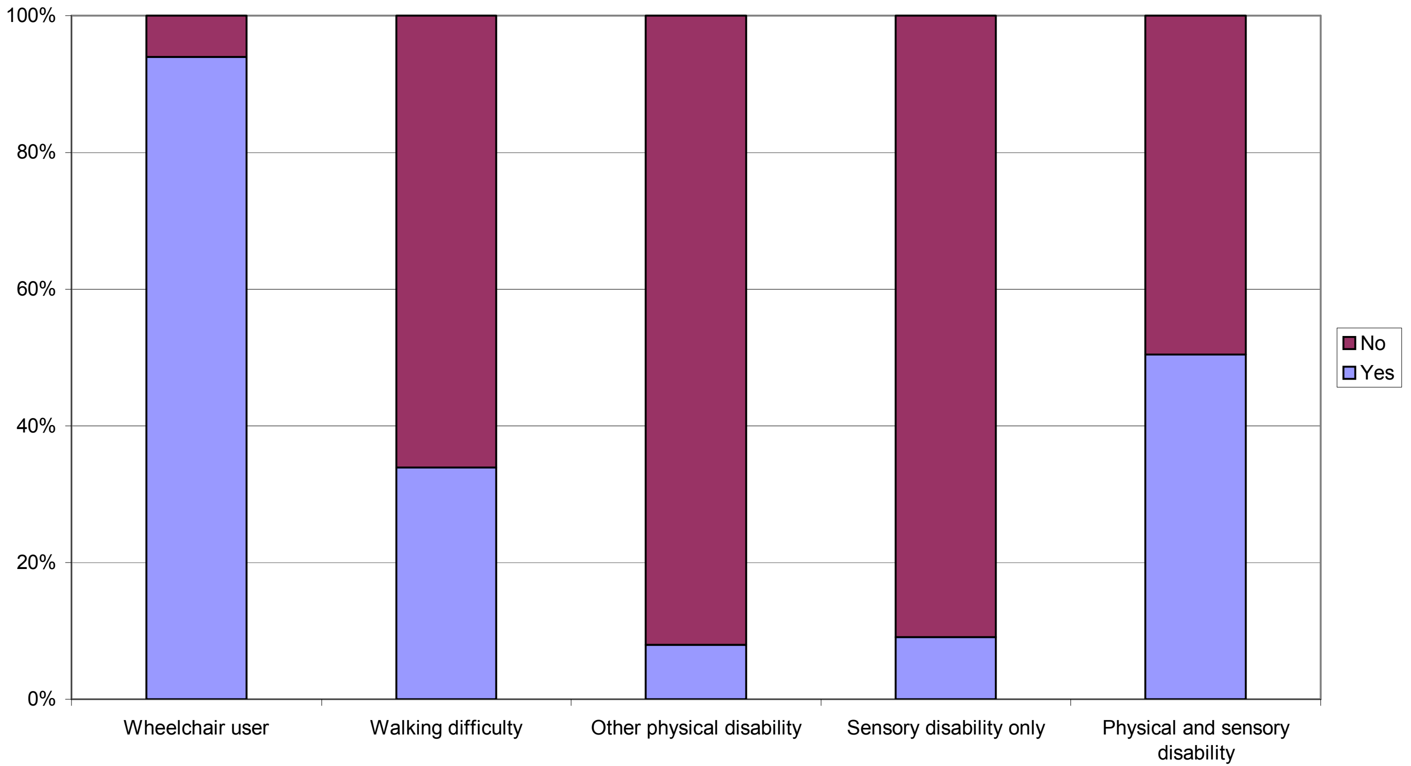
The main types of care/support required are help to claim benefits and manage finances (141



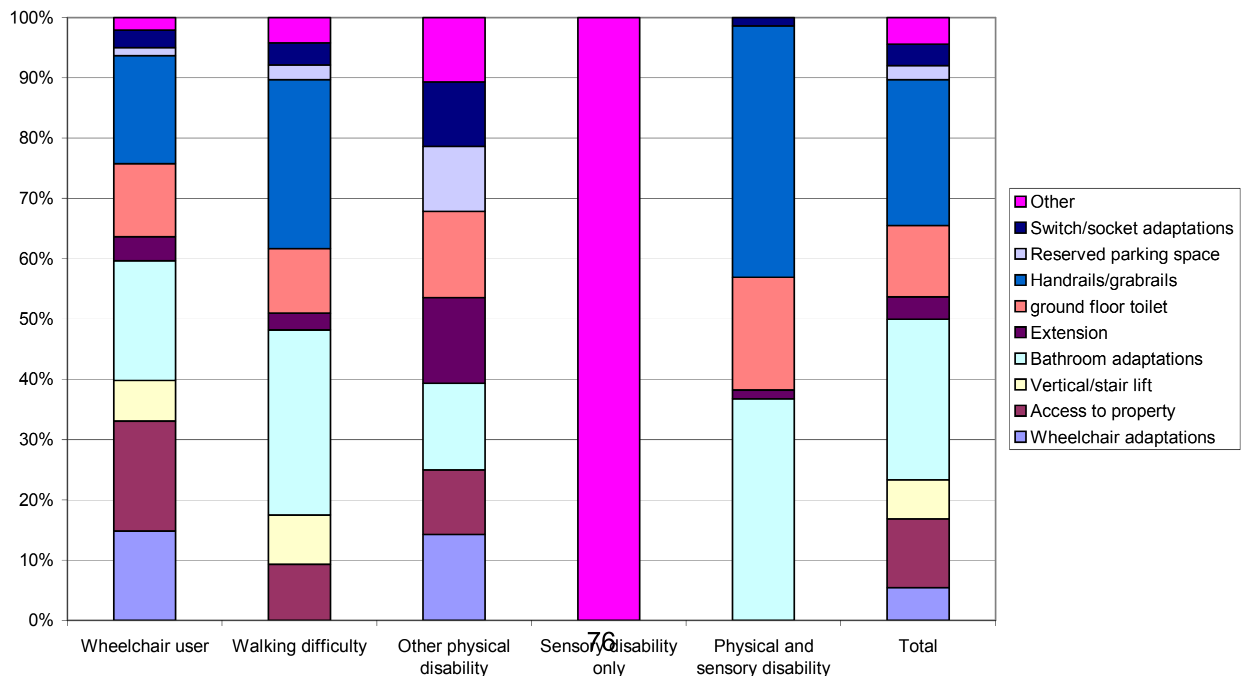
people) and help with personal care (111 people).

Adaptations

Respondents were asked whether their home has been built or adapted to meet the needs of a disabled person. In total 35% (1,396) indicated that their home had been built or adapted for a disabled person. However, there were large differences according to the type of disability as illustrated in the chart overleaf. As might be expected wheelchair users were more likely to live in adapted property (94%) and half of people with both a physical and sensory disability lived in adapted property. Only 9% of people with a sensory disability only lived in an adapted property.



Two thirds of properties (919) that have been built or adapted for a disabled person have had bathroom adaptations and 60% have had handrails or grabrails installed. Other common adaptations are provision of a ground floor toilet (30%) and alterations to provide access to the property (28%). 14% of adapted properties have been adapted for a wheelchair. The chart below illustrates the type of adaptation by type of disability.



Respondents were asked what adaptations, if any, needed to be provided to ensure that current members of the household can remain in the property now and in the next three years. Bathroom adaptations were the most commonly requested amongst adults under 60 with psd followed by handrails/grabrails and reserved parking. The following table shows the number of adaptations needed for each type of disability.

	Wheelchair user	Walking difficulty	Other physical disability	Sensory disability only	Physical and sensory disability	Total
Wheelchair adaptations	84	28	0	0	3	115
Access to property	29	115	0	0	50	194
Vertical/stair lift	34	99	0	0	0	133
Bathroom adaptations	72	453	45	0	19	589
Extension	23	52	74	0	0	149
ground floor toilet	76	112	38	0	19	245
Handrails/grab rails	0	465	85	0	0	550
Reserved parking space	33	288	21	0	78	420
Switch/socket adaptations	33	58	0	0	29	120
Other	23	43	58	23	79	226

Financial support received

Respondents were asked to indicate what type of financial support, if any, their household received. The findings show that 69% of households containing someone with a physical and/or sensory disability aged between 16 and 59 claim Disability Allowance, 48% claim Housing Benefit and 42% claim Income Support. The numbers of claimants are shown in the table below.

	Wheelchair user	Walking difficulty	Other physical disability	Sensory disability only	Physical and sensory disability	Total
Housing Benefit	208	1263	239	88	116	1914
Income Support	160	1189	171	88	71	1679
Job seekers allowance	0	69	0	0	32	101
Working family tax credit	14	145	55	56	0	270
Pension credit	33	38	33	0	0	104
Disability Allowance	368	1649	372	131	215	2735
Council Tax Benefit	124	1165	178	0	155	1622
Other	68	398	173	72	72	783
Total	**975**	**5916**	**1221**	**435**	**661**	**9208**