

To help people to help themselves

We will fight for the interests of elderly and disabled people and their carers. We will help them to maintain their independence and get easy access to our services.

Care services.

In April 2001, the Council reshaped the way it delivers care services to adults by developing a department called Adult Care Services, which can now really focus its attention and resources more specifically on each of the main adult care groups. Some of those services we deliver directly, some through contracts with other agencies and increasingly through partnership arrangements with Health.

Overall our services are geared to help vulnerable people to remain in their own homes wherever possible and we have long term strategies with our partners which build on and improve on these services year on year. To help people live independent lives, we assess the needs of people referred to us and can arrange flexible home care, day services, equipment and support for major housing adaptations and provide carers with a break. We also assess the needs of carers in their own right for support, acknowledging that it is they, rather than us, who do the bulk of community care.

Services for Older People.

- We are exploring more ways of *improving* our services by working in partnership with the NHS Trusts and integrating services. For example, with a Primary Care Trust we have now appointed a project manager to develop a joint equipment service in 2002 for both health and care services. We have recently increased the equipment budget and developed a mobile service. (This has offered people the opportunity to buy equipment direct in accessible locations, such as fairs and shopping centres over the last year). We are also investing in pilot work with Primary Care Trusts to explore how our services could be more effectively integrated locally.
- A high priority continues to be preventing people being inappropriately admitted to hospital and improving support for them when they are discharged from hospital. This includes making sure that carers are prepared and informed and willing to take on the role before any discharge is made. Further to the improvements promised and achieved last year, we are now moving towards providing single assessments for people in line with national guidance. We plan to create specific admission prevention/discharge teams, linked to intensive 'intermediate care' provision to enable people to stay at or return home, rather than be admitted to residential care. We are working on a plan to increase the number and

effectiveness of Occupational Therapists (OTs) with a firmer focus on rehabilitation and exploring the placement of OTs with a District Council to enhance the speed and effectiveness of the housing adaptation service.

- Services for carers feature high on our agenda. We are increasing the range and flexibility of services that give carers a break from caring to help them continue in this role. A new carers co-ordinator has been in post in each of our area teams (Elderly and Physically Disabled) since the autumn, working to a team manager with a lead responsibility for carers. This is designed to support more easily accessible assessments and services. A pilot scheme providing 'carers services' under the Carers and Disabled Children Act, 2000, including via direct payments is being launched this year. We now support a black carers forum to help us ensure that we respond to their particular needs in the future.
- We successfully launched the Direct payment Scheme for Older People in 2001 – and so far there are 4 people who are using it. This is a key development which gives people more choice and control over their care arrangements. We have strengthened the staffing of Personal Assistance Support Service (PASS), the organisation which advises and supports potential users of the scheme and there are already 10 more people benefiting from this.
- We continue to develop community-based alternatives to residential care. In the last year we have provided an additional 20 places in 'extra care' housing schemes which offer accommodation and support to help people stay in their own homes. In 2002/3 we plan to provide additional places and plans are in progress with Welwyn/Hatfield, Hertsmere and Broxbourne District Councils.
- Our Best Value Review on services for older people with mental health problems was completed in February 2002 and established a model for improving the overall service. We have already provided eleven additional support workers to work with users and carers and community-based services will be developed in line with the Best Value proposals in 2002/3.
- We work in partnership with other parts of the Council e.g. the Fire Service to promote the safety of older people through fitting smoke detectors and giving fire safety advice to older people considered at particular risk.

Services for people with physical and/or sensory disability.

Unlike the other care groups, there is no national framework as yet for developing services for people with disabilities. However, here in Hertfordshire, we believe it is important for there to be an overall strategy which drives service improvement for this group of people. That is why in 2001, we undertook an early Best Value Review of our existing services and now we have a multi-agency steering group led by an Assistant Director to take on and implement the service model recommended by this major review.

Some of the improvements are immediate and are within our control, some are much longer term and need negotiation with our partners in District Councils, Primary Care Trusts and voluntary organisations.

The review has proposed the priorities as follows:

- A service which promotes independence and autonomy;
- An integrated approach between statutory and voluntary service providers to make the most of our combined resources and achieve our common aims;
- Specialist advice and information available to all people with disability whether or not they go on to need our care services;
- A focus for the full range of service provision so that people have access to a co-ordinated or integrated service at a centre/centres of excellence;
- A single and person centred assessment and care plan for users and carers which takes a view of a persons' needs over time;
- An integrated approach to sensory disability which provides for specialist needs but in a way which also accesses a range of other services more easily;
- A range of services which can be tailored to the needs of younger adults with disability, suitable for people with different types of disability.

While we have area teams who specialise in providing services to older people *and* people with disability, some of the above priorities will be explored as part of the pilot work being undertaken in relation to older people e.g. with the Primary Care Trusts, single assessment models. Carers of people with a disability will also benefit from the appointment of carer co-ordinators as described in the above section for Older people. People with disability will benefit particularly from the joint equipment service which will provide an easier to access, streamlined service, with better collection and delivery systems.

However, our work will retain a distinct focus on the strategy for younger adults with disability. As part of this, in 2002 we will identify and address the needs of people who are deaf and blind in line with national guidance.

The overall strategy will encapsulate the existing Welfare to Work joint Investment plan which sets out our multi-agency work programme for supporting people with disability back into work (reported in more detail in the promise headed 'To improve employment prospects for disadvantaged people'.)

Over the last year there has been progress with expanding the Direct Payment scheme to this group – meeting the target for an additional five service users to take over the control of their care arrangements. The target for 2002 is ?

Services to people with Learning Disability.

With the successful closure of the long stay hospitals, Hertfordshire now has a concentrated plan to create more choice and independence for people with

learning disability in a variety of imaginative housing and support schemes. This plan also sets out plans to improve their overall quality of life by for example creating more varied and personalised day services.

The Government issued its White Paper called 'Valuing People A New Strategy for Learning Disability for the 21st Century' in March 2001 on the major direction of services required of local authorities to meet best practice and we are well on our way to achieving this. We held a major stakeholders conference on 'Valuing People' in October 2001 and have agreed how we need to improve our services in line with this national guidance building on our existing service developments.

These improvements are reported more fully under Promise C3 (Partnership working with the NHS). We now deliver these services through integrated teams of social care and health professionals within the management of Adult Care Services, and our service improvements are built around a full multi-agency approach.

Financial independence.

We are committed to promoting the independence of older people and people with a disability – and we have already reported that we have developed Direct payment schemes so that users and carers can have control over organising their own care arrangements.

However, an equally important area is to make sure that people are claiming their proper benefit entitlements from the appropriate agencies. We are continuing the Money Advice Unit Benefits Outreach Project, which focuses on securing attendance allowance and income support. This was extended to children with disabilities and carers in 2001/2, which the MAU hopes also to continue into 2002/3. The total anticipated additional income is estimated to be over £4 million in 2001/2, with a similar figure estimated for 2002/3.

Making sure you can tell us what you want improved.

We want to ensure that people are able to promote their own concerns and plan to continue and strengthen the advocacy services provided for older people and people with a disability by Age Concern and POhWER in particular. This is also a very strong theme in Valuing People for people with learning disability. We already have an annual conference for LD service-users and have responded each year to what they say will help them most, e.g. recently they said they needed much more preparation for moving in to their new accommodation, which led to the production and publication of a 'Moving On' workbook/support pack.

We already have a comments, compliments and complaints leaflet which has a prepaid questionnaire asking people to tell us what they think about our services

and what can be improved. We want to be able to feed these views in more effectively to our service improvement plans, so will be developing the Having Your Say forms so it is easier to route them to the right place at the right time. We have also received user and carer views on how we have done against the Better Care: Higher Standards Charter this year, which tell us our staff are very highly thought of by those they work with, but there are some improvements to be made. For example, in the way we tell people how they can complain and help carers feel better informed.

We consult users and carers regularly on our major plans and Best Value Reviews – but we are not always reaching the minority ethnic communities nor having regular enough local contact to allow groups to tell us what they are concerned about outside of our major planning events. We will be developing our ways of consulting to make it easier for people to tell us what they are concerned about more regularly over the next year. We will build on our experience of consulting ethnic minority users and carers gained in our two Best Value Reviews in 2001.

Access to and information about our services.

Many of our services can be accessed with a single phone call to our Customer Service Centre. This is making access to our services easier for thousands of callers who would normally have to visit or call at a variety of offices. There have been some teething difficulties in the first year in getting through to the teams who then provide the more specialist service and we have got an improvement plan in place which will improve the speed and quality of the overall response. (27,000 calls were received in November – all enquiring about services for adults).

We have also invested in project development of our web site so that we offer people access to information about services on line, request an assessment or complete a carers self-assessment, and send in comments in response to consultations on service planning. This was started in 2001 and we expect it to come to fruition in 2002.

We produce a lot of good information about our services and continue to work through our stronger relationships with our health colleagues to improve the availability of our information through places which users of our services visit regularly e.g. libraries, GP surgeries and voluntary organisation. On average we send out 6,000 leaflets a month to Hertfordshire organisations.

Access to our buildings where people go to get services such as a day centre, continues to be an important priority. We have conducted audits of 29 key buildings, in 2001 and have got a programme of improvements this year to ensure that they are accessible for people with a disability.

Our Environment Department continues to improve mobility for pedestrians, car users and making public transport accessible and promote an active interest in walking for leisure.

1807 breaks for carers were delivered through the Carers Grant in 2000/1, 1212 of them benefiting carers who had not had such breaks before. Breaks ranged from flexible services provided by care-workers coming in to the home, residential stays, holidays or activities for the service user so that the carer could take a break. Specialist lunch clubs to support minority ethnic carers were developed and pilot schemes provided breaks while teaching carers how to use relaxation techniques to help them cope day to day.

Between April 2000 and March 2001, the Money Advice Unit's Benefits Outreach Project visited 1510 new clients. It helped 1057 people to claim Attendance Allowance and 755 to claim income support. The total benefit gain in 2000/2001 was £4.5 million (on an annual basis, which is a considerable underestimate of the true value, as most benefits gained will remain in payment for life).

Between May 2001 and November 2001, the MAU also helped 70 families with disabled children claim an estimated additional £300,000 in benefits

The Environment department contributes to this through:

- Home to day care transport
- Dial A Ride
- Administer Elderly and Disabled transport concessions for District Councils
- Accessibility standards on bus contracts
- Improve accessibility at bus stations, rail stations and bus stops
- Driving Advantage
- Countryside events and facilities

Strategic Objectives include:

- To ensure that transport is provided for all Day Care Centre Clients as necessary
- To improve accessibility to passenger transport

Objectives are being met through:

- Vehicle replacement programme
- Driver/escort training
- Improvements at interchanges and bus stops
- Promotion of Driving courses for older drivers

Progress is being made including:

- Transport provided for 1,250 clients every day.
- Disabled access provided at 100 bus stops.

We will work with the NHS, voluntary organisations and other councils to improve health and care services

In this county, the county council has traditionally worked in close partnership with the Health Service, district councils and voluntary organisations to jointly plan, commission and deliver social care services.

With the introduction of the new Health Act flexibilities, the county council with its NHS partners, agreed to use the power to set up integrated joint arrangements for mental health, learning disability, drug & alcohol, and child & adolescent mental health services.

The Partnership Trust now offers integrated services on a countywide basis in relation to mental, drug & alcohol and child & adolescent mental health services. For learning disabilities the Partnership Trust continues to provide specialist health services but the new integrated Community Learning Disability teams, managed by Adult Care Services, with 40 community LD nurses from the Trust.

We have also started to develop some pilot work in providing services in partnership with the new Primary Care Trusts for older people and those with a physical disability.

This will provide easier access to the range of health and social services and improved co-ordination of services to meet people's needs more effectively.

Most of the adult care groups are now guided by a national framework setting out what needs to be achieved and this is monitored through a national performance assessment programme.

A common thread throughout is the implementation of the National Carers Strategy which means that we also address the needs of carers by improving the number and quality of assessments, improving the flexibility of arrangements to support them in their caring role and by providing more breaks and better information. A multi-agency carers strategy is a key development.

Services for people with mental health difficulties.

The key purpose of the local mental health services is to provide comprehensive services to support people who have severe and enduring mental illness. In December 2001, social care staff transferred successfully to the new Hertfordshire Partnership Trust so that a fully integrated service, including drugs and substance misuse services, is available throughout Hertfordshire.

There are currently a substantial number of service improvements being introduced by a local implementation team in line with the National Service

Framework and the integration and single management of the mental health service is intended to give the drive and focus to achieve this well for Hertfordshire.

In order to do this it is also critical to have a wide range of related services such as employment support, primary care, local education, leisure, housing and the benefits agency fully involved in the improvement plans and this is reflected in the membership of the local implementation team.

The priority at present is to ensure that the core services are consolidated for the most vulnerable people in the community, although the National Service Framework points the way to forging better partnerships with local primary care groups to address those with less severe mental health difficulties to support and prevent crises developing.

Progress on the core plans was checked by the Adult Care Service Select Committee this year (full report available on request) and was judged to be making good progress especially in relation to the development of 5 assertive outreach teams to date – which work with people who have the most complex mental health problems and a history of not taking up services. Support is provided in their own homes to regain their self-confidence and become part of the community again through activities, training and employment. Users and carers took an active part in the assessment of our progress which reflects another area of investment i.e. our development programme to support users and carers to promote their own interests. Carers have given extremely positive feedback about their experience of separate carers' assessments looking at their own needs.

Priorities for this year following consultation with users and carers are:

- Improving carers assessments and developing relevant support services. One new worker per team has been appointed in 2001 to promote carers assessments and a carers support programme will now be worked on to link with the respite and day services received by users.
- Making sure that users get the highest quality assessment when they are at their most vulnerable so that the most community-based option for help is fully explored.
- Promoting the voluntary sector to provide a focus for user and carer issues i.e. how well they are consulted, strong involvement in the Care Programme approach (that assess their needs and plans their care), self-help programmes and training.
- Ensuring that the opportunities and access to mainstream employment for disabled people is supported through a higher profile in initial assessments, support and preparation and supported employment opportunities.

Services for Older People.

The long awaited National Service Framework for Older People was issued in March 2001 and is a ten year programme designed to drive up the quality and ensure the consistency of services for older people. During this year, we have established a multi-agency steering group for delivering this programme in Hertfordshire, held a major stakeholders event involving users and carers to develop the work programme and set up groups to start work on priority areas such as:

- intermediate care
- auditing all policies to ensure there is no age-discrimination
- developing a model for single assessments and person centred care
- developing a strategy to address the needs of ethnic elders.
- improving services to people with mental health difficulties.

This clearly relates to existing priorities and will contribute to the overall strategy for services for older people. The framework targets improvements also set out in the NHS Plan and provides a focus for health and care organisations to work together systematically on shared goals for the first time.

As well as working with health partners we are working with the ten district councils to provide extra care sheltered housing to help people stay in their home environment rather than go in to residential care. 20 places were provided in 2001/2, with more planned in 2002/3 and beyond.

Services for people with physical and/or sensory disability.

The Best Value Review of this service has shown clearly how all organisations contribute to services for this care group and that they could be improved by an integrated approach. This now forms the basis for the overall strategy which has secured the co-operation of all the key partners to deliver the phased improvement plan.

Services for people with Learning Disability.

Our newly integrated service (bringing together care and health services) continues to work in highly productive partnership with district councils, the voluntary sector, independent providers, users and carers in the pursuit of the following priorities:

- providing an additional 40 places per year in an imaginative mix of housing and support schemes to enable people to have more choice and variety in living in the community; this was achieved in 2001. The four year plan for 1999 is now being extended into a long term development programme..

- making sure that people with older carers have a supportive care plan which looks to planning their future care;
- supporting more carers when the person they care for is on holiday from their college course. Three college summer breaks schemes were set up in 2001 and the plan is for four to be available by July 2002.
- Developing a comprehensive range of respite care (including befriending schemes) across the county. This has been achieved in 3 quadrants of the county this year, and will be achieved in the 4th quadrant by 2003.
- As Hertfordshire has achieved the closure of its three large long stay hospitals, it is now possible to concentrate on creating more interesting and relevant daytime activities for people with learning disability now living in the community. The Day Opportunities Development Project has been established to do this in conjunction with users and carers. Preparation for employment is another major strand.
- The integrated Community Learning Disability Teams will be consolidating their working practices in the next year and will be working on how to implement more person-centred planning in the interests of improving the quality of life for people with learning disability.
- Developing strong links with the new Learning and Skills Council and Connexions service and continuing to work closely with Children, Schools and Families, to develop and monitor transition services to ensure smooth transition from Childrens to Adults services.
- Supporting and promoting good health and access to health services via the integrated health and social care teams (Community Learning Disability Teams).

Child & Adolescent Mental health Service (CAMHS).

During the last year, the Child and Adolescent Mental Health Service has been brought within the single management of the new Hertfordshire Partnership NHS Trust to provide a comprehensive and consistent service to children and adolescents across Hertfordshire.

It has successfully delivered the improvements promised last year with dedicated sessions of child and adolescent mental health support being provided in the county council's children's homes across the county. In addition, dedicated child and adolescent mental health support for foster carers is being implemented this year. This will enable foster carers to get the professional support they need, when they are caring for children who have complex problems. We anticipate that this support will reduce the number of placements that breakdown.

CAMHS has been working to deliver the priorities within Quality Protects and the NHS Plan to a two yr strategy which was revised in 2001. A new five year strategy will be published in April 2002 which will set out the priorities following full consultation with key stakeholders.

The service funded a project called 'Young Mind' towards the end of 2001 which supports users and carer involvement in planning services for the future.

The Environment department contributes to this through:

- Support the Herts. Accident Prevention Group (a mix of Health, District Councils, HCC, A&E departments).
- Encourage Health Centres to provide support and information for parents re in-car safety issues, and early pedestrian
- Health Walks Programme

Strategic objectives include:

- To improve safety for all by giving the highest priority to minimising the number of collisions and injuries occurring as a result of the transport system.

To meet objectives we:

- Participate in pilot project with Hertsmere PCT to provide road accident information and develop understanding of education interventions.

Progress is being made:

Working with Primary Care Trusts, Countryside Agency and the district councils to promote the Health Walks Programme.