

MEETING: CABINET MEMBER - HEALTH AND SOCIAL CARE
DATE: Wednesday 16 February 2011
TIME: 12.00 noon
VENUE: Town Hall, Bootle (This meeting will also be video conferenced to the Town Hall, Southport)

Councillor

DECISION MAKER: Porter
SUBSTITUTE: Parry

SPOKESPERSONS: Brennan D Rimmer

SUBSTITUTES: Friel Preston

COMMITTEE OFFICER: Paul Fraser
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The Cabinet is responsible for making what are known as Key Decisions, which will be notified on the Forward Plan. Items marked with an * on the agenda involve Key Decisions

A key decision, as defined in the Council's Constitution, is: -

- any Executive decision that is not in the Annual Revenue Budget and Capital Programme approved by the Council and which requires a gross budget expenditure, saving or virement of more than £100,000 or more than 2% of a Departmental budget, whichever is the greater
- any Executive decision where the outcome will have a significant impact on a significant number of people living or working in two or more Wards

If you have any special needs that may require arrangements to facilitate your attendance at this meeting, please contact the Committee Officer named above, who will endeavour to assist.

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A G E N D A

Items marked with an * involve key decisions

<u>Item No.</u>	<u>Subject/Author(s)</u>	<u>Wards Affected</u>	
1.	Apologies for Absence		
2.	Declarations of Interest Members and Officers are requested to give notice of any personal or prejudicial interest and the nature of that interest, relating to any item on the agenda in accordance with the relevant Code of Conduct.		
3.	Minutes Of Previous Meeting Held On 19 January 2011		(Pages 5 - 8)
4.	Safeguarding Adults In Sefton Report of the Strategic Director - Social Care and Well-Being	All Wards;	(Pages 9 - 14)
5.	Transforming Social Care Quarterly Progress Report Report of the Strategic Director - Social Care and Well-Being	All Wards;	(Pages 15 - 30)
* 6.	Sefton Carers Strategy 2010 -13 Progress Report Report of the Strategic Director - Social Care and Well-Being	All Wards;	(Pages 31 - 40)
7.	Assessment Of Commissioning For Adult Social Care 2009-10 Report of the Strategic Director - Social Care and Well-Being	All Wards;	(Pages 41 - 72)
* 8.	Charging For Non-Residential Social Care Services Report of the Strategic Director - Social Care and Well-Being	All Wards;	(Pages 73 - 88)

9. Public Health White Paper "Healthy Lives, Healthy People" Consultation Process

All Wards;

(Pages 89 - 102)

Joint report of the Acting Director of Public Health and Thematic Chair – Healthier Communities and Older People Partnership Manager

THE "CALL IN" PERIOD FOR THIS SET OF MINUTES ENDS AT 12 NOON ON WEDNESDAY, 26 JANUARY 2011. MINUTE NOS. 51 AND 52 ARE NOT SUBJECT TO "CALL-IN"

CABINET MEMBER - HEALTH AND SOCIAL CARE

MEETING HELD AT THE TOWN HALL, BOOTLE ON WEDNESDAY 19 JANUARY 2011

PRESENT: Councillor Porter

ALSO PRESENT: Councillors Brennan and D Rimmer

47. APOLOGIES FOR ABSENCE

48. DECLARATIONS OF INTEREST

The following declarations of interest were received:

Member	Item	Interest	Action
Councillor Brennan	Minute No. 52 – Adult Social Care - Provision of Care Services	Personal – Director of Sefton New Directions	Stayed in the room and took part in the discussion of the item
Councillor D. Rimmer	Minute No. 52 – Adult Social Care - Provision of Care Services	Personal – Director of Sefton New Directions	Stayed in the room and took part in the discussion of the item

49. MINUTES OF PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 22 December 2010 be confirmed as a correct record.

50. LEARNING DISABILITY HEALTHCARE IN SEFTON

The Cabinet Member considered the report of the Strategic Director - Social Care and Well-Being that advised of progress in the implementation of national requirements to address the issue of health inequalities for adults with Learning Disabilities as outlined in "*Valuing People Now*" 2009 and "*Six Lives*" 2009; that outlined the NHS Northwest's response to the Learning Disabilities Health Self-Assessment undertaken by NHS Sefton and the Health Sub-Group of Sefton's Learning Disabilities Partnership Board; and indicated that a decision on this matter was required as the Department was accountable for the quality of delivered services for adults with a Learning Disability via the Sefton Learning Disability Partnership Board and for health care issues via NHS Sefton.

Agenda Item 3

CABINET MEMBER - HEALTH AND SOCIAL CARE- WEDNESDAY 19
JANUARY 2011

RESOLVED: That

- (1) the report on Learning Disability Health Care in Sefton be noted; and
- (2) the work of Sefton's Learning Disabilities Partnership Board Health Sub-Group and NHS Sefton on progress made to promote improved health outcomes for people with Learning Disabilities in Sefton be supported.

51. ADULT SOCIAL CARE DEPARTMENT I.T. CAPITAL PROGRAMME

The Cabinet Member considered the report of the Strategic Director - Social Care and Well-Being on the proposal to use the ICT Strategy Capital in conjunction with the Adult Social Care Infrastructure grant to support the implementation of a new Client Management Database.

The report indicated that capital funding was required to develop the IT infrastructure to:

- improve information sharing between health and social services
- improve the management records of vulnerable adults and streamline the financial systems
- improve the statutory obligation to safeguard vulnerable adults throughout the borough
- support mobile and flexible working to reduce costs and improve service delivery; and
- improve and streamline management information to assist service planning and budget management

and that the funding was predominantly aimed at transformation and was specifically aligned to changing the way the Council worked as an organisation and to build capacity for the future.

RESOLVED: That

- (1) Cabinet be recommended to support and approve the scheme to develop the Adult Social Care IT infrastructure as detailed in the report; and
- (2) it be noted that the proposal was a Key Decision but, unfortunately, had not been included in the Council's Forward Plan of Key Decisions. Consequently, the Chair of the Overview and Scrutiny Committee - Health and Social Care had been consulted under Rule 15 of the Access to Information Procedure Rules of the Constitution, to the decision being made by the Cabinet Member/Cabinet as a matter of urgency on the basis that it was impracticable to defer the decision until the commencement of the next Forward Plan because the Council had to meet deadlines for

the implementation of a solution for producing electronic assessments/self directed support plans.

52. ADULT SOCIAL CARE - PROVISION OF CARE SERVICES

The Cabinet Member considered the report of the Strategic Director - Social Care and Well-Being, advising of an "expressions of interest" exercise to be undertaken with suitable providers who would be able to assume responsibility for all or part of the work currently placed with Sefton New Directions (SND) if the need arose.

The report indicated that in October 2010, the Council wrote to SND inviting them to enter into negotiations in respect of its charges for Day Care, Re-Enablement, Supported Living and Outreach Services; that this request intimated that, from 1 April 2011, Sefton would terminate the block payments for the contract and, as with all other contracted providers, pay only for the work SND undertook; that this work would be reimbursed at rates currently paid by the Council to the rest of the independent sector in Sefton; and that this initiative would provide the requisite savings approved in the Council's MTFP and, to ensure that the Council had demonstrated that it had explored all avenues to meet the fiscal targets, the Cabinet Member was asked to note that the Strategic Director would commence a process to invite expressions of interest from suitable providers who would be able to assume responsibility for all or part of the work placed with New Directions should the need arise.

RESOLVED:

That the Cabinet be requested to note the contents of the report and the actions taken by the Strategic Director - Social Care and Well-Being.

53. ANCHOR STAYING PUT SEFTON

Further to Minute No. 45 of 22 December 2010, the Cabinet Member considered the joint report of the Strategic Director - Social Care and Well-Being and the Neighbourhoods and Investment Programmes Director seeking approval to enter into a Deed of Novation to transfer the Anchor Home Improvement Service across to the Mears Group; and indicating that a decision on this matter was required as the value of the work for minor repairs and adaptations and small repairs exceeded £100,000.

The report indicated that, following a review of the service, Sefton Adult Social Care Directorate recommended the withdrawal of the provision of the small aids service from 1 April 2011 which would result in a saving of £31,200 as there was an increasing choice for clients within Sefton to access a variety of small aids through various suppliers; that the Occupational Therapy and Equipment Service already ensured effective signposting - promoting choice and independence; and that when the budget position was clarified, a revised specification for the services would be developed and tendered for within the financial year 2011/12. The

Agenda Item 3

CABINET MEMBER - HEALTH AND SOCIAL CARE- WEDNESDAY 19
JANUARY 2011

Mears Group were aware of this intention and acknowledged this before the transfer was implemented.

The report concluded that a working party of officers from the Council and NHS Sefton would continue the regular performance meetings with the manager of the Home Improvement Service and continue to monitor the delivery of the present contract; and that a further update report would be submitted to the Cabinet Member in six months.

RESOLVED: That

- (1) the Cabinet Member approves the Novation Agreement to be signed and sealed by the Interim Head of Corporate Legal Services to enable the transfer of the undertakings for the provision of the Home Improvement Service from Anchor Home Improvement Service to the Mears Group until 31 March 2011 with the possibility of an extension of the contract until 2012 (pending a re-tendering exercise); and
- (2) the discontinuation of the funding of the small aids service from 1 April 2011, resulting in a saving of £31,200, be approved.

Agenda Item 4

REPORT TO: Cabinet Member Health & Social Care

DATE: 16th February 2011

SUBJECT: Safeguarding Adults in Sefton

**WARDS
AFFECTED:** All

REPORT OF: Robina Critchley
Adult Social Care Director

**CONTACT
OFFICER:** Margaret Milne
Principal Manager, Adult Social Care
Tel: 0151 934 3614

**EXEMPT/
CONFIDENTIAL:** No

PURPOSE/SUMMARY:

To update the Cabinet Member regarding the activity and developments in Safeguarding Adults in Sefton.

REASON WHY DECISION REQUIRED:

Safeguarding Adults is a key issue for all Councils and it is important to have Cabinet approval to the approach within Sefton.

RECOMMENDATION(S):

- (i) That the Cabinet Member is asked to:
- Approve the contents of the report
 - Receive further reports on a quarterly basis on performance relating to Safeguarding Adults in Sefton

KEY DECISION: NO

Agenda Item 4

FORWARD PLAN: NO

IMPLEMENTATION DATE: N/A

ALTERNATIVE OPTIONS:

None

IMPLICATIONS:

Budget/Policy Framework: None

Financial: None

<u>CAPITAL EXPENDITURE</u>	2009 2010 £	2010/ 2011 £	2011/ 2012 £	2012/ 2013 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N	When?			
How will the service be funded post expiry?				

Legal: None

Risk Assessment: None

Asset Management: n/a

CONSULTATION UNDERTAKEN/VIEWS

- The Head of Corporate Legal Services has been consulted and has no comments on this report LD0034/11
- The Head of Corporate Finance and Information Services has been consulted and has no comments on the report - FD 625

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		√	
2	Creating Safe Communities	√		
3	Jobs and Prosperity		√	
4	Improving Health and Well-Being	√		
5	Environmental Sustainability		√	
6	Creating Inclusive Communities	√		
7	Improving the Quality of Council Services and Strengthening local Democracy	√		
8	Children and Young People		√	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

1. The Care Quality Commission Service Inspection of Adult Social Care Report, March 2010
2. The Safeguarding Vulnerable Adults Act 2006
3. Putting People First (Dh 2008)
4. Improvement Plan following the recommendations of the CQC Inspection of Adult Services (2009)

Agenda Item 4

Background

This report contains activity and progress on Safeguarding Adults in Sefton from October to December 2010.

Quarterly update of Safeguarding Adults October to December 2010

1. Statistics for the period 1st October to 31st December 2010

The number of referrals received for the three months period totalled 162 resulting in a cumulative total for the current year of **569**.

The monthly referral rate was as follows:

April	May	June	July	Aug	Sept	Oct	Nov	Dec
67	57	80	76	66	61	71	53	38

The youngest alleged victim is 19 years and the eldest 96 years.

Gender distribution is as follows:-

Male	Female
73	89

Distribution of referrals across the Teams was as follows:-

Care Management North	Care Management South	Elderly Mentally Infirm North	Elderly Mentally Infirm South	Southport District General Team	Aintree Hospital Team
19	47	08	18	07	11
Learning Disability North	Learning Disability South	Mental Health North	Mental Health Central	Mental Health South	Intake Team
27	17	01	04	03	-----

Agenda Item 4

Primary Service User Group identification was as follows:-

Dementia	Frailty	Learn Disability	Mental Health	Physical Disability	Substance Misuse	Other Vuln	Sensory Impairment
34	40	46	09	18	03	10	02

The alleged location of the abuse was recorded as below:-

Location	Number of Allegations
Own Home	73
Supported Tenancies	23
Day care	04
Nursing Homes	24
Residential Homes	24
Public Place	03
Hospitals	03
Other Health Settings	01
Other	00
Education	07

The allegations involved **90** cases of multiple abuse with the main categories of abuse being as follows:-

Physical	Psycho	Finance	Neglect	Sexual	Disc	Instit
64	75	38	54	10	05	06

Alerts were received from the following agencies:-

CQC	Education	Family	Friend	Health	Housing
01	14	11	05	35	04
Police	Dom Care	Self Referral	Other Social Care Staff	Res& Nursing	Social Work
16	13	04	10	35	14

Service Commissioners were as follows:-

Sefton	Other L/A's	Health	No Service	Self Funding
65	34	10	46	07

Agenda Item 4

Some recent outcomes include:-

- Disciplinary actions taken by employers to address abusive actions and poor practice by members of staff.
- Increased monitoring and support of care provision by Contracts and Commissioning staff from Adult Social Care to address reporting and recording issues raised through the course of investigations.
- Care Home Manager charged with the taking of thousands of pounds from a deceased service user with the case to be transferred later in the year to Liverpool Crown Court for trial.
- Service user transferred into residential care to reduce risk of continued abuse in the community.

Agenda Item 5

REPORT TO: Cabinet Member Health and Social Care

DATE: February 16th 2011

SUBJECT: Transforming Social Care Quarterly Progress Report

**WARDS
AFFECTED:** Non Directly

REPORT OF: Robina Critchley, Adult Social Care Director

**CONTACT
OFFICER:** Margaret Milne – Service Manager
Tel: 0151 934 3614

**EXEMPT/
CONFIDENTIAL:** No

PURPOSE/SUMMARY:
To present the Cabinet Member with the Department's Transforming Social Care Milestones Progress Report
REASON WHY DECISION REQUIRED:
The Department is obliged, by the Government, to report Transformation progress to the Cabinet Member. This is part of the Care Quality Commission performance framework requirements
RECOMMENDATION(S):
The Cabinet Member is asked to note the contents of this report.

KEY DECISION: No

FORWARD PLAN: N/A

IMPLEMENTATION DATE: N/A

Agenda Item 5

ALTERNATIVE OPTIONS:

None. The Adult Social Care Department, as part of the performance framework, has to meet, and report on, agreed targets for the Transformation of Social Care.

IMPLICATIONS:

Budget/Policy Framework:

Financial:

<u>CAPITAL EXPENDITURE</u>	2009 2010 £	2010/ 2011 £	2011/ 2012 £	2012/ 2013 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N	When?			
How will the service be funded post expiry?				

Legal:

Risk Assessment:

Asset Management:

CONSULTATION UNDERTAKEN:

- The Head of Corporate Legal Services has been consulted and has no comments on this report LD0033/11
- The Head of Corporate Finance and Information Services has been consulted and has no comments on the report – FD626

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		√	
2	Creating Safe Communities		√	
3	Jobs and Prosperity		√	
4	Improving Health and Well-Being	√		
5	Environmental Sustainability		√	
6	Creating Inclusive Communities	√		
7	Improving the Quality of Council Services and Strengthening local Democracy	√		
8	Children and Young People	√		

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

Agenda Item 5

December 2010

Progress with Putting People First milestones

Council: Sefton MBC

Date Completed: 5th January 2011

Underpinning Requirements

Are all stakeholders fully engaged and supportive of local planning for “Putting People First”	Red	Amber/Red	Amber / Green	Green
The full engagement of all service users.				X
The full engagement of all staff working to support the delivery of care, which includes people working in the provider services and third sector organisations.				X
The full engagement of Primary Care Trusts and the wider health community.				X
The full engagement of local politicians				X
The full engagement of all parts of local councils and of other key strategic partners.				X
The support of regional and national programmes.				X
Are the following Key Arrangements resolved and in place	Red	Amber/Red	Amber/ Green	Green
A system is in place, which manages the risks associated with the transformation that includes both the risks for individuals and financial and other risks				X
Clarity of the business models that will need to be adapted to support the transformation				X
Financial systems, which support the delivery of personal budgets.				X
A local project plan for the delivery of the transformation with clear projections and targets to reach locally identified milestones				X
Business cases, which track the new investments, and disinvestments that will be required to support the change.			X	
A workforce strategy that supports the transformation				X

Agenda Item 5

Milestone 1:	Effective partnerships with People using services, carers and other local citizens					
Description:	<p>Successful delivery of Putting People First will depend on citizens, people accessing care and support and carers working in a co-productive relationship with Local Authorities and their partners at all levels in the design, planning and delivery of new personalised systems and services.</p> <p>Formal and informal structures should be in place to allow citizens and the full spectrum of user and carer representatives to contribute to the local design and delivery of social care transformation. This should go well beyond traditional “consultation”</p> <p>User-led organisations can provide expertise (such as service user experience) that is not always available within local authorities and this expertise should be harnessed to co-produce the transformation of social</p>					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	<p>That a communication has been made to the public including all current service users and to all local stakeholders about the transformation agenda and its benefits for them.</p> <p>That the move to personal budgets is well understood and that local service users are contributing to the development of local practice. [By Dec 2009]</p> <p>That users and carers are involved with and regularly consulted about the councils plans for transformation of adult social care.</p>		<p>That local service users understand the changes to personal budgets and that many are contributing to the development of local practice.</p>		<p>That every council area has at least one user-led organisation who are directly contributing to the transformation to personal budgets. (By December 2010)</p>	
	Y/N		Y/N		Y/N	
How likely are we to achieve this milestone by this date?	Achieved		Achieved		Very likely	
	Y		Y		Y	
	Reason if not achieved		Reason if not achieved		Fairly likely	
					Fairly unlikely	

Agenda Item 5

Milestone 1:	Effective partnerships with People using services, carers and other local citizens			
	When to be achieved	When to be achieved	Very unlikely	
Key Questions:	<ul style="list-style-type: none"> Does our Authority have plans in place to meet the DH target of a User Led Organisation (ULO) in place by the end of 2010? 		<p>Yes, a new Disabled Living Centre opened in Southport in late 2010. Service Users make up the majority of project board membership and lead on running the centre. The centre provides a multitude of services under one roof including O/T therapy sessions and demonstration of equipment (inc Assistive Technology), housing adaptations, Access to Welfare Rights Advisors, Shopmobility, Support groups, Training opportunities and work experience.</p>	
	<ul style="list-style-type: none"> Is there a programme board for the delivery of PPF that has direct representation of users/carers? 		<p>Yes, the Sefton Expert Stakeholder Panel has been in operation since early 2009. The Panel has representation from the public, service users, adults with physical disabilities, learning disabilities and sensory impairments and carers. This panel has the remit of scrutinising the Councils Transforming Social Care agenda (inc PPF Milestones and the Transforming Community Services agenda for NHS Sefton.</p>	
	<ul style="list-style-type: none"> Does our Authority have a range of means at all levels to effectively co-produce transformation with people who use care and support? 		<p>Yes, there are various groups and forums throughout the borough i.e. The Learning Disability Partnership Board, The Sefton Partnership for Older People, The Health & Social Care Forum, The Ability Group (Physically disabled & Sensory impaired users) and others involved in the Transformation agenda. Their feedback, comments and ideas are pro-actively fed into current and future plans for personalisation. From Aug 2010, all new service users have automatically been offered a personal budget, which includes the offer of assisted assessments, support plans and outcome focussed reviews. Staff have attended training /awareness sessions regarding Assisted Assessment, person centred support planning and outcome focussed reviews. A new person centred electronic Support Planning template has been designed to assist care management staff. This template converts to an easy read document for users.</p>	
	<ul style="list-style-type: none"> What are we planning to do next? 		<p>A reconfiguration of care management teams will take place in late January 2011. This will standardise practice across the borough and enable social work staff to better support the personalisation agenda.</p>	

Agenda Item 5

Milestone 1:	Effective partnerships with People using services, carers and other local citizens	
	<ul style="list-style-type: none"> • What could prevent us from achieving this milestone? 	Levels of uncertainty re funding in future years.
	<ul style="list-style-type: none"> • What external support would help? 	Continued support form the north west JIP.
Key Risks and Mitigating Actions:	Key Risks; Council's Financial situation	Mitigating Actions; The promotion of Transforming Social Care as a borough wide initiative so that it is not solely dependent upon social care resources
Useful Information:		

Agenda Item 5

Milestone 2:	Self-directed support and personal budgets					
Description:	<p>Success on this milestone would mean systems are in place to allow citizens who require social care support to easily find and choose quality support, and control when and where services are provided, and by whom.</p> <p>For those citizens eligible for council funding, the amount available to those individuals should be known prior to starting person centred support planning.</p> <p>People should have the ability to spend part or all of their money in a way that they choose; including being able to mix directly purchased and council provided services.</p> <p>Extra help should be available to any citizen that needs help with information and advice or to negotiate their support.</p>					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	That every council has introduced personal budgets, which are being used by existing or new service users/ carers.		That all new service users / carers (with assessed need for ongoing support) are offered a personal budget. That all service users whose care plans are subject to review are offered a personal budget.		That at least 30% of eligible service users/carers have a personal budget.	
	Y/N		Y/N		Y/N	
How likely are we to achieve this milestone by this date?	Achieved	Y	Achieved	Y	Very likely	Y
	Reason if not achieved		Reason if not achieved		Fairly likely	
					Fairly unlikely	
	When to be achieved		When to be achieved		Very unlikely	
Key Questions:	<ul style="list-style-type: none"> Have we started to issue personal budgets? 			Yes		

Agenda Item 5

Milestone 2:	Self-directed support and personal budgets	
	<p>If No to the above</p> <ul style="list-style-type: none"> On what date are we planning to start issuing personal budgets? 	
	<ul style="list-style-type: none"> Is this a pilot or mainstream activity for all new customers? 	This has been mainstream activity since 1 st August 2010.
	<ul style="list-style-type: none"> What are we planning to do next? 	The Department continues to refine the assessment/support planning & outcome focussed review process and regularly reviews practice.
	<ul style="list-style-type: none"> What could prevent us from achieving this milestone? 	N/A
	<ul style="list-style-type: none"> What external support would help? 	Continued JIP support.
Key Risks and Mitigating Actions:	Key Risks; Future funding	Mitigating Actions;
Useful Information:		

Agenda Item 5

Milestone 3:	Prevention and cost effective services					
Description:	<p>This milestone looks at a whole system approach to prevention, intervention and cost effective services.</p> <p>This includes the support available that will help any citizen requiring help to stay independent for as long as possible. A key part of this is ensuring council-wide and partnership approaches to universal services e.g. leisure, adult education, transport, employment, healthy living and health improvement (backed by targeted intervention), along with housing and supported living options.</p> <p>Examples of intervention include reablement type services that help people regain independence to live in their own home. It also helps people to avoid becoming dependent on council provided services with national studies demonstrating many people finish reablement services with either a reduced need for care, or no ongoing requirement at all.</p> <p>It is important that the council and the NHS are jointly investing in early intervention and prevention and monitoring the effectiveness of services together e.g. Joint interventions at best include telecare, case finding/case co-ordination and joint teams for complex and end of life care.</p> <p>Being able to evidence these types of savings is crucial, and reablement type services should form an intrinsic part of any Putting People First operating model.</p>					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	<p>That every council has a clear strategy, jointly with health, for how it will shift some investment from reactive provision towards preventative and enabling/ rehabilitative interventions for 2010/11. Agreements should be in place with health to share the risks and benefits to the 'whole system'.</p>		<p>That processes are in place to monitor across the whole system the impact of this shift in investment towards preventative and enabling services. This will enable efficiency gains to be captured and factored into joint investment planning, especially with health.</p>		<p>That there is evidence that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings.</p> <p>There should also be evidence that joint planning has been able to apportion costs and benefits across the 'whole system'.</p>	
	Y/N		Y/N		Y/N	
How likely are we to achieve this milestone by this date?	Achieved	Y	Achieved	Y	Very likely	
	Reason if not achieved		Reason if not achieved		Fairly likely	Y
					Fairly unlikely	
	When to be achieved		When to be achieved		Very unlikely	

Agenda Item 5

Milestone 3:	Prevention and cost effective services	
Key Questions:	<ul style="list-style-type: none"> Do we have a strategy and/or an investment programme for Prevention and Early Intervention? 	Sefton Council, in partnership with NHS Sefton and Sefton CVS, launched a Prevention and Early Intervention Strategy in October 2009. This strategy emanated from Prevention Network meetings that took place earlier in 2009. The network includes membership from statutory and voluntary sector agencies and providers. This will be supplemented by a borough-wide multi-agency Advocacy Strategy in 2011.
	<ul style="list-style-type: none"> Are health partners involved in this strategy? 	NHS Sefton (including Public Health) are committed partners to the Prevention Strategy and have been heavily involved since its inception.
	<ul style="list-style-type: none"> What are we planning to do next? 	In partnership with NHS Sefton and Sefton CVS, we are currently developing a borough-wide multi-agency Advocacy Strategy.
	<ul style="list-style-type: none"> What could prevent us from achieving this milestone? 	Changes in funding streams
	<ul style="list-style-type: none"> What external support would help? 	JIP support.
Key Risks and Mitigating Actions:	Key Risks; Future funding of voluntary organisations	Mitigating Actions;
Useful Information:		

Agenda Item 5

Milestone 4:	Information and advice					
Description:	All citizens should be able to easily find locally relevant quality information and advice about their care and support needs in order to enable control and inform choice. Information should be available in a range of formats and through channels to make it accessible to all groups. Provision of information, advice and guidance should move from being largely developed from separate initiatives to a single coherent service strategy.					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	That every council has a strategy in place to create universal information and advice services.		That the council has put in place arrangements for universal access to information and advice.		That the public are informed about where they can go to get the best information and advice about their care and support needs.	
	Y/N		Y/N		Y/N	
How likely are we to achieve this milestone by this date?	Achieved	Y	Achieved	Y	Very likely	Y
	Reason if not achieved		Reason if not achieved		Fairly likely	
					Fairly unlikely	
	When to be achieved		When to be achieved		Very unlikely	
Key Questions:	<ul style="list-style-type: none"> Do we have a strategy for universal access to information, support and guidance for adult social care? 			Yes, the Department works with Sefton CVS, the Carers Centre and other agencies to ensure that information is available to the public. Provider information is available via the Councils Family Services Directory		
	<ul style="list-style-type: none"> Are self-funders (i.e. all citizens) included in this strategy so they can make use of both universal and paid for services to stay independent? 			Yes, all citizens can access information and support services		
	<ul style="list-style-type: none"> On what date is it expected this strategy will be delivered? 			Prevention and Early Intervention Strategy launched in October 2009. Advocacy Strategy to be launched in 2011.		

Agenda Item 5

Milestone 4:	Information and advice	
	<ul style="list-style-type: none"> Is the council helping voluntary organisations and other partners provide universal information and advice to a wide range of the population 	Yes, the Council in partnership with Sefton CVS have a Communication Strategy that aims to ensure that appropriate and accurate information is fed to the public in a timely manner.
	<ul style="list-style-type: none"> What are we planning to do next? 	We will continue to refine the Communication Strategy to ensure quality and accessibility of information.
	<ul style="list-style-type: none"> What could prevent us from achieving this milestone? 	
	<ul style="list-style-type: none"> What external support would help? 	Continued JIP support.
Key Risks and Mitigating Actions:	Key Risks;	Mitigating Actions;
Useful Information:		

Agenda Item 5

Milestone 5:	Local commissioning					
Description:	<p>Councils need to ensure the development of a diverse and high quality market in care and support services to offer real choice and control to service users and their carers.</p> <p>Commissioning strategies based on the local JSNA, and in partnership with other local commissioners, providers and consumers of services should incentivise development of diverse and high quality services, and balance investment in prevention, early intervention/reablement with provision of care and support for those with high-level complex needs.</p> <p>User-led initiatives and a much wider range and scale of services to address local need should emerge, in a market that is increasingly populated by individual purchasers.</p>					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	<p>That councils and PCTs have commissioning strategies that address the future needs of their local population and have been subject to development with all stakeholders especially service users and carers; providers and third sector organisations in their areas.</p> <p>These commissioning strategies take account of the priorities identified through their JSNAs.</p>		<p>That providers and third sector organisations are clear on how they can respond to the needs of people using personal budgets.</p> <p>An increase in the range of service choice is evident.</p> <p>That councils have clear plans regarding the required balance of investment to deliver the transformation agenda.</p>		<p>That stakeholders are clear on the impact that purchasing by individuals, both publicly (personal budgets) and privately funded, will have on the procurement of councils and PCTs in such a way that will guarantee the right kind of supply of services to meet local care and support needs.</p>	
	Y/N		Y/N		Y/N	
How likely are we to achieve this milestone by this date?	Achieved		Achieved		Very likely	
	Y		Y		Y	
	Reason if not achieved		Reason if not achieved		Fairly likely	
					Fairly unlikely	

Agenda Item 5

Milestone 5:	Local commissioning			
	When to be achieved	When to be achieved	Very unlikely	
Key Questions:	<ul style="list-style-type: none"> Are we working with providers so they understand how we want them to develop and how they can develop flexible support arrangements? 	The Adult Social Care Department hold regular 'Provider Forums' that aim to support and engage with providers. These meetings give providers an opportunity to discuss new ways of providing 'forward looking' services to citizens in receipt of personal budgets		
	<ul style="list-style-type: none"> Have we clear links between adults social care transformation and the NHS local services commissioning? 	The Departments' eight work streams for Transforming Social Care have been closely aligned with work streams for NHS Seftons' Transforming Community Services. In particular, Acute Care in the Community, End of Life and Long Term Conditions has strong links with TSC actions. The Department hold regular Joint Commissioning Meetings with NHS Sefton colleagues.		
	<ul style="list-style-type: none"> How have commissioning and contracting arrangements been changed to enable providers to offer choice and flexibility 	Engaging providers via a series of developmental workshops and engaging them in the development of a Market Facilitation Strategy. The Market Facilitation Strategy Action Plan continues to be refreshed and updated in partnership with Care Providers.		
	<ul style="list-style-type: none"> How are we shaping the market in order to develop a supply of services that will meet the needs of all citizens that require social care? 	Via the Commissioning and Market Development work stream, care providers are actively encouraged to participate in forum meetings to discuss the vision for future care services and receive support and advice from Council procurement staff to develop new services in the borough.		
	<ul style="list-style-type: none"> To what extent are users, carers, providers and third sectors been involved in developing the commissioning strategy? 	The Adult Social Care Department has recently refreshed the Adults Commissioning Strategy and Framework. The Expert Stakeholder Panel and the Sefton 3000 (3000 Sefton Citizens – postal consultation group) were consulted in 2010 regarding their views on future service provision. This feedback has informed the refreshed Strategy.		
	<ul style="list-style-type: none"> What are we planning to do next? 	We continue to host Provider meetings to further develop and refine the Market Facilitation Strategy. The Dept monitor and review on a regular basis with further development of the action plan.		
	<ul style="list-style-type: none"> What could prevent us from achieving this milestone? 	n/a		

Agenda Item 5

Milestone 5:	Local commissioning	
	<ul style="list-style-type: none"> • What external support would help? 	JIP Support has been invaluable in this area.
Key Risks and Mitigating Actions:	Key Risks;	Mitigating Actions; We have managed to separate this developmental initiative from the annual 'fee level' debate with service providers.
Useful Information:		

Agenda Item 6

REPORT TO: Cabinet Member Health & Social Care

DATE: February 16th 2011

SUBJECT: Sefton Carers Strategy 2010-13 Progress Report

**WARDS
AFFECTED:** All

REPORT OF: Robina Critchley (Adult Social Care Director)

**CONTACT
OFFICER(s) :** Margaret Milne
(Principal Manager Adult Social Care)
Tel: 0151 934

**EXEMPT/
CONFIDENTIAL:** NO

PURPOSE/SUMMARY:
For Cabinet Member to note activity from 1 st April- 31 st December 2010 relating to the Sefton Carers Strategy (2010-2013)
REASON WHY DECISION REQUIRED:
RECOMMENDATION(S):
To seek approval to continue to implement the strategy from 2011/12.

KEY DECISION: Yes

FORWARD PLAN: Yes

IMPLEMENTATION DATE: Following the expiry of the "call-in" period for the Minutes of the meeting

Agenda Item 6

ALTERNATIVE OPTIONS:

IMPLICATIONS:

Budget/Policy Framework:

Financial:

<u>CAPITAL EXPENDITURE</u>	2009 2010 £	2010/ 2011 £	2011/ 2012 £	2012/ 2013 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date?				
How will the service be funded post expiry?				

Legal:

Risk Assessment:

Asset Management:

CONSULTATION UNDERTAKEN

- The Head of Corporate Finance and Information Services has been consulted and has no comments on the report - FD 622'
- The Head of Corporate Legal Services has been consulted and has no comments on this report- LD00031/11.

- Consultation has taken place to shape the Sefton Carers Strategy 2010-2013 via a wide reaching carer's survey.

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community	√		
2	Creating Safe Communities	√		
3	Jobs and Prosperity	√		
4	Improving Health and Well-Being	√		
5	Environmental Sustainability		√	
6	Creating Inclusive Communities	√		
7	Improving the Quality of Council Services and Strengthening local Democracy	√		
8	Children and Young People			

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

- Sefton Carers Strategy 2010-13
- Carers at the Heart of 21st Century Families and communities: a caring system on your side, a life of your own (2008)
- Putting People First: a shared vision and commitment to the transformation of adult social care
- Our Health, Our Care, Our Say: A new direction for community services
- Valuing people now: A three year strategy for people with learning disabilities
- Liberating the NHS- Legislative framework and next steps (DH 2010)
- The Operating Framework for the NHS in England 2011/12
- "Recognised, valued and supported: Next Steps for the Carers' Strategy 2010 - HM Government 2010
- Living Well with dementia : A National Dementia strategy
- A Vision for Adult Social Care: Capable Communities and Active Citizens (2010)
- Carers and Personalisation: improving outcomes DH 2010

Agenda Item 6

Background

The Sefton Carers Strategy 2010-13 was presented to Cabinet member on 23rd June 2010. Officers agreed to provide an update after six months regarding the progress against actions outlined in the strategy. Cabinet Member will recall the actions identified to achieve the following outcomes to improve the lives of unpaid carers in Sefton:

Access to Information:

- There are now 14,478 carers registered with Sefton Carers Centre. These carers have access to information via regular newsletters and the availability of the Carers Centre Helpline, drop-in and outreach services.
- “Looking Local” – there have been 29,637 hits to the internet site and 1,971 users via other media (i.e. through interactive TV) – Job Centre Plus pages have received the most areas of interest.
- The “No Wrong Door Policy”– This policy has been in place for over twelve months and has been quality assured via a group of mystery shoppers from the Sefton Ability Network. As a consequence, the Departmental Improvement Group (DIG) has implemented changes in line with the findings of this exercise.
- Raising Awareness of Dementia - During 2010 a series of road-shows were held in Southport, Crosby, Formby and Bootle to raise awareness of the signs and symptoms of dementia, the need for early diagnosis and the support systems currently in place for adults with dementia and carers, as symptoms of dementia are often not reported early to health professionals for a variety of reasons often associated with a sense of stigmatisation.
- The events generated public interest and positive feedback was received. Following on from those events, as part of the Sefton Dementia Strategy, the Sefton Adult Social Care Department, in partnership with NHS Sefton and a number of third sector organisations are planning an event on 24th February 2011 (in Southport) to raise awareness of dementia for the wider workforce such as shops, transport and other public services. The aim of this event is to educate and inform people about some of the misconceptions around dementia and to encourage services to consider environmental issues and the appropriate types of support for their customers as according to the Department of Health population projection datasets, we are likely to see a rise in the number of dementia sufferers in line with an increased elderly population.
- The Sefton Family Services web-directory was launched in October 2010, a link to this can be found on the home page of Sefton Council’s website.

Training and advice to care

The “Caring with Confidence Programme”.

Forty-six carers have attended this programme. The aim of the programme is to help carers to make a positive difference in their lives and the lives of the person they care for. The evaluation indicates that carers have enjoyed the course and felt more confident in their caring role as a result.

The Government have now withdrawn the funding for the programme nationally as part of the Comprehensive Spending Review.

966 carers have attended Sefton Carers Centre for a variety of training events and courses since April 2010. The courses included:

- Managing finances on a low budget
- Basic First Aid
- Introduction to Excel
- Moving and Handling
- Internet for beginners
- Computers for beginners
- Garden maintenance
- Crafts for carers
- Freestyle Art
- Health & Safety
- HIV awareness
- Managing aggressive behaviour
- Assertiveness
- On-line shopping
- Dementia awareness
- Will planning and trusts
- I.T for beginners
- Anger management
- Drug awareness
- Nutrition and special diets
- Caring for people affected by strokes

Sefton Carers Centre in partnership with the Sefton Drugs Action team is undertaking a pilot (funded by Skills for Care) to deliver training to 75 agencies around the diverse needs of carers of people who are substance misusers.

Agenda Item 6

Choice and Control

128 carers have received a direct payment for goods or services to support them in their caring role. These have varied in use to enable carers to:

- Reduce stress
- Take a break
- Prevent the risk of carer breakdown
- Promote health and well-being
- Reduce the likelihood of financial hardship

A total of 418 sets of residential respite vouchers have been issued, and 8,850 domiciliary home care vouchers have been issued this year to enable carers to take short breaks whilst the person they care for is looked after in their own home. This will be replaced by personal budgets for carers. The scheme continues to be managed by Sefton Carers Centre. There have also been 13,444 days/night's residential respite in nursing or rest homes funded through the Department's Financial Allocation process and from 1st April 2010 this has benefitted 359 carers of people with complex needs.

Economic Well-being

- Sefton MBC Personnel Department continue to ensure that employees who have caring responsibilities can be supported via the right to request flexible working. There are plans to review how well the policy is working via a staff survey during 2011.
- From 1st April 2010 the Sefton Carers Centre Benefits Advisor supported 528 carers to access benefits to the value of £696,986.96. Sefton Welfare Rights team helped 2,445 Sefton citizens maximise their income to the value of £1,101,989 through support and advice with benefit applications.
- The New Deal for Carers (Job Centre Plus) - there have been several organisational changes within Job Centre Plus, however they have reported that since the work-focused support program was introduced 255 carers have been identified in Sefton – enabling Job Centre Plus advisers to support them to seek work around their caring responsibilities.

Improved Health and Well-being

- Take up of the Leisure Passport- there have been 721 additional people who have taken up the leisure passport this year.
- National Indicators, NI39- alcohol Harm Related Hospital Admissions, 2154.9 – this is below the regional average but above the national average.
- NI123 – Smoking Cessation - there have been 1,396 quitters- this is above the regional average of 1,038 and above the national average of 895.

- NI124 – People Reporting Being in Control of Long Term Conditions- 85% have reported feeling in control, this is 2% above the regional average and 4% above the national average.

Emotional Support

- Sefton Alzheimer's Society has now expanded their numbers and venues for drop in- support groups now cover Southport, Netherton, Crosby, Bootle and Maghull.
- Following on from the "Caring with Confidence" programme, Sefton Carers Centre have helped groups of carers to form four new support groups since April 2009. The groups meet regularly and keep in touch with each other to offer peer support. Eight of the carers have become new volunteers at the centre.

Planning for emergencies

Total number of carers registered with CERT (Carers Emergency Respite) = 3,019

Total number of newly registered carers = 183

Total number of call outs/visits = 923

Total number of carers helped = 806

Total number of hours provided = 2,988.5

1,485 Carers hold a carers card- which is attached with the Community lifeline scheme. According to The Sefton Adults with Learning Disabilities Database- there are 132 people with a learning disability known to the Authority living with older carers at home. Of those carers who have been offered a person centred plan, 70 have one in place.

Young Carers

Sefton Carers Centre in partnership with PSS Sefton Young Carers Project and a range of other partners has submitted a joint Lottery bid to the "Youth in Focus" scheme to further develop work with young carers who fall into the age range of 10-25. The outcome of the application will not be known until the end of May 2011.

Making a Positive Contribution

- The "National Carers' Survey" for Local Authorities has been deferred until 2012.
- Sefton Carers Centre facilitated a "Carers Rights" event on 3rd December 2010, at which carers were able to raise their questions or concerns to a panel which included the Cabinet Member for Health and Social Care, representatives from the Council and NHS Sefton about issues affecting the services provided to the people they cared for. Carers also had the opportunity to access a range of information provided by a number of Sefton Voluntary Sector organisations.

Equality, Dignity and Respect

Agenda Item 6

- From 1st April -31st December 2010 1,065 staff have attended safeguarding training. Sefton Safeguarding Adults Policy and Procedural Framework for Action 2011 has now been published and is available on the Sefton Council Website.
- Dignity in Care. This year the Sefton Dignity in Care network has focused on a number of key areas:
 - a) A Mapping Exercise has been undertaken to review the range of work being developed by partners throughout Sefton which includes details of outcomes from all activity.
 - b) Delivering Same Sex Accommodation (DSSA) - The North West have produced a publication '*Five Steps to Eliminating Mixed Sex Accommodation*' as a guide to preventing Hospitals from breaching this standard. Good progress has been made in Sefton. This process will be extended in the near future to include residential, nursing and domiciliary providers.
 - c) Dementia Awareness - an event will be held which will target the wider workforce to raise awareness of dementia issues, this will also address dignity and respect. The date has been arranged for 24th February 2011, to coincide with the Dignity Action Day on 25th Feb 2011.
 - d) The review and update of the "Dignity in Care" web section of the Sefton Council website has been undertaken with links to key strategic documents in an attempt to encourage people to become dignity in care champions.
 - e) The North West Dignity Leads meeting held a development day to discuss the future sustainability of the group, as funding for the current chair has ended. This included discussions on the aspirations of the group, the benefits, products/services, and local resources. Outcomes and actions from the group and developments from Department of Health will continue to support the Sefton Dignity in Care Working Group.

“Recognised, Valued and Supported: Next steps for the Carers’ Strategy”

This document was published in November 2010 and outlines the government’s priorities for carers until 2015.

Sefton Adult Social Care Department will continue to work with statutory, independent and voluntary Sector partners and carers to deliver the four key priority areas:

- Identifying carers earlier;
- Supporting carers to achieve their full education and employment potential;
- Personalised support for carers so they can live a full life: and
- Supporting carers to remain mentally and physically well.

A Further progress report will be presented to Cabinet Member in six months time.

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Agenda Item 7

REPORT TO: Cabinet Member, Health and Social Care
Overview and Scrutiny Committee (Health and Social Care)

DATE: 16 February 2011
1 March 2011

SUBJECT: Assessment of Commissioning for Adult Social Care 2009-10

WARDS AFFECTED: None directly

REPORT OF: Robina Critchley, Adult Social Care Director

CONTACT OFFICER: Margaret Milne, Principal Manager, 0151 934 4378

**EXEMPT/
CONFIDENTIAL:** No

PURPOSE/SUMMARY:

To formally report to Members the outcome of the Assessment for Commissioning 2009-10

REASON WHY DECISION REQUIRED:

Requirement of the Care Quality Commission that the Assessment of Commissioning Report is presented to a meeting of the Council.

RECOMMENDATION(S):

That the Cabinet Member for Health and Social Care:

- (1) Notes the contents of the letter and report in relation to the Assessment of Commissioning, particularly the improvement in outcome 2, in relation to improved quality of life, from performing well in 2008-09 to performing excellently in 2009-10.
- (2) Notes that this is the last time a report in this format is required to be submitted.

That Members of the Overview and Scrutiny Committee (Health and Social Care) note the report and refer any comments on the matter to the Cabinet Member, Health and Social Care.

KEY DECISION: N/A

FORWARD PLAN: N/A

IMPLEMENTATION DATE: Following the expiry of the "call-in" period for the Minutes of the meeting.

Agenda Item 7

ALTERNATIVE OPTIONS:

None

IMPLICATIONS:

Budget/Policy Framework: None

Financial:

There are no costs directly associated with this report. However, the need to evidence continual improvement will potentially result in an increase in financial pressures.

<u>CAPITAL EXPENDITURE</u>	2007/ 2008 £	2008/ 2009 £	2009/ 2010 £	2010/ 2011 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N	When?			
How will the service be funded post expiry?				

Legal: None

Risk Assessment: The *areas for improvement* will form part of the Department's service planning process.

Asset Management: None

CONSULTATION UNDERTAKEN/VIEWS

The Head of Corporate Legal services has been consulted and has no comments on this report - LD 0032/11.

The Head of Corporate Finance and Information Services has been consulted and has no comments on the report - FD 624

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		√	
2	Creating Safe Communities	√		
3	Jobs and Prosperity	√		
4	Improving Health and Well-Being	√		
5	Environmental Sustainability		√	
6	Creating Inclusive Communities		√	
7	Improving the Quality of Council Services and Strengthening local Democracy	√		
8	Children and Young People		√	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

Care Quality Commission letter to the Director of Health and Social Care dated 4 October 2010.
 Care Quality Commission's Assessment of Performance Report 2009-10 for Sefton Adult Social Care.

Agenda Item 7

1. BACKGROUND:

The Care Quality Commission's Assessment of Performance Report 2009-10 outlines the findings of the 2009-10 commissioner assessment process for the council in relation to adult social care. The grades outlined in the report are an overall grade for delivering outcomes and a separate grade for each of seven outcomes. There is a commentary on the two domains of *'leadership'* and *'use of resources and commissioning'*.

Performance assessment is aligned to the seven outcomes identified in the Department of Health White Paper *'Our Health, Our Care, Our Say'*, together with two additional domains. Performance is assessed in relation to the delivery of each outcome, which is graded individually, and performance is subsequently aggregated into an overall graded judgment. Hence, the report gives the Council an overall grade for the delivery of outcomes, while also giving a separate grade for each of the seven outcomes. This is supported by a summary of what the Council does well under each of the outcomes and also what the Council needs to do to improve performance.

In 2009-10 the CQC agreed to carry forward the judgement awarded for four of the outcomes from 2008-09 into the 2009-10 assessment, following the council's confirmation, through self declaration, that it continued to perform well for these outcomes. CQC planned to continue to monitor indicators of change to this performance.

The assessments on the two domains of *'leadership'* and *'use of resources and commissioning'* have not been graded and hence it is no longer possible to arrive at a star rating for adult social care.

2. OUTCOMES AND DOMAINS

Adult social care is assessed against the following outcomes and domains, which reflect matters of importance to people who use services:

Outcome 1: Improved Health And Wellbeing

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

Outcome 2: Improved Quality Of Life

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

Outcome 3: Making A Positive Contribution

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

Outcome 4: Increased Choice And Control

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

Outcome 5: Freedom From Discrimination And Harassment

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

Outcome 6 Economic Well-Being

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

Outcome 7: Maintaining Personal Dignity And Respect

People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.

Domain 8: Leadership

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

Domain 9: Commissioning and Use of Resources

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

3. GRADING THE OUTCOMES

Depending on performance, each outcome is graded as follows:

Performing excellently: A service that overall delivers well above minimum requirements for people, is highly cost-effective and fully contributes to the achievement of wider outcomes for the community.

Performing well: A service that consistently delivers above minimum requirements for people, is cost-effective and makes contributions to wider outcomes for the community.

Performing adequately: A service that delivers only minimum requirements for people, but is not consistently cost-effective nor contributes significantly to wider outcomes for the community.

Performing poorly: A service that does not deliver minimum requirements for people, is not cost-effective and makes little or no contribution to wider outcomes for the community.

4. PERFORMANCE JUDGEMENT FOR SEFTON ADULT SOCIAL CARE IN 2009-10

Overall Grade Awarded for Delivery of Outcomes	Well
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Delivering Outcomes	Grade Awarded
1. Improved health and well-being	Well
2. Improved quality of life	Excellent
3. Making a positive contribution	Well
4. Increased choice and control	Well
5. Freedom from discrimination or harassment	Well
6. Economic well-being	Well
7. Maintaining personal dignity and respect	Well

The CQC performance assessment found that outcome 2 has improved from performing well in 2008-09 to performing excellently in 2009-10.

5. CARE QUALITY COMMISSION SUPPORTING DOCUMENTATION

CQC have issued the following supporting documentation:

Agenda Item 7

Letter to the Director of Health and Social Care dated 4 October 2010 (Annex A)
Assessment of Performance Report 2009-10 (Annex B)

6. FOLLOW-UP

Any areas for improvement highlighted in the report will form part of the Department's service planning process.

7. CHANGE TO PERFORMANCE ASSESSMENT FRAMEWORK

On 3 November 2010, Paul Burstow, Minister of State for Care Services, announced that CQC would no longer conduct an annual performance assessment of councils' commissioning of care under the existing framework. The discontinuation of the annual performance assessment took place with immediate effect so that councils are not required to collate or submit data against the Our Health, Our Care, Our Say outcomes framework for the 2010-11 assessment year. A consultation is being undertaken by the Department of Health to ascertain what will replace this reporting mechanism in future.



Care Quality Commission
City Gate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616172
www.cqc.org.uk

Mr Charlie Barker
Director of Health & Social Care
Sefton Council
Merton House
Stanley Road
Bootle
Merseyside L22 0LG

4th October 2010

EMBARGOED UNTIL 25 NOVEMBER 2010

Dear Mr Barker,

Assessment of Commissioning for Sefton council 2009/10: Results

The enclosed Assessment of Performance (AP) report outlines the findings of the 2009/10 commissioner assessment process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

The grades outlined in the AP report are an overall grade for delivering outcomes and a separate grade for each of seven outcomes. There is a commentary on the two domains of Leadership, and Use of resources and commissioning.

Also attached are

- The Quality Assurance & Moderation summary for your council, which provides a record of the process of consideration by CQC.
- The form recording your council's factual accuracy comments and CQC's response.

We expect you, as The Director of Adult Social Services, to present the AP report to an open meeting of the relevant executive committee of the council by 31 January 2011 and to inform us of the date this will take place. Your council should make the AP report available to members of the public at the same time, and must copy this grading letter and report to the council's appointed auditor.

The grades we use are:

ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :Sefton	Descriptor
Grade 4: (Performing excellently) People who use services find that services deliver well above minimum requirements	A service that overall delivers well above minimum requirements for people, is highly cost-effective and fully contributes to the achievement of wider outcomes for the community.
Grade 3: (Performing well) People who use services find that services consistently deliver above minimum requirements	A service that consistently delivers above minimum requirements for people is cost-effective and makes contributions to wider outcomes for the community.
Grade 2: (Performing adequately) People who use services find that services deliver only minimum requirements	A service that delivers only minimum requirements for people, but is not consistently cost-effective nor contributes significantly to wider outcomes for the community.
Grade 1: (Performing poorly) People who use services find that services do not deliver minimum (performing adequately) requirements	A service that does not deliver minimum requirements for people, is not cost-effective and makes little or no contribution to wider outcomes for the community.



ADULT SOCIAL CARE PERFORMANCE JUDGMENTS FOR 2009/10

Overall Grade Awarded for Delivery of Outcomes	Well
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Delivering Outcomes	Grade Awarded
Improved health and emotional well-being	Well
Improved quality of life	Excellent
Making a positive contribution	Well
Increased choice and control	Well
Freedom from discrimination or harassment	Well
Economic well-being	Well
Maintaining personal dignity and respect	Well

The AP report sets out progress on areas of good performance, areas of improvement over the last year and areas which are priorities for improvement. Where appropriate it also identified any follow up action CQC will take.

CQC will publish your council grading and AP report at <http://www.cqc.org.uk/findcareservices.cfm> on Thursday 25 November 2010.

Yours sincerely

Sue McMillan

**Regional Director
Care Quality Commission**

C.c. Margaret Carney, Chief Executive Officer

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Assessment of Performance Report 2009/10

ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 : Sefton



Contact Name	Job Title
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Ann Ford	Area Manager
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The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.
 The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.

Performing Poorly - not delivering the minimum requirements for people.
Performing Adequately - only delivering the minimum requirements for people.
Performing Well - consistently delivering above the minimum requirements for people.
Performing Excellently - overall delivering well above the minimum requirements for people.

We also make a written assessment about

Leadership and Commissioning and use of resources
 Information on these additional areas can be found in the outcomes framework
 To see the outcomes framework please go to our web site: [Outcomes framework](#)
 You will also find an explanation of terms used in the report in the glossary on the web site.

2009/10 Council APA Performance

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

Council overall summary of 2009/10 performance

The councils self declaration reported continuing good performance in all outcome areas with the exception in quality of life (outcome 2), where the council has declared improved performance.

The council received an inspection of Older Peoples Services in December 2009, the inspection confirmed the councils declaration in quality of life, increased choice and control and maintaining personal dignity and respect. There are references to the service inspection within this report and the full report is available from WWW.cqc.org.uk

Overall the council continues to perform well in achieving positive outcomes for residents, although the service inspection identified some challenges ahead. The council has responded constructively to the service inspection and produced an action plan which is comprehensive, well-focused and clearly sets out targets for improving outcomes at a number of levels. In particular there are planned actions to enhance joint working and the personalisation and responsiveness of local services. Adult safeguarding processes will be strengthened. Further improvement will be supported by strong risk management and governance arrangements supported by a whole systems approach to embedding its improvement plan. The council has a strong focus on involving and learning from people's experience and using this intelligence to support service design and delivery. Strategies are well supported by local knowledge that reflects a high degree of engagement with communities and stakeholders. This approach will help secure and sustain ongoing service improvement.

Leadership

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

Conclusion of 2009/10 performance

The council has a clear vision for the personalisation and improvement of adult social care. A range of plans and initiatives are underway to secure the changes required to meet the requirements of "Putting People First". Local targets in this respect have been met or in some cases exceeded.

People living in the borough are actively encouraged and supported to participate in the design and delivery of services. There is a council wide corporate strategy for consultation and engagement with a clear action plan and, as a result of the range of initiatives, the strategy was effectively implemented in 2009-10.

In response to the consultation activity, the Joint Strategic Needs Analysis (JSNA) is being refreshed, an Older Persons Strategy has been developed, and an expert stakeholder panel has been formed. Intelligence gathered from these fora will be used to inform the ongoing transformation of services. Through consultation with people with a learning disability, their carers and the application of the principles included in the "Valuing People Now" document the council has re-configured the Learning Disability Partnership Board (LDPB) with an elected co-chair from the Getting Involved Group. This approach bodes well for future service provision reflecting the needs, views, preferences and aspirations of people living in the borough. However, some initiatives to engage with some hard to reach groups have been less successful than the council would have wished; consequently the council are reviewing their engagement methods to better capture the views of all minority communities in a comprehensive and meaningful way. Nonetheless, there has been some success as a result of consultation in that specific and specialist services for people in the Gay, Lesbian, Bisexual and Transsexual (LGBT) communities have been established.

The council benefits from a well-established and stable Senior Management Team. The Senior Management Team leads the performance management of the transformation work and there are good links to corporate leadership and elected members. As a result, there have been improvements in key service areas and senior managers and elected members have taken leadership roles in relation to championing the needs of especially vulnerable adults and in the Dignity in Care Campaign.

Elected members have frequent and regular access to management and performance information. However, the Service Inspection in December 2009 found that the understanding of elected members in terms of safeguarding practice and transformation of services required improvement. The council have responded promptly and positively to the inspection findings and work to address this issue is well underway. (See Outcome 7)

The council has a well established business planning process in place. A sound template for planning is used however the Service Inspection found performance relating to planning was mixed. As part of the Improvement Plan submitted following the inspection, the council has implemented improved performance and monitoring standards for service development relating to a range of

strategic priorities. These measures have been developed in consultation with a variety of stakeholders including the Local Involvement Network (LINK) and Sefton Partnership for Older Citizens. This activity has set the strategic direction for the council and improved clarity in relation to performance expectations and monitoring arrangements. The performance framework produces monthly reports and data sets regarding national performance indicators and Local Area Agreement (LAA) priorities. Processes for monitoring both the quality of frontline assessment and care management are sound. Performance management arrangements for contracted services have been enhanced. The new processes are enabling targeted activity for providers who are under reporting or underperforming. This approach has resulted in an improvement in performance against a group of Key National Performance Indicators and improved service satisfaction. The Service Inspection concluded that, overall, the council has good performance management arrangements.

Quality assurance of provided services is undertaken through a number of quarterly customer satisfaction surveys. The quality of regulated services is generally good and the council makes effective use of the local regulatory information in maintaining standards. However, the council is aware that some quality assurance methods (that involve people using services) would benefit from further improvement, work in this regard has already begun and services are becoming more responsive as a result.

Since the Service Inspection in December 2009, the council has improved its Local Workforce Strategy. Action planning has been refreshed and is congruent with the Integrated Local Area Workforce Strategy (InLAWS). The new (refreshed) approach also includes clearer qualitative targets and performance information as well as improved planning arrangements for Joint Health and Social Care Training. Performance will be regularly monitored and reviewed to support the transformation agenda.

The council remains active in developing the knowledge, competence and skills of the wider social care workforce. A range of training opportunities is available including Safeguarding Adults, Person Centred Planning and Dignity in Care. The workforce development grant has been used effectively and the council's relationship with providers in the independent sector is productive and positive. Providers respond well to training opportunities and the courses offered are well evaluated.

The council has reviewed its absence management policy and has reduced both short and long term absence through sickness. In addition, the reductions in the workforce to meet required efficiencies have been effectively managed. Staff turnover remains low. Staff development is becoming a feature of the transformation processes. Supervision arrangements are well developed and regularly monitored. The council remains supportive to staff that have a disability or caring responsibilities and offers flexible working arrangements

As a result, the council is well placed to make sustained, measurable progress in recruiting and retaining a strong and stable work force that is confident and competent to meet the challenges ahead.

Key strengths

- A sound strategic vision for a range of safe and secure personalised forms of support
- Strong leadership from a stable Senior Management Team
- Sound planning for the transformation of services
- Well established performance management arrangements

Areas for improvement

- To ensure that workforce development is effectively and regularly monitored
- Continue to clarify and share strategic planning priorities with partners and key stakeholders
- Continue to strengthen the implementation of the Equalities Strategy

Commissioning and use of resources

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

Conclusion of 2009/10 performance

The Service Inspection (December 2009) found that the council's traditional commissioning arrangements were well established and generally of a high standard. Progress in developing new processes to support commissioning of personalised packages of care is steady. The council has prioritised the involvement of people who use services and their carers in shaping new arrangements and providing a growing range of support options.

The key process for identifying needs across the borough has been the JSNA; this was first published in 2008 and a second analysis will be ready for publication later in 2010. The intelligence gathered and the views, needs and preferences of local

residents will be used to inform the commissioning cycles for 2011-12 onwards. The service inspection found that the council used its intelligence and resources well to address strategic priorities. In addition, budgets and financial resources were well aligned to meet priorities and support improvements. As a result, people living in the borough are benefiting from a shift in traditional bed based services towards community based support options that maintain and support longer term independence.

Commissioning activity is, in the main, based on detailed local knowledge and a robust understanding of people needs and preferences. The council remains active in seeking and including the views of minority communities. (See Leadership)

Although the council works well with its work partners and the Service Inspection found that there were some good examples of joint commissioning initiatives, the council is aware that joint commissioning arrangements require further development, however, work with partners to strengthen joint commissioning activity has begun.

The council acknowledges the need to formalise health and social care partnership processes and share transparent investment plans. The council accept that the pace of delivery for new forms of commissioning needs to be strengthened and maintained to meet locally determined targets in relation to personalised and bespoke care package delivery. Consequently, partners have now developed plans to use commissioning initiatives to improve the pace of development for a growing range of community based, flexible support services and accommodation options, such as, improved day care services and specialist extra care housing.

In addition, the council and its partners have agreed plans to co-locate staff and develop a joint approach to workforce development. The council also has developed plans to review and challenge established services to ascertain their impact in achieving positive outcomes and to make certain that they are providing value for money. This reviewed and refreshed approach to the commissioning of services indicates that further positive developments in joint commissioning activity are likely. This strengthened approach will also help partners to increase their capacity to personalise service delivery.

Customer satisfaction information has become integral to the review process and as a result the council is able to review provision from the service user's perspective. Intelligence gathered is used to inform service design and delivery. Performance and customer satisfaction rates demonstrate the council's commitment to continuous improvement in the quality, efficiency and effectiveness of services, good examples being the Occupational Therapy and Sensory Services. The council continues to drive improvements with an emphasis on choice, empowerment and personalised care packages that are tailored to meet individual needs.

Financial management and budget monitoring remains robust. The council has implemented a strategic budget review to address the financial pressures for 2010-11 and beyond. The review is linked to the Medium Term Financial Plan (MTFP). Adult social care has contributed to required efficiencies through savings in management and support costs. Financial performance in 2009-10 is in accordance with the agreed position forecast and the council has a good track record in managing its budget.

There is continued support for adult social care with the council providing funds for £8million pounds growth over a 3 year period. This investment will assist in meeting the anticipated increase in demand for adult social care services.

The council remains active in working productively with providers to improve service quality. The council's relationship with the independent sector is good, with regular meetings and discussions to support developments. Contract monitoring is regularly undertaken and assertive action is taken to raise standards in the quality of care where shortfalls are identified. Additionally, as part of the transformation of services the council launched a Market Facilitation Strategy in February 2010. The strategy supported by an agreed action plan will provide clarity about future service requirements and enable providers to develop services that better meet people's needs, preferences and expectations. Key intelligence regarding commissioning data trends and requirements will be routinely shared with providers. As a result, providers will be better equipped to meet the changing needs of people requiring services and remain responsive to market changes.

Key strengths

- Sound commissioning processes
- Good understanding of local needs
- Effective budget management
- Effective inclusion of local people in the design and delivery of services

Areas for improvement

- Continue to develop a joint approach to the development and commissioning of services
- To continue to use commissioning incentives to develop a wider range of community based support and accommodation options
- Continue to use a value for money approach to challenge traditional service provision

Outcome 1: Improving health and emotional well-being

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

Conclusion of 2009/10 performance

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

Key strengths

Areas for improvement

Outcome 2: Improved quality of life

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

Conclusion of 2009/10 performance

The council and its partners continue to work collaboratively to provide a growing range of services that support, encourage and maintain independent living.

Information and advice regarding services that support and improve quality of life is readily available. The service inspection in December 2009 found access to services was good and improving. The council (and its partners) is working effectively to ensure that people are able to access services easily. A particular example is the realignment of local bus routes so that people are able to take advantage of services offered at NHS Walk in Centres. Special cards have been produced to help people with a visual impairment use public transport and access a range of services and leisure opportunities.

Partner agencies have included quality of life issues within their assessment processes and have facilitated access to council services appropriately and effectively. Services offered by the council were increasingly available to all of the boroughs residents. Several thousand older people are involved in active lifestyle projects and physical activity is offered through a range of initiatives, offering people good opportunities to access leisure services and meaningful social activities at little or no cost. The council's self assessment demonstrated improved outcomes for people as a result of these initiatives.

Services to include marginalised groups have been developed in association with voluntary organisations. These services are highly valued by the people using them and offer opportunities for increased community presence and social inclusion.

A preventative strategy has been produced using the Department of Health Framework, “Making a Strategic Shift Towards Prevention and Early Intervention.” The strategy focuses on key themes of citizenship, neighbourhood and community, as well as lifestyle support, early intervention, enablement and community based support for long term conditions. The strategy is publically available and assists in effective signposting to non-care managed support. The council's Customer Access Team has signposted over 8000 people to support services in third sector. The Teams “No Wrong Door” customer focus policy is instrumental in providing people with good quality information with a sense of welcome and support.

The council offers a growing range of preventative services to promote and encourage a good quality of life with a minimum loss to people's independence. Assistive technology is effectively used to support and maintain safety and independence within the community. The council's care line currently supports over 6000 people using a variety of services including Telecare, Telehealth, community support, community alarms and carers cards. The council and its partners are developing a range of support options and initiatives to support and maintain people with long term conditions in the community and reduce the need for acute hospital admissions.

In addition, the council has continued to improve its performance by reducing waiting times for adaptations and equipment. Equipment supply services have been extended to provide an out of hours service for people at the end of life, this service enables people to return to their preferred place of care without having to wait for vital equipment to be delivered. The service inspection found that the council's equipment service was highly valued and provided people with a speedy response however waiting times in relation to major adaptations during 2009-10 remains higher than comparator councils.

Support for carers is highly developed and very effective. There is a well established Carers Register and a guide for new carers has been produced. The guide had been distributed through General Practitioner (GP) surgeries and has resulted in an increase in registrations and support services provided. For example, following a period of consultation with carers, a direct payment scheme has been developed. The scheme is enabling carers to personalise their own support so they can maintain their own quality of life and manage their caring responsibilities.

The council's approach to prevention and support services to maximise independence is increasing the number of people who are helped to live at home and reducing the number of people admitted to long term care. The number of older people helped to live at home is better than comparators however the number of people supported in long term care is higher than comparators. In addition, the council works well with health agencies to provide intermediate care and rehabilitation services to support people's timely discharge from hospital and ongoing independence in the community.

Information from The Better Health, Better health consultation reported that people are positive about the services received and feel the council is responsive to their preferences of remaining independent in the community.

Support for people with complex needs continues to expand and improve. The "expert patient" scheme and similar fora are involving people with complex needs in designing services that they value. People with profound and multiple learning difficulties are a priority group for a Person Centred Planning (PCP) approach to care management. A champion for this group has been appointed by the Learning Disability Partnership Board. This approach means there is a focus on listening and learning about the persons needs, preferences and aspirations and personalising care as a result. Consequently, people are able to determine their

own support requirements.

In partnership with the Stroke Association, the council have established two additional support workers to provide varying degrees of support for people who have had a stroke. The service also provides support to families and carers. The council are also working with partners to develop a local stroke network. The aim of the network will be to refresh and inform commissioning initiatives especially in Public Health regarding Social Marketing initiatives for stroke and cardio vascular disease.

The council is aware that although services for people with complex needs are, in the main, of a good standard, work is required to ensure that all partner agencies are aware of the range of support for people with complex needs. Consequently, the council and its partners are agreeing arrangements to examine complex cases to ensure that needs are met and positive outcomes secured.

The Service Inspection found that the councils overall performance in this outcome area was of a very high standard.

Key strengths

- Effective partnership working to improve the provision of a wider range of preventative services
- The involvement of carers in service design and delivery
- Well developed and comprehensive support for carers
- Improved access to all services
- Effective intermediate care and rehabilitation services

Areas for improvement

- To continue to improve the availability of individualised and independence-promoting support in the community including Day Opportunities and Extra Care accommodation.
- To continue with the planned production of a carers' strategy. Ensure that there is an implementation plan that clearly sets out the levels and types of support available.
- To finalise interagency agreements for people with complex needs

Outcome 3: Making a positive contribution

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

Conclusion of 2009/10 performance

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

Key strengths

Areas for improvement

Outcome 4: Increased choice and control

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

Conclusion of 2009/10 performance

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

Key strengths

Areas for improvement

Outcome 5: Freedom from discrimination and harassment

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

Conclusion of 2009/10 performance

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

Key strengths

Areas for improvement

Outcome 6: Economic well-being

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

Conclusion of 2009/10 performance

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

Key strengths

Areas for improvement

Outcome 7: Maintaining personal dignity and respect

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

Conclusion of 2009/10 performance

Adult Safeguarding was subject to inspection in December 2009. The inspection found that that most people living in the borough were effectively safeguarded from abuse, neglect and poor treatment.

An Adult Safeguarding Interagency Framework offers staff advice regarding multi-disciplinary practice. The Service Inspection found that the framework was valued by staff, however, there was some confusion as to whether the framework constituted procedural guidance or was simply “best practice” advice. Further confusion had been brought about by the addition of “stretch” targets aimed at improving the responsiveness of the service. The council made a positive and comprehensive response to the inspection findings and has implemented a series of robust actions to promote clarity of role, responsibility, procedures and policy. The council reports that staff are now more confident in applying the framework and are clearer about expectations in relation to safeguarding activity.

The Service Inspection also found that safeguarding referrals received a timely response and initial investigations were frequently satisfactory or good. People were protected and risks faced by people funding their own care had been addressed. Similarly, people who lived in out of borough placements were protected and staff in Supporting People Teams had referred situations appropriately. Specialist legal advice was readily available to investigating officers and preventative services were used well in some protection plans. However, some longer term risks were less well addressed, some protection plans lacked clarity and monitoring, reviews were not always timely. In addition, the response and contributions from other agencies was variable, where this worked well, good outcomes have been secured. The Inspection found good examples of a wide range of agencies providing high quality care. However, performance in this regard was inconsistent.

The council has made a prompt response to the Inspection findings and has established 5 local performance indicators to monitor performance across key agencies. Targets have been shared across agencies and progress is being systematically monitored and reviewed. Strong progress is being made in; referrals being determined in 24 hours, strategy meetings within 5 days of referral, timely review of protection plans and case conclusion.

The Inspection also identified the need for further development in relation to: the consistency of risk threshold identification; multi-

disciplinary working; and performance management arrangements. Again, the council has made a prompt and assertive response. A Safeguarding performance and Quality Assurance Subgroup has been established. The group has responsibility for the performance management and quality assessment of activity across the safeguarding partnership. The group reports monthly to the Senior Management Team and quarterly to the Safeguarding Adults Board (SAB). Reports include qualitative and quantitative performance information relating to internal key indicators and multi agency activity relating to safeguarding cases.

The council has had a SAB in place for quite some time, however the Service Inspection found that the board had a number of weaknesses, most noticeably in its leadership and performance management functions. In order to address these issues the council has developed safeguarding practice standards and a competencies framework for safeguarding board members. There is an agreed framework of responsibilities, behaviours and competencies in place and a review of governance arrangements and cross agency agreements is underway. Training and Induction plans for board members are in development and should be finalised by September 2010. In addition, the council is actively seeking a wider membership that includes providers in both the voluntary and private sectors. This activity coupled with agreed terms of reference (all agencies), clarification of roles and responsibilities for setting priorities and targets should equip the board with the capacity, knowledge and skills it requires to provide effective leadership and scrutiny functions in this key area of work.

The council has remained active in raising safeguarding awareness. There have been a number of promotional events for a range of audiences. Advice and contact cards, leaflets and posters have been widely distributed. The council provides free safeguarding alerter/awareness training across the wider health and social care workforce. As a result, safeguarding referral rates have risen along with the number of completed cases during 2009-10 and there has been a 25% increase in the numbers of staff employed in the independent sector that have received training (2009-10). In addition, the council has strengthened its strategic approach to inter-agency training. Three key improvement areas have been identified to address service inspection recommendations. The proposed actions aim to secure clear and binding agreements with partners in respect of declared standards of practice. Envisaged outcomes are improved consistency in safeguarding practice and performance management arrangements.

In the wider promotion of community safety and the protection of vulnerable groups, the Sefton Safer and Stronger Community Partnership Board is well established and provides strong leadership within the council and partner agencies. The wide range of services to help keep people safer in their own homes includes well developed sexual and domestic violence services, a dedicated hate crime unit and a specialist vulnerable victim's advocacy service. There is widespread information available about homophobic crime for all residents, people who use services and carers.

Interagency Preventative Work has been strengthened through the use of the Multi Agency Risk Assessment Conference (MARAC) system for sharing information and risk assessment.

Specific support has been provided for newly identified vulnerable groups such as international workers. Two specialist workers have

been appointed to meet the needs of people from minority communities, a corporate group provided a range of initiatives for travelling communities and there is free legal advice for people seeking asylum. Overall rates of crime and specific incidents of race, culture, domestic violence and antisocial behaviour have fallen.

The council has a range of measures in place to support people’s dignity and privacy. A dignity in care project is established. Dignity champions and policies are in place both within the council and partner agencies. The interagency safeguarding framework sets out how private information should be handled and public information is available about people’s rights to confidentiality.

Contracts with providers include safeguarding and dignity clauses and although contract monitoring is generally strong, the Service Inspection found that specific information about compliance with the dignity clause was not routinely collected. The Service Inspection also found that the dignity in care plan needed to be more precise and ambitious in specifying outcomes and that further work was required to secure dignity for older people. In response, the council updated its dignity action plan in 2010 and has a pilot scheme in place with domiciliary care providers to set up a Dignity Standards Awards Scheme. A web page has also been created to provide information regarding dignity in care, the page also signposts people to related websites and support. All Adult Social Care information leaflets have been enhanced and now carry a dignity commitment statement. As part of the council’s wider review of its commissioning and contractual arrangements, the council will collate dignity clause information systematically and use the intelligence to inform purchasing activity. The council also has plans to produce a dignity charter for implementation in all service areas and pursue the Dignity in Care Campaign based on a best practice model as an outcome of its participation in the North West Dignity Leads Group.

The Deprivation of Liberty Safeguards is well managed. The council has a good number of Best Interest Assessors and appropriate professional support. There is an effective scheme of delegation in place.

The council makes effective use of regulatory information to support the commissioning and purchasing of services. The council is active in monitoring the quality of provision and takes timely action to address contractual shortfalls. Contract monitoring and supervision are used to good effect.

The council continues to support and value the role of carers and families in meeting the needs of people that use services. Carers support is well developed and of a high standard. Carers’ rights and entitlements are effectively promoted. There is strong evidence of the council responding positively to carers’ needs and preferences. Their contributions are evident in service design and delivery. Carers are valued as an important part of the wider Social Care Workforce. (See outcome 2)

Key strengths

- Most people are protected from abuse and neglect
- The provision of a revised interagency framework for intervention
- Continued efforts to raise awareness of adult abuse
- The provision of a range of training opportunities
- The implementation of initiatives to identify and meet the needs of minority groups

Areas for improvement

- To continue to strengthen practice in identifying risks and improving protection planning
- To continue to strengthen the Safeguarding Adults Board and inter agency working
- To continue to clarify interagency commitments and implement performance management arrangements across agencies
- To continue to provide a range of training opportunities across the health and social care workforce

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Agenda Item 8

REPORT TO: Cabinet Member – Health and Social Care
Cabinet

DATE: 16th February 2011
17th February 2011

SUBJECT: Charging for Non-Residential Social Care Services

WARDS AFFECTED: All

REPORT OF: Robina Critchley, Adult Social Care Director

CONTACT OFFICER: Colin Speight, Principal Manager 3743

EXEMPT/CONFIDENTIAL: No

PURPOSE/SUMMARY:

To seek approval from the Cabinet Member for Health and Social Care to recommend to Cabinet to review Sefton's charging policy for non-residential services.

REASON WHY DECISION REQUIRED:

To comply with the Scheme of Delegation Section 3 Item B7.

RECOMMENDATION(S):

The Cabinet Member, Health & Social Care recommends that Cabinet approves:

- i. that all service users who have in excess of £23,250 (current threshold) in capital or those who refuse to divulge their financial details are charged the actual cost of their day centre place and other care services provided by the Council,
- ii. that the percentage of disposable income charged against as part of the financial assessment is increased from 65% to 85%.
- iii. that couples will only be offered two calculations either as a single person based on their own income, or as a couple based on their combined income.
- iv. the removal of the £5.00 per week transitional protection.
- v. that service users are charged for their reserved day centre and reserved transport place whether or not they use either facility.
- vi. that the highest rate of Attendance Allowance and the care component of Disability Living Allowance is taken into account as income for those service users who receive night-time services.
- vii. the amendments to the appeals process in relation to the revised charging policy.
- viii. it be noted that the proposal was a Key Decision but, unfortunately, had not been included in the Council's Forward Plan of Key Decisions. Consequently, the Chair of the Overview and Scrutiny Committee - Health and Social Care

Agenda Item 8

had been consulted under Rule 15 of the Access to Information Procedure Rules of the Constitution, to the decision being made by the Cabinet Member/Cabinet as a matter of urgency on the basis that it was impracticable to defer the decision until the commencement of the next Forward Plan because the savings targets contained within the report are a component in achieving the setting of the Council's balanced budget for 2011/12. The item was not included on the Forward Plan because of the timescales dictated by the Transformation Agenda to achieve significant budget savings across the Council.

KEY DECISION: Yes

FORWARD PLAN: No. – Rule 15 authorised by the Chair of the Overview and Scrutiny Committee (Health and Social Care).

IMPLEMENTATION DATE: 11TH April 2011

ALTERNATIVE OPTIONS: None.

IMPLICATIONS:

Budge/Policy Framework: None

Financial: The estimated additional income totalling £661k as a result of the recommendations being agreed are outlined throughout the report. The actual savings target agreed for 2011-12 is £635,000.

<u>CAPITAL EXPENDITURE</u>	2009/ 2010 £	2010/ 2011 £	2011/ 2012 £	2012/ 2013 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N	When?			

Agenda Item 8

How will the service be funded post expiry?	
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Legal:

Risk assessment: A Risk Assessment has been undertaken and this is given as Appendix B of the report

Asset Management: None

CONSULTATION UNDERTAKEN/VIEWS

The Head of Corporate Legal Services has been consulted and his comments have been incorporated into this report - LD00040/11'

The Interim Finance Director has been consulted and his comments have been incorporated into this report – FD636/11'

A consultation exercise via a written questionnaire was undertaken with all service users, the outcome of this exercise is detailed in this report.

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1.	Creating a Learning Community		√	
2.	Creating Safe Communities		√	
3.	Jobs and Prosperity		√	
4.	Improving Health and Well-Being		√	
5.	Environmental Sustainability		√	
6.	Creating Inclusive Communities		√	
7.	Improving the Quality of Council Services and Strengthening local Democracy	√		
8.	Children and Young People		√	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

Dept of Health – Fairer Charging guidance for non-residential services 2003

Review of charges for non-residential social services 9th March 2005

Review of Charging Policy for non-residential social services 22nd February 2006

Charging for non-residential social care services 18th March 2009

Transformation Programme Update, Prioritisation and Strategic Budget Review – 30th September 2010

Agenda Item 8

BACKGROUND

1. In October 2002 the Government introduced the Fairer Charging policy which included guidance to Councils on how they should implement charges for non-residential services. The main points of the guidance are:
 - Service users with income of less than a buffer rate of basic Income Support or Guarantee Pension Credit plus 25% should be exempt from charges e.g. a person aged 60+ years with income below £165.75 per week would be exempt (2010-11).
 - Where disability benefits are counted as income then disability related expenditure should also be taken into account.
 - All service users should be offered a comprehensive welfare benefits check.

The Adult Social Care Director is required to make substantial efficiencies as part of the Councils major spending review. A potential figure of £661k has been identified that can contribute to the savings. This report gives the detail on how this amount can be found by increasing the charges levied as a contribution that users make to the cost of social care.

CURRENT POSITION

2. The current maximum charges for non-residential services in Sefton are:-

Day Care	£15.00 per day
Home Care	£11.00 per day
Meals taken at Day Centres or by the Community Meals Scheme	£3.25 per meal.
Transport	£1.50 per journey

3. In relation to non-residential services all service users receiving day care or home care are offered a financial assessment to ensure that they can afford to pay the current charge. 48% of Sefton's service users are deemed as not being able to afford to pay a charge following a financial assessment. Meals and transport are a flat rate charge and not subject to a financial assessment.
4. In addition to the governments' guidance, the main points of Sefton's charging policy are:
 - An extra £16.00 per week allowance is given for disability related expenditure to those service users who receive Attendance Allowance (any rate) or the middle/high rate care component of Disability Living Allowance. Where expenditure is in excess of this amount then the actual expenditure will be allowed.
 - Sefton increases the buffer figure (basic Income Support/Guarantee Pension Credit plus 25%) for service users who are in receipt of carers benefits.

Agenda Item 8

5. Sefton's charges for non-residential services have been recently bench-marked against 12 other North-West Councils and this exercise demonstrated that Sefton's charges were considerably lower.
6. Each Council was asked to look at the same case studies and then calculate what each would charge. The exercise demonstrated the following:
 - Single older person – in this typical case study Sefton's charge was £34.00 per week, compared with the average figure for the other North-West Councils of £48.60 per week.
 - Couple older person – in this typical case study Sefton's charge was £8.70 per week, compared with the average figure for the other North-West Councils of £68.20 per week.

CONSULTATION

7. Cabinet on 30th September 2010 approved a consultation exercise to review Sefton's charging policy for non-residential services. A questionnaire was sent to service users who receive home care services and/or who attend day centres. The questionnaire asked for views on six proposed changes to Sefton's charging policy. The results of the survey are given in (Appendix A)
 - 2856 questionnaires were sent to service users.
 - The questionnaire was also available on the internet for the general public to complete, this was also advertised in the local press.
 - The questionnaire and a letter was also sent to the Carers Centre, Sefton Pensioner's Advocacy Service and Sefton Partnership for Older Citizens.

To ensure the fullest possible response could be obtained a reminder letter was given to all recipients of the questionnaire on 6th January 2011 asking them to return the completed form if they had not already done so.

8. In comparison with other consultation exercises there was a high response rate. 24% (690) of questionnaires were returned, the usual response rate is less than 10%. In a number of instances people did not give a response to each of the proposals

PROPOSALS

9. Below is a summary of the responses to each of the proposals, as well as details of the impact of each proposal on the Council's finances and on service users. All figures are based on the current benefit rates and policy.

Proposal 1 – Day Centre attendance

10. Users were asked whether or not they agreed that those people who can afford it should pay the actual cost of day centre attendance.
11. The result of the consultation was as follows:

Agenda Item 8

- 21% either agreed or strongly agreed.
 - 18% indicated that they had no opinion.
 - 61% either disagreed or strongly disagreed.
12. Sefton currently subsidises the cost of day centre attendance. Whilst the maximum charge to service users is £15.00 per day, the actual cost to the Directorate for service users ranges from £30 to a maximum of £90.00 per day. Although the higher rate is that paid for users with highly complex needs the average actual cost is £45 per day.
 13. If the true cost was charged to all service users who have in excess of £23,250 (current threshold) in capital or those who refuse to divulge their financial details this would generate approximately £160,500 per annum.
 14. Those service users who have provided their financial details and who have capital less than £23,250 will still be charged a maximum of £17.50 per day for their day centre place from 11th April 2011, this was agreed by Cabinet in 2009.
 15. The Cabinet Member is therefore asked to recommend that Cabinet approves that all service users who have in excess of £23,250 (current threshold) in capital or those who refuse to divulge their financial details are charged the actual cost of their day centre place (ranging from £30 to £90 per day) and other care services (ranging from £11 to £15 per hour and £6 per journey for transport) that are provided by the Council.

Proposal 2 – Disposable income

16. Users were asked whether or not they agreed to an increase in the percentage we charge against from 65% to 95% of disposable income.

The result of the consultation was as follows:

- 12% either agreed or strongly agreed with the proposal.
 - 10% indicated that they had no opinion.
 - 78% either disagreed or strongly disagreed with this proposal.
17. Under Fairer Charging guidance Councils must ensure that service users are left with enough money for everyday living expenses, such as food, clothing and heating after they have paid any charges for non-residential services. The amount that is left is called “disposable income”.
 18. When calculating the maximum charge that service users can afford to pay Sefton currently takes into account 65% of disposable income. A high number of people disagreed with the proposal to increase the percentage of disposable income to 95% and in these circumstances it is considered appropriate to set a level 85% of disposable income rather than the 95% as originally propounded.
 19. The Cabinet Member is asked to recommend that Cabinet approves that the percentage of disposable income charged against as part of the financial

Agenda Item 8

assessment is increased from 65% to 85%. This proposal will still generate approximately £227,250 per annum.

Proposal 3 – Couples

20. Users were asked did they agree in line with other Councils that in future couples will only be offered two calculations either as a single person based on their own income, or as a couple based on their combined income. Their charge will be the lowest amount.

The result of the consultation was as follows:

- 40% either agreed or strongly agreed with the proposal.
- 30% indicated that they had no opinion.
- 30% either disagreed or strongly disagreed with this proposal

21. In Sefton couples are offered three calculations and their charge is the lowest of the three. This can mean members of couples currently pay lower charges than single people The current Sefton calculations are predicated on:-

- Taking only service user's income/capital and then deducting a single person's buffer allowance.
- Taking both service user and their partner's income/capital and then deducting a higher couple's rate buffer allowance.
- Taking both service user and their partner's income/capital and then halving it and deducting a single person's buffer allowance.
-

Most other Councils only use the first two calculations and therefore to maximise income is considered apposite to remove the third calculation.

22. It is difficult to assess the actual impact of this proposal. However using a sample of 10 cases, it is possible to project that 182 people will be affected by this recommendation. This will generate approximately £106,500 per annum.
23. The Cabinet Member is therefore asked to recommend that Cabinet approves, that couples will only be offered two calculations either as a single person based on their own income, or as a couple based on their combined income. Their charge will be the lowest amount.

Proposal 4 – Transitional protection

24. Users were asked whether or not they agreed to the removal of transitional protection in relations to charging for services

25. The result of the consultation was as follows:

- 23% either agreed or strongly agreed with the proposal.
- 24% indicated that they had no opinion.
- 53% either disagreed or strongly disagreed with this proposal

Agenda Item 8

26. Members agreed in February 2006 following changes to the charging policy to limit any increase in charge for existing service users to £5.00 per week (assuming their services remained the same). It was agreed that this protection would last for three years but it has continued unchanged. As this now only affects approximately 59 people it is proposed to remove this £5 protection. This will generate approximately £24,750 per annum.
27. The Cabinet Member is therefore asked to recommend that Cabinet approves the removal of this transitional protection.

Proposal 5 – Day Centre attendance absences

28. Users were asked if people should be charged for their booked day centre and transport place whether or not they attended.
29. The result of the consultation was as follows:
 - 37% either agreed or strongly agreed with the proposal.
 - 15% indicated that they had no opinion.
 - 48% either disagreed or strongly disagreed with this proposal
30. When a service user is booked for a place at a day centre or on transport, the Council has to pay for the place regardless of whether the service user attends day care or for whatever reason does not use the transport facility. It proposed therefore that all service users are charged for their reserved day centre and transport place whether or not they attend. This will generate a maximum of approximately £82,500 per annum. There may be exceptions these will be addressed on a case by case basis in accordance with the appeals process.
31. The Cabinet Member is therefore asked to recommend that Cabinet approves that service users are charged for their reserved day centre and reserved transport place whether or not they use either facility.

Proposal 6 High rate Attendance Allowance (care component of Disability Living Allowance)

32. Users were asked whether or not they agreed to anyone who receives care services during the night such as people in supported living schemes, and who receive the highest rate of Attendance Allowance (and the care component of Disability Living Allowance), should have this rate taken into account when their charge is worked out.
33. The result of the consultation was as follows:
 - 28% either agreed or strongly agreed with the proposal.
 - 20% indicated that they had no opinion.
 - 52% either disagreed or strongly disagreed with this proposal

Agenda Item 8

34. The highest rate of £71.40 per week is paid to service users who have health problems that affect them during the day and the night. When carrying out financial assessments Sefton only takes into account a lower rate of £47.80 per week, therefore disregarding an additional £23.60 per week income.
35. It is proposed that anyone who receives care services during the night such as people in supported living schemes, adult placements and who receive the highest rate of £71.40 per week, should have the full amount taken into account when their charge is calculated. This change is likely to affect 100 service users. There will be an increase in revenue of approximately £60,000 per annum.
36. The Cabinet Member is therefore asked to recommend that Cabinet approves that anyone who receives care services during the night such as people in supported living schemes, adult placements and who receive the highest rate of £71.40 per week, should have the full amount taken into account when their charge is calculated.

APPEALS

37. As part of this review of the charging policy, it is proposed to implement a new structure for dealing with appeals:
 - Stage 1 Appeal to the Team Manager (Welfare Rights, Finance & Financial Assessments)
 - Stage 2 Appeal to the Principal Manager (Adult Social Care - Corporate Finance)
 - Stage 3 Corporate Complaints procedure
38. The appeals process will look into individual cases where service users state that the changes to the charging policy has resulted in financial hardship.
39. The Cabinet Member is asked to recommend that Cabinet approves the amendments to the appeals process in relation to the revised charging policy.

FAIRER CONTRIBUTIONS GUIDANCE

40. With the introduction of self-directed support and the provision of personal budgets to support greater choice and control, the government has issued further guidance in relation to charging. This Fairer Contributions Guidance sits alongside Fairer Charging Guidance. A further report will be brought on this subject in due course.

Agenda Item 8

APPENDIX A

Questions asked and summary of the consultation exercise

Number of questionnaires sent 2856
Number of questionnaires returned 690 (of these 40 were left blank)

Below are the responses to each of the six proposals:

Proposal 1 - Day centre attendance

The current charge for day centre attendance is £15 per day. The actual cost to the council of providing this service is on average £45 per day, and can be up to £90 per day.

It is proposed that those people who can afford it should pay the actual cost of day centre attendance.

Do you agree with this proposal?	Number returned	Percentage
Strongly agree	36	6%
Agree	85	15%
Neither agree nor disagree	101	18%
Disagree	127	22%
Strongly disagree	218	39%

Proposal 2 – Disposable income

We must make sure that you are left with enough money for everyday living expenses, such as food, clothing and heating after you have paid any charges for adult social care services.

When calculating your charge, Sefton currently takes 65% of any income left over after allowances are made for everyday living expenses.

We are now proposing to increase the percentage we take to 95%.

Do you agree with this proposal?	Number returned	Percentage
Strongly agree	29	5%
Agree	42	7%
Neither agree nor disagree	56	10%
Disagree	132	22%
Strongly disagree	328	56%

Proposal 3 – Couples

In Sefton couples are offered three calculations and their charge is the lowest of the three. This can mean members of couples currently pay lower charges than single people.

In line with other Councils it is proposed that in future couples will only be offered two calculations either as a single person based on their own income, or as a couple based on their combined income. Their charge will be the lowest amount.

Do you agree with this proposal?	Number returned	Percentage
Strongly agree	61	12%
Agree	146	28%
Neither agree nor disagree	154	30%
Disagree	57	11%
Strongly disagree	97	19%

Proposal 4 – Transitional protection

In 2006 when we last made major changes to our charging policy we stated that no-one's charge should increase by more than £5 per week (assuming their services remained the same). We said that this protection would last for three years but it has continued.

We are now proposing to remove this £5 protection. This will affect approximately 75 people.

Do you agree with this proposal?	Number returned	Percentage
Strongly agree	39	7%
Agree	79	15%
Neither agree nor disagree	126	24%
Disagree	117	22%
Strongly disagree	163	32%

Agenda Item 8

Proposal 5 – Day Centre attendance absences

When you have a place booked at a day centre or on transport, the council has to pay for your place whether you attend or not.

We are proposing that you are charged for your day centre and transport place whether or not you attend.

Do you agree with this proposal?	Number returned	Percentage
Strongly agree	67	13%
Agree	125	24%
Neither agree nor disagree	79	15%
Disagree	96	18%
Strongly disagree	157	30%

Proposal 6 - High rate Attendance Allowance (care component of Disability Living Allowance)

The highest rate of Attendance Allowance (and the care component of Disability Living Allowance) of £71.40 per week is paid if you have health problems that affect you during the day and the night. Currently when we work out your charge we do not include the highest rate, we only take into account a lower rate of £47.80 per week.

It is proposed that anyone who receives care services during the night such as people in supported living schemes, and who receive the highest rate (£71.40 per week), should have this rate taken into account when their charge is worked out.

Do you agree with this proposal?	Number returned	Percentage
Strongly agree	35	7%
Agree	111	21%
Neither agree nor disagree	104	20%
Disagree	93	17%
Strongly disagree	185	35%

Agenda Item 8

EQUALITIES MONITORING

Below is a summary of the composition of those who completed the questionnaires.

ARE YOU A:	Total	Percentage
Service user	443	69%
Carer	156	24%
Member of the public	10	2%
Other	7	1%
Not disclosed	27	4%

POST CODE	Total	Percentage	POST CODE	Total	Percentage
L10	10	2%	L30	33	7%
L20	51	10%	L31	52	10%
L21	32	6%	L37	45	9%
L22	28	6%	PR8	113	22%
L23	49	10%	PR9	82	16%
Others	9	2%			

GENDER	Total	Percentage
Male	216	37%
Female	355	70%
Not disclosed	12	3%

AGE	Total	Percentage	AGE	Total	Percentage
Under 25	11	2%	65-75yrs	75	13%
25-50yrs	87	15%	75-85yrs	128	22%
50-65yrs	106	18%	85+yrs	117	20%
Not disclosed	63	10%			

ETHNICITY	Total	Percentage	ETHNICITY	Total	Percentage
White English	479	89%	White/ Asian	1	.2%
White Irish	9	2%	White/Caribbean	2	.4%
White Welsh	4	.7%	White/Maltese	1	.2%
White Scottish	3	.6%	Chinese	1	.2%
White Polish	2	.4%	Not disclosed	37	6.7%

SEXUAL ORIENTATION	Total	Percentage	SEXUAL ORIENTATION	Total	Percentage
Heterosexual	392		Lesbian	1	
Bisexual	13		Other	3	
Gay	2		Not disclosed	202	

Agenda Item 8

RELIGION/ BELIEF	Total	Percentage	RELIGION/ BELIEF	Total	Percentage
Christian	478	78%	No religion	41	6%
Buddhist	3	0.5%	Other	3	0.5%
Jewish	5	0.8%	Not disclosed	85	14%

DISABILITY	Total	Percentage	DISABILTY	Total	Percentage
Physical	283	26%	Mental Health problems	106	10%
Hearing	115	11%	Long term illness	199	19%
Visual	120	11%	Other illness	37	3%
Learning Disability	132	12%	Not disclosed	81	8%

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?					
	Total	Percentage		Total	Percentage
Yes	386	67%	No	114	20%
Not disclosed	72	13%			

SEFTON COUNCIL - RISK ASSESSMENT for: Charging for non-residential services

DEPARTMENT/SECTION: Health & Social Care

BUSINESS OBJECTIVE: Maximisation of Council's income

RISK REGISTER REF: ASC10

COMPLETED BY: Colin Speight (Principal Manager)

DATE: 25/01/2011

REVIEW REQUIRED: 26/07/2011

Ref No	Risk	Assessment of risk (assume no controls in place)			Risk Control measures	Assessment of Residual Risk (Control measures in place)		
		Impact (Severity)	Likelihood (Probability)	Risk Rating		Impact (Severity)	Likelihood (Probability)	Risk Rating
1	Loss of projected revenue if service users discontinue services.	4	4	16	Loss of revenue will be offset against the reduced cost of providing care.	3	2	6
2	The impact on service users of cancelling services.	4	4	16	Service user's social workers will be involved at an early stage to ensure users are aware of the consequences and their assessed eligible care needs are still met.	3	2	6
3	Hardship caused to service users by raising charges	4	4	16	As part of this review of the charging policy, a new mechanism will be implemented for dealing with appeals: This process will investigate cases where the changes to the charging policy have resulted in financial hardship.	2	2	4

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Agenda Item 9

REPORT TO: Cabinet Member - Health and Social Care

DATE: 16th February 2011

SUBJECT: Public Health White Paper '*Healthy Lives, Healthy People*' Consultation process

WARDS AFFECTED: All

REPORT OF: Hannah Chellaswamy; Acting Director of Public Health (NHS Sefton & Sefton Council) and Thematic Chair - Healthier Communities and Older People partnership

CONTACT OFFICER: Cathy Warlow; Thematic Manager - Healthier Communities and Older People partnership manager

EXEMPT/ CONFIDENTIAL: No

PURPOSE/SUMMARY:

To provide the Cabinet Member with a summary of the recently published consultation documents supporting the Public Health White Paper '*Healthy Lives, Healthy People*'

To provide the Cabinet Member with the opportunity to respond the consultation questions set out in the supporting documents- please note that the supporting consultations close on **31st March 2011**

REASON WHY DECISION REQUIRED:

N/a

RECOMMENDATION(S):

That the Cabinet Member notes the contents of the supporting documents

KEY DECISION: No

FORWARD PLAN: N/A

IMPLEMENTATION DATE: N/A

ALTERNATIVE OPTIONS:

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		✓	
2	Creating Safe Communities		✓	
3	Jobs and Prosperity		✓	
4	Improving Health and Well-Being	✓		
5	Environmental Sustainability		✓	
6	Creating Inclusive Communities		✓	
7	Improving the Quality of Council Services and Strengthening local Democracy		✓	
8	Children and Young People		✓	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

Department of Health (2010) *Equity and Excellence; Liberating the NHS*

Department of Health (2010) *Healthy Lives, Healthy People*

Department of Health (2010) *Our Health and Wellbeing Today*

Department of Health (2010) *Healthy Lives, Healthy People: Transparency in Outcomes. Proposals for a Public Health Outcomes Framework. Consultation document.*

Department of Health (2010) *Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health.*

Marmot, M. (2010) *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010*

Agenda Item 9

Strategy for Public Health in England

Background

Building on the NHS White Paper *Equity and Excellence: Liberating the NHS*, the Public Health White Paper *'Healthy Lives, Healthy People'*, published in December 2010, outlines government's commitment to protecting the population from serious health threats; helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest, fastest.

A consultation is underway on the Public Health White Paper and a number of supporting documents. This document gives a summary of those supporting papers, a list of supporting consultation questions and the process for contributing to NHS Sefton and Sefton Council's joint response.

Supporting consultations

In late December 2010, two further consultation documents supporting the Public Health White Paper were published proposing an outcomes framework for public health and how public health should be funded and commissioned. The following provides an overview of such documents:

- **Healthy Lives, Healthy People: Transparency in outcomes. Proposals for a Public Health Outcomes Framework**

The government proposes a new strategic outcomes framework for public health across public services at national and local levels, based on the evidence of where the biggest challenges are for health and wellbeing, and the wider factors that drive it.

Proposals for a new *Public Health Outcomes Framework* have been made in light of the recent consultations on the *NHS Outcomes Framework* and the ongoing consultation on *Transparency in Outcomes: a Framework in Adult Social Care*. Together these three aligned frameworks will set out the outcomes that local government, the health and care sectors are responsible for achieving.

Diagram A. (attached) shows some key areas of overlap, where local services share an interest and where a whole-systems approach could support better outcomes. By sharing the same or complementary measures between sectors, there is a stronger incentive for local services to work together and measure their progress on the same basis.

This approach assumes that the three Outcomes Frameworks act as whole to tell the 'story' of health, rather than three separate entities. There are other local services crucial to achieving outcomes, and which public health will work with in partnership – children's services, employment services, leisure, transport and housing, for instance. Whilst the diagram does not yet include all relevant areas of overlap and focus for all partners, government are clear their contribution to public health is vital.

The backbone of the proposed approach is to make publicly available a set of data and information relating to the public's health at national and where possible at local authority levels. To ensure transparency and reduce data burdens it is proposed that specific data be published in one place by Public Health England. At a national level, this information will be used across government and by partners to understand the key priorities for health and aid efforts to prioritise action. At a local level, this will allow people to interrogate information as they want and minimise costs of reproduction on councils. This will also make it easy for local areas to compare themselves with others across the country, and where possible how performance is changing within areas. To drive equality in public health outcomes, it is vital public health data be disaggregated by key equality characteristics and neighbourhoods where possible.

The Public Health Outcomes Framework is not a performance management tool. It should be a consistent means of presenting the most relevant, available data on public health for national and local use. The Outcomes Framework is based on government's high-level vision for public health; *"to improve and protect the nation's health and to improve the health of the poorest, fastest"*, supported by five key domains for public health that reflect national, local and community level actions, which are evidence-based, can be measured, and which can be used by the public to hold local services to account for improvements in health.

Domains are sequenced to reflect the spectrum of public health ranging from influencing the wider determinants of health, to opportunities to improve and protect health, through to preventing ill health (morbidity) and avoiding premature death (mortality): The five domains for public health are outlined below:

Domain 1 - Health Protection and Resilience: Protecting the population's health from major emergencies and remain resilient to harm

Domain 2 - Tackling the wider determinants of health: Tackling factors which affect health and wellbeing and health inequalities

Domain 3 - Health Improvement: Helping people to live healthy lifestyles make healthy choices and reduce health inequalities

Domain 4 - Prevention of ill health: Reducing the number of people living with preventable ill health and reduce health inequalities

Domain 5 - Healthy life expectancy and preventable mortality: Preventing people from dying prematurely and reduce health inequalities

In focusing on how to improve the public's health in its broadest sense, local authorities and their partners must also seek to advance equalities, eliminate the impact of discrimination and narrow inequalities in health behaviours between communities. This will be a core element of each domain through disaggregation of all indicators by different equality characteristics and down to neighbourhood level, where feasible

For a subset of indicators, which would be agreed with public health and local government partners, a 'health premium' would be attached, which aims to incentives councils to make progress on health improvement priorities and reduce health inequalities. Further details of the 'health premium' are outlined in the consultation on the funding and commissioning routes for public health.

The proposals set out in this consultation paper aim to engender closer working across organisational cultures and boundaries – driving improved partnership working where there is room for improvement, keeping in step where close and productive partnerships are already strong and making a difference. The shared responsibility of Government, business and industry is vital to the national contribution to the proposed outcomes.

Health and Wellbeing Boards will be core to the assessment and agreement of local priorities. The Outcome Frameworks will be used alongside the Joint Strategic Needs Assessment to determine local priorities and to set out strategies for which they will be held locally accountable to deliver.

Agenda Item 9

Public Health Outcomes Framework- Questions for consultation

- **Question 1.** How can we ensure that the Outcomes Framework enables local partnerships to work together on health and wellbeing priorities, and does not act as a barrier?
- **Question 2.** Do you feel these are the right criteria to use in determining indicators for public health?
- **Question 3.** How can we ensure that the Outcomes Framework and the health premium are designed to ensure they contribute fully to health inequality reduction and advancing equality?
- **Question 4.** Is this the right approach to alignment across the NHS, Adult Social Care and Public Health frameworks?
- **Question 5.** Do you agree with the overall framework and domains?
- **Question 6.** Have we missed out any indicators that you think we should include?
- **Question 7.** We have stated in this document that we need to arrive at a smaller set of indicators than we have had previously. Which would you rank as the most important?
- **Question 8.** Are there indicators here that you think we should not include?
- **Question 9.** How can we improve indicators we have proposed here?
- **Question 10.** Which indicators do you think we should incentivise? (Consultation on this will be through the accompanying consultation on public health finance and systems)
- **Question 11.** What do you think of the proposal to share a specific domain on preventable mortality between the NHS and Public Health Outcomes Frameworks?
- **Question 12.** How well do the indicators promote a life-course approach to public health?
- **Healthy Lives, Healthy People: Consultation on the funding and commissioning routes for public health**

As set out in *Equity and Excellence: Liberating the NHS*, Primary Care Trusts (PCT's), which were previous commissioners for local services, including for public health, will be abolished in 2013 and replaced by a new NHS commissioning architecture, locally led by GP consortia, and nationally by a new independent NHS Commissioning Board.

In the proposed new system public health services will be funded by a new public health budget, separate from the budget managed through the NHS Commissioning Board for healthcare, to ensure that investment in public health is ring-fenced. As outline in *Healthy Lives, Healthy People*, in exercising its functions Public Health England will fund public health activity through three principal routes: through allocating funding to local authorities; commissioning services via the NHS Commissioning Board; or commissioning or providing services itself.

Diagram B. (attached) sets out at a high level the flows of the public health budget from the Department of Health across the system.

Agenda Item 9

Decisions as to how services would be best commissioned will determine how much funding flows through different parts of the system. The majority of public health budget will be spent on local services, either commissioned via the NHS Commissioning Board (who may choose to pass responsibility down to GP consortia) acting on behalf of Public Health England, or led by local authorities through a ring-fenced grant. This ring-fenced grant will be made under section 31 of the Local Government Act 2003

It should be noted that the above funding flows diagram is not exhaustive, and only details the public health grant that local authorities receive from the Department of Health, not other funding that local authorities receive. Local authorities already carry out a range of health protection functions and have many wider responsibilities that bear on public health such as leisure, housing, education and social care. For the purposes of funding, the Department is treating these existing functions, which are funded through the existing funding settlement, as separate from the public health ring-fence. Local authorities will of course be free to integrate management of these functions with their new public health responsibilities, should they wish.

- Public health funded services commissioned by the local authority

As set out in the Government's response to the NHS White Paper consultations, *Liberating the NHS: legislative framework and next steps*, the Health and Wellbeing Boards will provide a mechanism for bringing together discussions about investment in cross-cutting services, such as social care primary prevention. It is proposed that Health and Wellbeing Boards will include elected representatives, local HealthWatch and key local commissioners for health and social care, including GP consortia and DsPH, adult social care and children's services.

These freedoms and the new ring-fenced budget open up opportunities for local government to take innovative approaches to public health involving new partners. The Department of Health expects that local authorities will want to contract for services with a wide range of providers and incentivise and reward those organisations for improving health and wellbeing outcomes and tackling inequalities, to deliver best value for their population. The Department will work to ensure that voluntary, community and social enterprise (VCSE) sector organisations are supported to play a full part in providing health and wellbeing services.

- Public health funded services commissioned or provided at a national level

In line with the overall remit of Public Health England, some services will need to be commissioned and/or provided at a national level. Public Health England will directly fund and commission some services, such as any national campaigns; directly provide some services, for example the functions currently carried out by the Health Protection Agency; and directly provide some activity which will be exercised locally, for example via the local networks of Public Health England Health Protection Units.

- Sub-national or supra-local commissioning arrangements

For some services, commissioning may be best carried out at a sub-national or supra-local level. This would apply to services that are specialised in nature, such as services for victims of sexual violence and for vulnerable groups. These services may need to secure specialist expertise and facilities. These services also need to be strategically commissioned where there is a need at either a local or supra-local level. Although there will be no formal structural provision for sub-national commissioning, where it is appropriate either sub-national commissioning arrangements would be established as part of Public Health England, or local authorities could choose to adopt supra-local arrangements for commissioning certain activities for which they are responsible. For example a particular local authority might commission such a service, leading on behalf of others with arrangements to fund activity accordingly.

Agenda Item 9

- Public health funded services commissioned via the NHS

It will be appropriate in some cases for Public Health England to ask the NHS to take responsibility for commissioning public health interventions or services funded from the public health budget. This will include population interventions, such as screening programmes, that are best delivered as part of a wider pathway of care and which would be commissioned on behalf of Public Health England.

Where the NHS takes responsibility for commissioning public health interventions, the NHS commissioning architecture will determine how it does so appropriately. The assumption will be that such services will usually be commissioned by GP consortia in collaboration, where appropriate, with each other or with other bodies. The main exception to this will be some public health elements of primary care services that will be funded by Public Health England but commissioned by the NHS Commissioning Board (in exercise of its own functions). For instance, the GP contract currently includes provision of childhood immunisation and cervical screening tests. These elements will be funded by Public Health England, which will therefore want to influence how the services are commissioned.

- NHS funded and commissioned services

In other cases, public health work is - and should continue to be - an integral part of the services provided in primary care, and will continue to be funded from within the overall resources used by the NHS Commissioning Board to commission these services. This includes public health activity carried out by GP practices as part of the essential services they provide for all patients, preventative services provided by dentists under their NHS contracts, and services provided under the community pharmacy contractual framework (CPCF).

Building on the baseline allocation described above, local authorities will receive an incentive payment, or premium, which will depend on the progress made in improving the health of the local population and reducing health inequalities, based on elements of the Public Health Outcomes Framework. The premium will be simple and driven by a formula developed with key partners, representatives of local government, public health experts and academics. We will develop the formula in a transparent and evidence based way. Disadvantaged areas will see a greater premium if they make progress, recognising that they face the greatest challenges.

The Department of Health aims to pay local authorities for the progress they make and to ensure that they do not automatically receive additional funding if the health of the local population deteriorates. Nor should they be punished by seeing their funding reduce if they are successful in improving the health of their population. The health premium will be funded from within the funding available for public health and we will look for opportunities to reprioritise discretionary central public health funding to ensure local authorities get the incentive payments they deserve and as part of a progressive rebalancing of central and local budgets.

The Department of Health intends the support for progress in reducing health inequalities to be clear and significant. There would be a sliding scale depending on the size and extent of a local authority's progress and relative to the authority's position in terms of relative health outcomes. This is not a target regime. Central Government will not be dictating detailed targets. Government believe that a combination of a national framework, financial incentives, local freedom on how outcomes will be achieved and greater transparency will be far more effective in energising and empowering local services to deliver of their best, rather than having to work to prescriptive targets for which they have little or no ownership.

Funding and commissioning routes for public health – Questions for consultation

- **Question 1.** Is the health and wellbeing board the right place to bring together ring-fenced public health and other budgets?
- **Question 2.** What mechanisms would best enable local authorities to utilise voluntary and independent sector capacity to support health improvement plans? What can be done to ensure the widest possible range of providers are supported to play a full part in providing health and wellbeing services and minimise barriers to such involvement?
- **Question 3.** How can we best ensure that NHS commissioning is underpinned by the necessary public health advice?
- **Question 4.** Is there a case for Public Health England to have greater flexibility in future on commissioning services currently provided through the GP contract, and if so how might this be achieved
- **Question 5.** Are there any additional positive or negative impacts of our proposals that are not described in the equality impact assessment and that we should take account of when developing the policy?
- **Question 6.** Do you agree that the public health budget should be responsible for funding the remaining functions and services in the areas listed in the second column of Table A in the paper?
- **Question 7.** Do you consider the proposed primary routes for public health funded activity (third column) to be the best way to: a) ensure the best possible outcomes for the population as a whole, including the most vulnerable b) reduce avoidable inequalities in health between population groups and communities and if not what would work better?
- **Question 8.** What services should be mandatory for local authorities to commission?
- **Question 9.** Which essential conditions should be placed on the grant to ensure the successful transition of responsibility for public health to local authorities?
- **Question 10.** Which approaches to developing an allocation formula should we ask the ACRA to consider?
- **Question 11.** Which approach should we take to pace-of-change?
- **Question 12.** Who should be represented in the group developing formula?
- **Question 13.** Which factors do we need to consider when considering how to apply elements of the Public Health Outcomes Framework to the health premium?
- **Question 14.** How should we design the health premium to ensure that it incentivises reductions in inequalities?
- **Question 15.** Would linking access to growth in health improvement budgets to on elements in the Public Health Outcomes Framework provide an effective incentive mechanism?
- **Question 16.** What are the key issues the group developing the formula will need to consider?

Agenda Item 9

NHS Sefton and Sefton Council are preparing a joint response to the Healthy Lives, Healthy People consultation and the two supporting consultations on outcomes and funding and commissioning routes for public health. Local partners and key stakeholders are invited to contribute to ensure a whole system response to the proposed changes.

Submitting your contribution

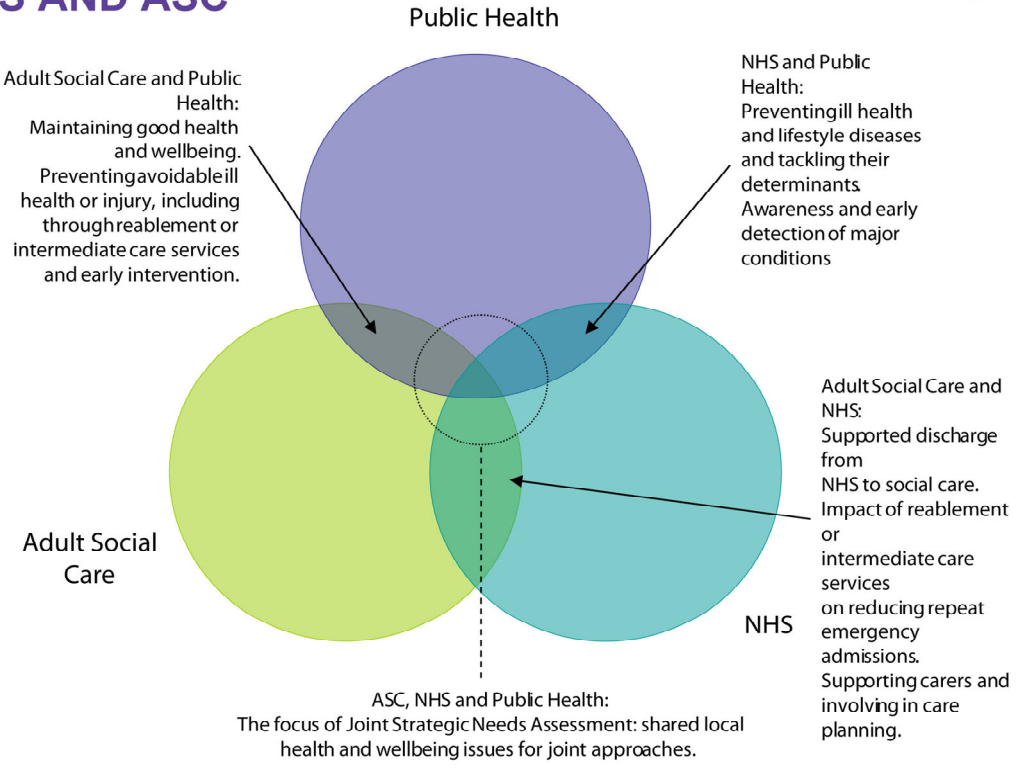
To ensure your views are included in the NHS Sefton response, please email your contribution to whitepaperconsultation@sefton.nhs.uk – **deadline 25th February 2011**.

To make an individual response directly to the Department of Health, visit the consultation website at <http://consultations.dh.gov.uk/> which includes deadlines and supporting information. Alternatively email publichealthengland@dh.gsi.gov.uk

Diagram A

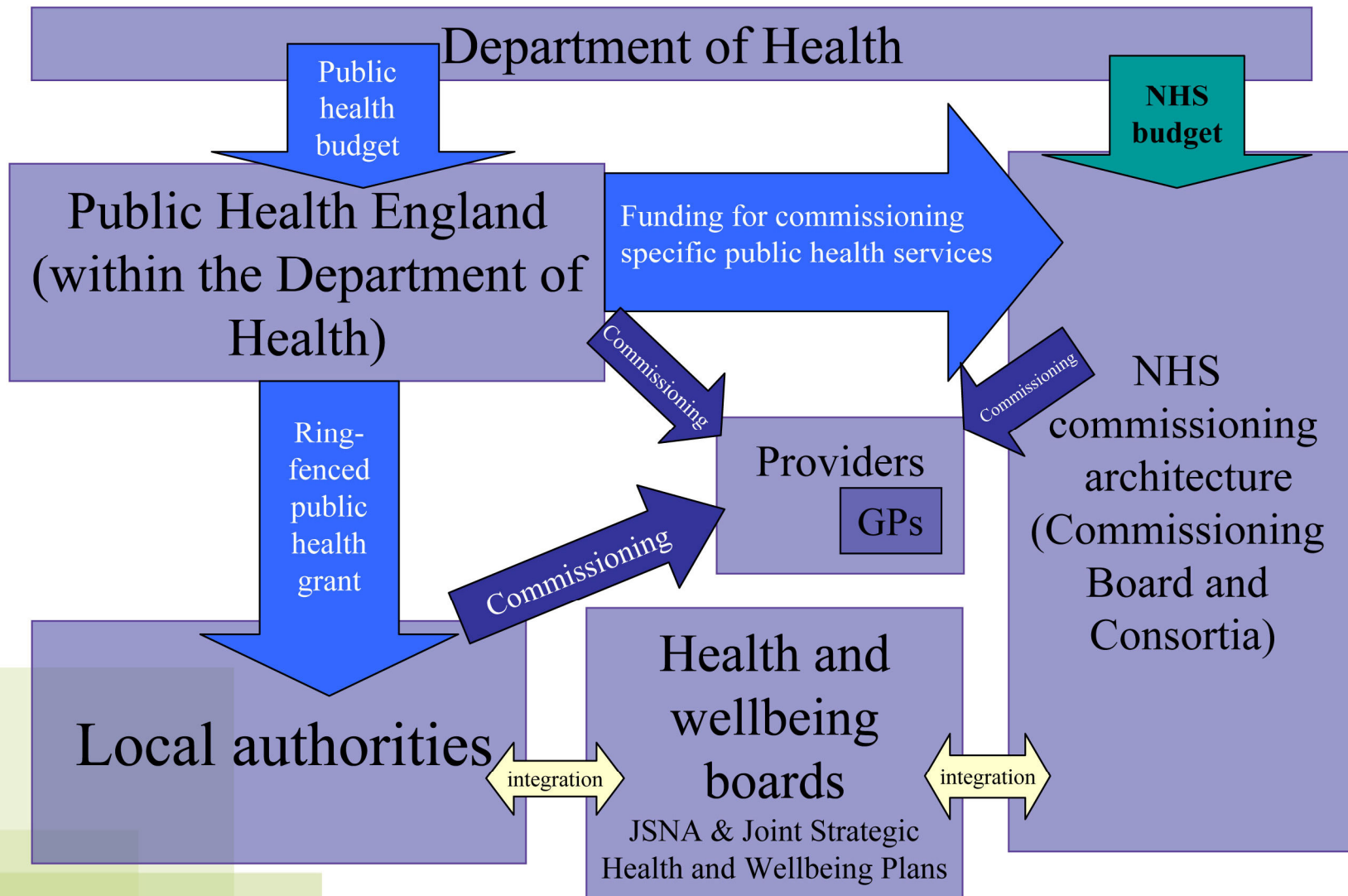


Public Health Outcomes Framework – ALIGNMENT WITH NHS AND ASC



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Public health funding and commissioning



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