



**Health Policy and Performance Board**

**Tuesday, 13 September 2011 at 6.30 p.m.  
Council Chamber, Runcorn Town Hall**

A handwritten signature in black ink, appearing to read 'David W R', positioned above a faint rectangular stamp.

**Chief Executive**

**BOARD MEMBERSHIP**

<b>Councillor Ellen Cargill (Chairman)</b>	<b>Labour</b>
<b>Councillor Joan Lowe (Vice-Chairman)</b>	<b>Labour</b>
<b>Councillor Dave Austin</b>	<b>Liberal Democrat</b>
<b>Councillor Sandra Baker</b>	<b>Labour</b>
<b>Councillor Mark Dennett</b>	<b>Labour</b>
<b>Councillor Margaret Horabin</b>	<b>Labour</b>
<b>Councillor Martha Lloyd Jones</b>	<b>Labour</b>
<b>Councillor Chris Loftus</b>	<b>Labour</b>
<b>Councillor Andrew MacManus</b>	<b>Labour</b>
<b>Councillor Carol Plumpton Walsh</b>	<b>Labour</b>
<b>Councillor Geoff Zygadlo</b>	<b>Labour</b>
<b>Mr Paul Cooke</b>	<b>Co-optee</b>

*Please contact Lynn Derbyshire on 0151 471 7389 or e-mail [lynn.derbyshire@halton.gov.uk](mailto:lynn.derbyshire@halton.gov.uk) for further information.*

*The next meeting of the Board is on Tuesday, 8 November 2011*

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

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<b>1. MINUTES</b>	
<b>2. DECLARATIONS OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS)</b>	
Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda, no later than when that item is reached and, with personal and prejudicial interests (subject to certain exceptions in the Code of Conduct for Members), to leave the meeting prior to discussion and voting on the item.	
<b>3. PUBLIC QUESTION TIME</b>	<b>1 - 3</b>
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*In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.*

**REPORT TO:** Health Policy & Performance Board

**DATE:** 13 September 2011

**REPORTING OFFICER:** Strategic Director, Policy & Resources

**SUBJECT:** Public Question Time

**WARD(s):** Borough-wide

### **1.0 PURPOSE OF REPORT**

1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).

1.2 Details of any questions received will be circulated at the meeting.

**2.0 RECOMMENDED: That any questions received be dealt with.**

### **3.0 SUPPORTING INFORMATION**

3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

- (i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.
- (ii) Members of the public can ask questions on any matter relating to the agenda.
- (iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.
- (iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.
- (v) The Chair or proper officer may reject a question if it:-
  - Is not about a matter for which the local authority has a responsibility or which affects the Borough;
  - Is defamatory, frivolous, offensive, abusive or racist;
  - Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or
  - Requires the disclosure of confidential or exempt information.

- (vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.
- (vii) The Chairperson will ask for people to indicate that they wish to ask a question.
- (viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.
- (ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

#### **4.0 POLICY IMPLICATIONS**

None.

#### **5.0 OTHER IMPLICATIONS**

None.

#### **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children and Young People in Halton** - none.

6.2 **Employment, Learning and Skills in Halton** - none.

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

6.5 **Halton's Urban Renewal** – none.

#### **7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

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

8.1 There are no background papers under the meaning of the Act.

**REPORT TO:** Health Policy and Performance Board  
**DATE:** 13 September 2011  
**REPORTING OFFICER:** Chief Executive  
**SUBJECT:** Specialist Strategic Partnership minutes  
**WARD(s):** Boroughwide

**1.0 PURPOSE OF REPORT**

1.1 The Minutes relating to the Health and Social Care Portfolio which have been considered by the Health Specialist Strategic Partnership are attached at Appendix 1 for information.

**2.0 RECOMMENDATION: That the Minutes be noted.**

**3.0 POLICY IMPLICATIONS**

3.1 None.

**4.0 OTHER IMPLICATIONS**

4.1 None.

**5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

**5.1 Children and Young People in Halton**

None

**5.2 Employment, Learning and Skills in Halton**

None

**5.3 A Healthy Halton**

None

**5.4 A Safer Halton**

None

**5.5 Halton's Urban Renewal**

None

**6.0 RISK ANALYSIS**

6.1 None.

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

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

8.1 There are no background papers under the meaning of the Act.



**HALTON HEALTH PARTNERSHIP BOARD  
MINUTES OF THE MEETING held on  
12<sup>th</sup> May 2011**

**Present:** Emma Bragger (EB)  
Cllr Ellen Cargill (EC)  
Glenda Cave (GC)  
Dympna Edwards (DE) (Chair)  
Dwayne Johnson (DJ)  
Diane Lloyd (DL)  
Eileen O'Meara (EO'M)  
Sue Parkinson (SP)  
Karen Tonge (KT)  
Jim Wilson (JW)

**In attendance:** Hazel Coen  
Helen Smith

**In Support:** Margaret Janes

		<b>ACTION</b>
<b>1.</b>	<p><b>Apologies</b></p> <p>Gerald Meehan, Dave Sweeney, Debbie Ainsworth, M Kenny, Sue Wallace-Bonner, Yeemay Sung</p>	
<b>2.</b>	<p><b>Minutes of the Meeting 10<sup>th</sup> March 2011</b></p> <p>The minutes were agreed as a correct record.</p>	
<b>3.</b>	<p><b>Matters Arising</b></p> <p><b>Community/Link Feedback</b> – Copy of Community engagement Strategy distributed.</p> <p><b>Public Health White Paper</b> – forward additions/change – none received.</p> <p><b>Development of H&amp;WB Board</b> – agenda item.</p> <p><b>Child Health Profile</b> – document circulated.</p> <p><b>Drug Strategy</b> – document circulated.</p> <p><b>Highlight Change for GPs</b> – Changes sent.</p> <p><b>July Venue</b> – JobCentrePlus Runcorn.</p>	
<b>4.</b>	<p><b>Community/Link Feedback</b></p> <p>KT advised Halton VCA were currently undergoing changes – they have a new Chief Executive and staff are applying for jobs due to funding changes. There is a refocus looking at capacity building and funding for projects.</p> <p>SP tabled an update paper. It was noted a Link representative had been appointed to the Runcorn GP Consortia Board and there was a Transition group to look at evolution to HealthWatch.</p> <p>Forthcoming events – ‘Dying Matters’ on 16<sup>th</sup> May and Consultation on the CAMHS Service 29<sup>th</sup> June.</p> <p>SP believed it was important to have good communication and feedback from</p>	





	<p>this forum to ensure that members of the voluntary sector are represented. DE to attend future board meeting.</p>	
5.	<p><b>NHS Transition Update</b>  <b>Healthwatch</b> – EB tabled paper, the following points were highlighted:  - Local HealthWatch will replace LINKs.  - HealthWatch will have seat on the Halton Health and Wellbeing Board.  - National voice through HealthWatch England.  - HBC extended current LINK arrangement until September 2011; subject to HBC Executive Board Sub Group approval of an additional 6 months until March 2012.</p> <p>EB advised LINK undertake a critical self assessment to identify areas of strength and areas for development, a transitional plan will then be developed. Halton LINK will not submit an application to become a Pathfinder.</p> <p>Following discussion SP advised the assessment tool was not applicable to some of the work LINK does. EB confirmed this had been taken from the DH site related LINKs documents. It was agreed that this may flag up areas that require development.</p> <p>It was noted there were concerns over scrutiny as there may be a conflict of interest with the H&amp;WB Board. DE reported that there is an opportunity to feed into the NHS Listening Pause through the Future Forum.</p> <p>EO'M to forward H&amp;WB presentation by Wigan to EB.</p> <p><b>Health and Wellbeing Boards</b>  DJ referred to the H&amp;WB Board proposal paper which highlighted the main aims and objectives.</p> <p>Halton were taking a different approach to other Local Authorities, are building relationships with GPs, and are consulting on proposals. A report will be taken to the Executive Board in July or September dependent on the Pause. JW advised the PCT was now part of the North Mersey Cluster and that non Non Executive Directors, could be involved with the shadow Health and Wellbeing board. DJ/JW to discuss further.</p> <p>The group approved the establishment of a shadow HWB but indicated that further work needed to be done to define relationships with existing groups.</p> <p>Following discussion regarding the Children's Trust it was noted this worked effectively in Halton and it could be a sub group of the H&amp;WB Board. It was also noted that mapping and changing of some commissioning arrangements was needed.</p> <p><b>Public Health</b>  DE gave an update:  - The Directors of Public Health are looking at areas for collaborative working across the North Mersey Cluster where this would bring efficiencies.  - Response from PH White paper still awaited.  - De suggested a rapid impact assessment be undertaken on the impact of the financial downturn and public sector funding changes on local communities, as some groups may have had more than one hit. The LSP have looked at financial changes and the impact on services but there was a need to understand the potential impact on health. EO'M to forward information on interventions to DL.</p>	<p>EO'M</p> <p>DJ/JW</p> <p>DL/ EOM</p>



	<p>The Council is intending to hold a Health event in June to look at public health. DL/EB to organise invitation to Chair of Health SSP.</p> <p>JW advised the PCT will remain a legal entity and at the PCT Board meeting on 17<sup>th</sup> May the PCT will delegate responsibilities to the Cluster Board. The Halton and St Helens board will remain but meet less frequently. It is important we continue to work with partners as information needs to be fed into the Cluster Board from a local level.</p>	<p><b>EO'M</b></p> <p><b>DE/ JW</b></p>
<p><b>6.</b></p>	<p><b>Index of Multiple Deprivation 2010 – Health Domain</b> EO'M tabled documents.</p> <ul style="list-style-type: none"> <li>- 21 wards in the Halton area, progress is being made, but overall there is little change.</li> <li>- There were reductions in the number of people dying early. Men living 2.3 years longer and women 2.2 years longer this was a significant improvement for women.</li> <li>- One reason for high mortality rate was due to smoking, although quitting rates were high.</li> <li>- Weight management – childhood obesity was not at NW average and not significantly above national average.</li> <li>- Child Health Profile – it was noted that the figures quoted in the latest performance report were inaccurate. The latest figure is 21.6% (2009).</li> <li>- Alcohol was showing an improvement on Quarter 1 results.</li> <li>- Teenage Pregnancy - this was a problem area, the latest report showed conception had dropped dramatically in the final quarter of 2009.</li> <li>- Breastfeeding had improved but remained was challenging.</li> </ul> <p>The main areas of concern were Teenage Pregnancy, Breastfeeding, Alcohol and Tobacco.</p>	
<p><b>7.</b></p>	<p><b>Health Performance Update/Child Health Profile</b> DL advised the performance group had met last week and discussed future performance arrangements. It was agreed that some targets should continue to be monitored. The following would be retained:</p> <ul style="list-style-type: none"> <li>NI39 Alcohol</li> <li>NI53 Breastfeeding</li> <li>NI56 Obesity</li> <li>NI112 Teenage Pregnancy</li> <li>NI120 All Age All Cause Mortality</li> <li>NI123 Smoking</li> </ul> <p>Revised indicators – Mental Health Indicator – Dave Sweeney to suggest Social Care Indicator – Dwayne Johnson to suggest Drugs/Alcohol Indicators – Colette Walsh to suggest</p> <p>Following discussion it was agreed that appropriate indicators be discussed to ensure that important areas of work were not left out.</p> <p>DL advised the Performance Group will continue to monitor targets examine areas of concern and make recommendations to the health partnership.</p> <p>The Performance Group will also continue to monitor the remaining WNF and LPSA projects.</p> <p>HC advised there had been an issue over Halton not receiving data and there was a need to look at how this was fed back to her team. DE suggested she contact Sue Forster who was head of intelligence.</p>	<p><b>DL/Performance Sub Group</b></p> <p><b>HC</b></p>



	<p>It was agreed:</p> <ul style="list-style-type: none"> <li>- Performance Sub Group will look at developing a set of indicators relevant to the Sustainable Community Strategy with a view to bringing a smaller set back to this group in July.</li> <li>- Ability to deliver information issues and report back to the Partnership.</li> </ul>	<b>DL</b>
<b>8.</b>	<p><b>Health Partnership WNF Transition Fund SLA Update</b> DL advised following the last meeting Colette Walsh was in the process of providing an SLA. This needs to be completed as soon as possible. Paperwork to be forwarded to DL.</p> <p>There was a small pot of money remaining (£30k) from the transition fund. DE advised we needed to find another option for this money or return it to the LSP to use on another priority. Following discussion it was agreed the money would be returned to the LSP central pot however in re-allocating the funding the Health partnership would like to request that consideration be given to the potential health outcomes.</p> <p>£50k of funding given to the family service and a joint SLA had been drawn up. A meeting was arranged for 26<sup>th</sup> May to ensure the outcomes were robust.</p>	<b>CW</b>         <b>DS</b>
<b>9.</b>	<p><b>Urgent Care</b> On behalf of DS, Helen Smith advised a strategic planning group had been set up for Urgent Care and a draft Terms of Reference had been produced (copy attached).</p> <p>DE advised that Sue Forster was currently undertaking a horizon scanning exercise across North and Mid Mersey to identify potential areas for improving outcomes and saving costs. The initial scoping work will be complete by mid June and this may help set the agenda for the urgent care commissioning.</p>	<b>SF/DS</b>
<b>10.</b>	<p><b>Any Other Business</b> <b>Halton Residents Survey</b>- DL advised the Council Research Team would be carrying out a residents survey later in the year and respective partnerships were requested to advise what they would like to see included in the survey. Suggestions to be forwarded to DL. KT referred to a questionnaire which GC agreed to forward to DL.</p> <p><b>Sustainable Transport Fund</b> – DL advised the council would be submitting a bid and asked for a letter of support from the Partnership for this bid. It was agreed a letter of support would be forwarded.</p>	<b>All GC</b>         <b>DL</b>
<b>11.</b>	<b>Date and time of next Meeting</b>	
	The next meeting will take place on 14 <sup>th</sup> July 9.30-11.30 – JobCentre Plus, Runcorn	

**REPORT TO:** Health Policy & Performance Board  
**DATE:** 13 September 2011  
**REPORTING OFFICER:** Strategic Director – Communities  
**SUBJECT:** Merseyside NHS Cluster

**1.0 PURPOSE OF REPORT**

1.1 To update Members of the Policy & Performance Board on current issues and changes within the PCT and the impact of the PCT cluster arrangements on Halton's Community.

**2.0 RECOMMENDATION**

**Members to note and comment on the proposals.**

**3.0 SUPPORTING INFORMATION**

3.1 Mr Derek Campbell, Chief Executive, Merseyside NHS Cluster will deliver a presentation to explain the role and function of the cluster and how it will operate within the context of the emerging NHS reforms.

**4.0 POLICY IMPLICATIONS**

4.1 None identified at this stage.

**5.0 OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified at this stage.

**6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

**6.1 Children & Young People in Halton**

Not applicable.

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

Not applicable.

**6.3 A Healthy Halton**

**6.4 A Safer Halton**

Not applicable.

6.5 **Halton's Urban Renewal**

Not applicable.

7.0 **RISK ANALYSIS**

7.1 None identified at this stage.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 Any service which seeks to address the health needs of Halton needs to be fully accessible.

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

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
None under the Meaning of the Act		

**REPORT TO:** Health Policy and Performance Board

**DATE:** 13<sup>th</sup> September 2011

**REPORTING OFFICER:** Strategic Director Policy and Resources

**SUBJECT:** Performance Management Reports for Quarter 1 of 2011/12

**WARDS:** Boroughwide

### **1.0 PURPOSE OF REPORT**

To consider and raise any questions or points of clarification in respect of performance management reports for the first quarter of 2011/12 to June 2011. The report details progress against service objectives/ milestones and performance targets, and describes factors affecting the service for:

- Prevention and Assessment
- Commissioning & Complex Care

### **2.0 RECOMMENDED: That the Policy and Performance Board**

- 1) Receive the first quarter performance management report;**
- 2) Consider the progress and performance information and raise any questions or points for clarification; and**
- 3) Highlight any areas of interest and/or concern where further information is to be reported at a future meeting of the Policy and Performance Board.**

### **3.0 SUPPORTING INFORMATION**

- 3.1** Directorate Overview reports and associated individual Departmental Quarterly Monitoring reports have been previously circulated via a link on the Members Information Bulletin to allow Members access to the reports as soon as they become available. These reports will also provide Members with an opportunity to give advanced notice of any questions, points raised or requests for further information, to ensure the appropriate Officers are available at the Board Meeting
- 3.2** The departmental objectives provide a clear statement on what the services are planning to achieve and to show how they contribute to the Council's strategic priorities. Such information is central to the Council's performance management arrangements and the Policy and Performance Board has a key role in monitoring performance and strengthening accountability.

3.3 Since 2010/11 direction of travel indicators have also been added where possible, to reflect progress for performance measures compared to the same period last year.

#### **4.0 POLICY IMPLICATIONS**

4.1 There are no policy implications associated with this report.

#### **5.0 OTHER IMPLICATIONS**

5.1 There are no other implications associated with this report.

#### **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 Departmental service objectives and performance measures, both local and national are linked to the delivery of the Council's priorities. The introduction of a Directorate Overview report and the identification of business critical objectives/ milestones and performance indicators will further support organisational improvement.

6.2 Although some objectives link specifically to one priority area, the nature of the cross - cutting activities being reported, means that to a greater or lesser extent a contribution is made to one or more of the Council priorities.

#### **7.0 RISK ANALYSIS**

7.1 Not applicable.

#### **8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 Not applicable.

#### **9.0 LIST OF BACKGROUND PAPERS UNDER SECTIONS 100D OF THE LOCAL GOVERNMENT ACT 1972**

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
Not applicable		

## Departmental Quarterly Monitoring Report

<b><u>Directorate:</u></b>	Community Directorate
<b><u>Department:</u></b>	Prevention and Assessment Services
<b><u>Period:</u></b>	Quarter 1 - 1 <sup>st</sup> April 2011 – 30 <sup>th</sup> June 2011

### 1.0 Introduction

This monitoring report covers the Prevention and Assessment Services first quarter period up to 30<sup>th</sup> June 2011. It describes key developments and progress against objectives and performance indicators for the service.

The way in which symbols have been used to reflect progress is explained within Appendix 5.

### 2.0 Key Developments

#### **Self Directed Support**

The Self Directed Support and Resource Allocation policies and procedures have been completed and agreed by the Health Policy and Performance Board. The documents have been distributed to the operational teams and are available on the intranet. The self-directed support process including support planning is now embedded in the care management process. The processes and documentation are reviewed and updated on an ongoing basis following learning and developing new ways to improve the process accordingly.

#### **Direct Payments**

Direct payments continue to be an important strand within self directed support. The directorate teams continue to promote the use of direct payments to enable individuals and their carers to exercise choice and control.

#### **Brokerage Pilot**

Halton in conjunction with the Merseyside improvement and efficiency project, St Helens, Liverpool and Knowsley have developed a model to provide support brokerage to individuals receiving an indicative budget across all the authorities. This is an ongoing piece of work and Halton have specifically commissioned Halton Speak Out to deliver this locally. The pilot has been completed and the learning has been evaluated. The learning will inform future commissioning decisions.



### **Social Care in Practice 'SCIP'**

The Social Care in Practice project was commissioned by the Runcorn Practice Based Commissioning Consortium in February 2008 and has run as a pilot to February 2011. The project has established formal links between Primary Care and Social Services within Runcorn, to reduce the barriers for health professionals referring people for social care issues, to provide more holistic assessments and enable more joint working. The Practice Based Commissioning Consortium has agreed to this project being extended for a further two years with an additional third year, subject to review. The Contract arrangements are being finalised. The Social Care staff that are now in place and some in recruitment stage. They will be co-located with District nurses and Community Matrons within general practices, and work closely with them to deliver services and support to the older practice population.

### **Integrated Hospital Discharge Teams Warrington and Whiston Hospitals**

The Integrated Discharge Teams at Warrington Hospital and Whiston Hospital became operational during this period. Both teams involve joint work and agreements across 4 Borough Councils, 3 Primary Care Trusts, 2 Acute Hospitals and 1 Community Health Healthcare provider. The work of the teams is monitored through local performance indicators and the regional work undertaken by ADASS and AQuA.

### **Six Lives**

Work is ongoing to ensure progress is maintained in responding to the Ombudsman's Report Six Lives. Work required primarily relates to healthcare services access/reasonable adjustments and Mental Capacity Act and has begun to be progressed through the multi-agency Healthcare for All sub group of the Partnership Board. They oversee an action plan which is reviewed regularly, their representative Commissioner in Health, has written to the NHS trust re Six Lives progress report, which makes specific reference to the DDA and how the trusts intend to take forward the report. Paper copies of Health Passports have been received and the electronic versions are now available. Training sessions are being carried out at Whiston Hospital within the mandatory safeguarding training. Further in-depth training for staff is being explored with local community learning disability nurses. Whiston has signed up to the 'Getting it right' charter and progress is monitored via the Whiston Pathway group.

### **Hearing Impairment Service**

This service is now operational following consultation on the development of hearing impairment services a joint Children's and Adults specification has been agreed. A tendering process was undertaken for the provision of hearing impairment services and the contract was awarded to Deafness Resource Centre who will start working with Children's and Adult services from 1<sup>st</sup> April 2011. The Joint Commissioning Manager for Disabled Adults has also been invited to sit on the PCT Audiology Procurement Group. The staff have been recruited. They have been successful in securing carers grant funding to establish self-help groups locally.

### **Sensory Services**

i) PCT led Audiology Procurement Group

Now meeting regularly to relocate some hospital based services into the community. Halton residential care providers appear to be supportive of their staff being trained in re-tubing hearing aids to avoid the need for them to be sent away.

ii) PCT led Low Vision Project

Pathways are fragmented and need to be redesigned in line with the UK Vision Strategy. Clarification of roles and responsibilities of community based support will fill gaps in services whilst avoiding overlap. This may impact on the Visual Rehab Officers in Physical and Sensory Disabilities who along with Commissioning are part of the group undertaking the review.

### **Modernisation of Oakmeadow**

The Business Plan for Oakmeadow has been completed and agreed at Executive Board. Working groups have been established to implement the business plan. There have been changes to the bed base at Oakmeadow to support the development of intermediate short term care. There is a refurbishment plan which will support the development of Oakmeadow as a hub for a range of community based services and a venue for local groups to use which will also include a community café.

### **Reablement and End of Life Care**

Reablement and Section 256 funding has been agreed with the PCT and signed off at Executive Board.

The contract for the End of Life Service, which is commissioned by the PCT, has been agreed for three years with an increase in the number of hours care commissioned. A social Worker Palliative Care has been recruited to a two year post to work as part of a multi- disciplinary team within Halton Haven Hospice.

### **Resource Directory**

The first phase of three - the My Life portal is now live on the internet. Workshops were held to inform staff and leaflets were designed for distribution. Quick search links have been approved by Adults and Community senior management which will further improve the service.

## **3.0 Emerging Issues**

### **Integrated Assessment Team**

There is a strategic approach and continued modelling to look at the development of a generic duty team to be based with and work alongside, the re-ablement team. They would provide better sign posting, initial assessment and safeguarding, linked closely to the development of Carefirst 6. This now begins to look holistically at the pathways into complex needs services. The detail relating to the modelling of this service is in progress.

**Integrated Adult Learning Disability Team**

The Integrated Adult Learning Disability Teams, Health Team, are working within the GP's surgeries to ensure that the Learning Disability register held by the surgery are up to date and people on the register are invited to attend for their health check, in line with the Directed Enhanced Service (DES). Health promotion workshops for groups of men and women have been carried out within day services. An event was carried out with Halton Adult Learning Disability Support, (HALDS), a local family and carers support group. The anticipatory Care Calendar via Merseyside and Cheshire Cancer network is being progressed through the supported housing network in Halton. This development will be rolled out further.

**ALD Partnership Board 2010/11 Annual Report**

A template has now been received which is simplified from last year. The deadline for submission is late July 2011. The template has been completed and circulated to members of the Partnership Board and an accessible version prepared for the Peoples Cabinet, comprised of Self Advocates, people with learning disabilities and will be submitted to Partnership Board in July.

**Integration of Health and Social Care Services**




Work has commenced with health commissioners and providers to transform community services. The aim of the work is to develop community multi-disciplinary teams that will draw on a range of services and professional staff to meet the needs of individuals. This will be developed over the next 2 years.

**Integration of Sensory Services**

Following on from a consultation in 2010/11, a range of services are developing a model of integration to improve the accessibility and diversity of provision for people with sensory impairments.

**4.0 Service Objectives / milestones**

**4.1 Progress against 'key' objectives / milestones**

<b>Total</b>	<b>5</b>		<b>5</b>		<b>0</b>		<b>0</b>
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All the key objectives/milestones are on track. Details can be found in Appendix 1.




**4.2 Progress against ‘other’ objectives / milestones**

Total	9		9		0		0
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All other objectives/milestones for the Department are on track to be achieved and are therefore not being reported by exception at this time.

**5.0 Performance indicators**

**5.1 Progress Against ‘key’ performance indicators**

Total	6		5		1		0
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Of the six reportable ‘key’ indicators five are on or above target.

One indicator is currently uncertain to reach its target (PA28 – Repeat incidents of Domestic Violence) as performance depicts an increase on the same period in the previous year.

Further details can be found in Appendix 2.

**5.2 Progress Against ‘other’ performance indicators**

Total	41		12		1		0
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Twelve ‘other’ indicators are on or above target therefore are not being reported by exception at this time. One ‘other’ indicator is uncertain at this stage whether it will reach its target (PA 22 - Percentage of adults assessed in year where ethnicity is not stated) as the level of unknown ethnicity is high in Quarter 1. However, the Performance & Improvement Team are reporting monthly exceptions to operational teams in order to address this. Further information is available within Appendix 3.

Information for 28 ‘other’ indicators is awaited from partner agencies. With the change from the National Indicator Set, to the new Adult Social Care Outcomes Framework (ASCOF), some indicators are survey indicators which are reported annually; therefore information will not be available until year end. However, it is anticipated that some of the new indicators will be available for reporting in Quarter 2.

## **6.0 Risk Control Measures**

During the Development of the 2011-12 Service activity, the service was required to undertake a risk assessment of all Key Service objectives.

Where a Key service objective has been assessed and found to have an associated 'High' risk, progress against the application of this risk treatment measures will be reported in quarters 2 and 4.

## **7.0 Progress against high priority equality actions**

The Department is currently seeking to review equality actions across the Directorate to determine whether there are any which are 'high priority'. Where a Key service objective has been assessed and found to have an associated 'High' priority, progress will be reported in quarters 2 and 4.

## **8.0 Data quality statement**





The author provides assurance that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, sourced externally, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

## **9.0 Appendices**

- Appendix 1 Progress against 'key' objectives / milestones
- Appendix 2 Progress against 'key' performance indicators
- Appendix 3 Progress against 'other' performance indicators
- Appendix 4 Financial Statement
- Appendix 5 Explanation of use of symbols


## Appendix 1: Progress Against 'key' objectives / milestones

Ref	Objective
<b>Service Objective: PA 1</b>	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people

Milestones	Progress Q 1	Supporting Commentary
Commence implementation of the Early Intervention/Prevention Strategy to improve outcomes for Older People in Halton. <b>Mar 2012.</b> (AOF6 & 7)		Action plan has been agreed through the Prevention and Early Intervention Steering Group. The action plan implementation has begun and is being overseen through three steering groups; Telecare, Prevention in Partnership and Intergenerational. A Gantt chart outlining detailed progress against outcomes is available.
Commence implementation of Telecare strategy and action plan. <b>Mar 2012.</b> (AOF 6 & 7)		Telecare Implementation Group established. Telecare team recruitment ongoing.
Continue to establish effective arrangements across the whole of adult social care to deliver self directed support and personal budgets. <b>Mar 2012</b> (AOF6)		Effective arrangements established and incorporated in care management arrangements. Further development is underway within Intermediate Care services.
Review and evaluate new arrangements for integrated hospital discharge Team. <b>Mar 2012.</b> (AOF 6&7)		Work streams established with progress on the model for Care and Support Team.




**Appendix 1: Progress Against 'key' objectives / milestones**

Ref	Objective
<b>Service Objective: PA 1</b>	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people

Milestones	Progress Q 1	Supporting Commentary
Commence implementation of Business Plan for Oak meadow. <b>Mar 2012.</b> (AOF 6&7)		<p>The Business Plan for Oakmeadow has been completed and agreed at Executive Board. Working groups have been established to implement the business plan.</p> <p>There have been changes to the bed base to support the development of intermediate care and there is a refurbishment plan, which will support the development of Oakmeadow as a hub for a range of community based services and a venue for local groups to use which will also include a community café.</p>

**Appendix 2: Progress Against 'key' performance indicators**





Ref	Description	Actual 2010/11	Target 2011/12	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
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<b>Cost &amp; Efficiency</b>							
<b><u>PA 1</u></b>	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously EN 1)	98.07	99	25.02			This is a cumulative figure and equates to 428 people in receipt of intermediate care in the 65+ age bracket.
<b><u>PA 5</u></b>	Percentage of people fully independent on discharge from intermediate care/reablement services	-	40%	41%		N/A	The figure for quarter 1 relates to people discharged from the service during the period. As this is being reported for the first time, a Direction of Travel indicator cannot be determined.





**Appendix 2: Progress Against 'key' performance indicators**



Ref	Description	Actual 2010/11	Target 2011/12	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
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Service Delivery							
<b>PA 6</b>	Number of people receiving Telecare Levels 2 and 3	166	164	44			166 people received a service during 2010/11. In the first quarter of this year there have been 44 new connections. A continued increase in referrals and subsequent connection onto service indicates that target for the year will be achieved.
<b>PA 8</b>	Percentage of VAA Assessments completed within 28 days (Previously PCS 15)	78.12	80	83.33%			Target exceeded. 36 completed cases for Quarter 1. Of which 30 were completed within 28 days.  Staff continue to work with the performance team to ensure assessment timescales are being met.


**Appendix 2: Progress Against 'key' performance indicators**

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
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<b>Quality</b>							
<b>PA 14</b>	% of items of equipment and adaptations delivered within 7 working days (Previously CCS 5)	96.65	96	97.92			Q1 has shown a positive start to the year with an improvement on the same quarter last year. Staff continue to work with the performance team to ensure any exceptions to the 7 day timetable are investigated so that any similar problems do not reoccur.

<b>Area Partner Local Indicator</b>							
<b>PA28</b>	Repeat incidents of domestic violence (Previously NI 32)	Q4 = 29%  End of year average = 25%	27%	28%			<p>In real terms, the number of repeat incidents has remained roughly the same, (42 this year compared to 39 last year), but the percentage has risen to 28% this quarter compared to 22% for the same quarter last year.</p> <p>This is due to the fact that the overall number of cases, (152 cases for the last 12 month compared to 175 cases for the same 12 months the previous year), has dropped; but fewer overall cases is a positive trend.</p>

**Appendix 3: Progress Against 'other' performance indicators**

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
<b>Fair Access</b>							
PA 22	Percentage of adults assessed in year where ethnicity is not stated Key threshold <10% (Previously PCS 4a)	0.9	0.5	10.14	?		The number of clients assessed where ethnicity is not stated relates to 28 clients. Exception reports are produced of these clients for Administration teams to action to ensure target will be met at year end.

## Appendix 4: Financial Statement

**COMMUNITIES- PREVENTION & ASSESSMENT**  
**Revenue Budget as at 30th June 2011**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
Employees	7,063	1,708	1,732	(24)	1,757
Other Premises	67	11	10	1	42
Supplies & Services	576	220	200	20	367
Transport	65	10	10	0	10
Food Provision	19	5	7	(2)	11
Aids & Adaptations	113	20	19	1	19
Contribution to JES	231	0	0	0	0
Unapportioned Grants	800	0	0	0	0
Community Care:					
Residential & Nursing Care	7,965	1,730	1,876	(146)	1,876
Homecare & Supported Living	6,817	1,338	1,446	(108)	1,446
Direct Payments	2,463	650	646	4	646
Day Care	243	56	66	(10)	66
Key Safe Expenditure	21	5	5	0	5
Other Agency	124	30	34	(4)	34
	2,281	541	536	5	589
Contribution to Intermediate Care Pool					
<b>Total Expenditure</b>	<b>28,848</b>	<b>6,324</b>	<b>6,587</b>	<b>(263)</b>	<b>6,849</b>
<b>Income</b>					
Other Fees & Charges	-301	-36	-46	10	-46
Sales Income	-25	-13	-13	0	-13
Reimbursements	-2,250	-473	-473	0	-473
Residential & Nursing Income	-2,421	-562	-565	3	-565
Community Care Income	-526	-131	-121	(10)	-121
Direct Payments Income	-82	-21	-32	11	-32
Transfer from Reserves	-330	0	0	0	0
LD & Health Reform Allocation	-4,272	0	0	0	0
	<b>-10,207</b>	<b>-1,236</b>	<b>-1,250</b>	<b>14</b>	<b>-1,250</b>
<b>Total Income</b>					
<b>Net Controllable Expenditure</b>	<b>18,641</b>	<b>5,088</b>	<b>5,337</b>	<b>(249)</b>	<b>5,599</b>
<b>Recharges</b>					
Premises Support	308	73	73	0	73
Asset Charges	160	3	3	0	3
Central Support Services	2,622	634	634	0	634
Transport	79	21	21	0	21
Internal Recharge Income	-420	0	0	0	0

<b>Appendix 4: Financial Statement</b>
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<b>Total Recharges</b>	<b>2,749</b>	<b>731</b>	<b>731</b>	<b>0</b>	<b>731</b>
Net Departmental Total	<b>21,390</b>	<b>5,819</b>	<b>6,068</b>	<b>(249)</b>	<b>6,330</b>

**Comments on the above figures:**

Net Controllable Expenditure for Quarter 1 is £249,000 over budget profile excluding the Intermediate Care Pool. This is due in the main to expenditure on the Community Care budget being considerably more than anticipated at this time of year.

Staffing is currently showing £24,000 over budget profile. The total savings target for the Department is £321,000, which contributes to the overall corporate savings target. This equates to £80,250 for the first quarter, therefore £56,250 of the savings have been achieved in quarter 1.

The figures above include the income and expenditure relating to the Community Care budget which is currently £256,000 (net) over budget profile. The pressures experienced during the last financial year have continued and the number of people now receiving a social care service has significantly increased from 2009/10. These figures will fluctuate throughout the year depending on the number and value of new packages being approved and also existing packages coming to an end. Information is currently being analysed to determine the cause for the increase and to ascertain whether this trend will continue through the remainder of the year. This area will be carefully monitored throughout the year and remedial action is being taken to bring expenditure back in line with budget.

Other expenditure headings are generally in line with budget at this point in time. Staffing budgets must be carefully managed in order to ensure staff savings targets are achieved and a balance budget is achieved at year end.

*Contribution to Intermediate Care Pooled Budget***Revenue Budget as at 30<sup>th</sup> June 2011**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend )	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
<i>Expenditure</i>					
Employees	1,138	446	443	3	492
Supplies & Services	439	6	6	0	8
Transport	9	3	3	0	5
Other Agency Costs	275	2	0	2	0
<b>Total Expenditure</b>	<b>1,861</b>	<b>457</b>	<b>452</b>	<b>5</b>	<b>505</b>
<i>Income</i>					
<b>Total Income</b>	<b>-113</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Appendix 4: Financial Statement

<b>Net Controllable Expenditure</b>	<b>1,748</b>	<b>457</b>	<b>452</b>	<b>5</b>	<b>505</b>
<b>Recharges</b>					
Asset Charges	0	0	0	0	0
Central Support Charges	252	65	65	0	65
Departmental Support Services	204	0	0	0	0
Premises Support	77	19	19	0	19
<b>Total Recharges</b>	<b>533</b>	<b>84</b>	<b>84</b>	<b>0</b>	<b>84</b>
<b>Net Departmental Total</b>	<b>2,281</b>	<b>541</b>	<b>536</b>	<b>5</b>	<b>589</b>

**Comments on the above figures:**




In overall terms revenue spending at the end of quarter 1 is £5,000 below budget profile.

**Capital Budget as at 30th June 2011**

	2011/12 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
<i>Social Care &amp; Health</i>				
Oakmeadow Phase 2	28	7	0	28
<b>Total Spending</b>	<b>28</b>	<b>7</b>	<b>0</b>	<b>28</b>




<b>Appendix 5: Explanation of Symbols</b>
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Symbols are used in the following manner:

<b>Progress</b>	<b><u>Objective</u></b>	<b><u>Performance Indicator</u></b>
<b>Green</b>	 Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.	<i>Indicates that the annual target <u>is on course to be achieved</u>.</i>
<b>Amber</b>	 Indicates that it is <u>uncertain or too early to say at this stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe.	<i>Indicates that it is <u>uncertain or too early to say at this stage</u> whether the annual target is on course to be achieved.</i>
<b>Red</b>	 Indicates that it is <u>highly likely or certain</u> that the objective will not be achieved within the appropriate timeframe.	<i>Indicates that the target <u>will not be achieved</u> unless there is an intervention or remedial action taken.</i>

#### **Direction of Travel Indicator**

Where possible performance measures will also identify a direction of travel using the following convention

<b>Green</b>	 Indicates that <b>performance is better</b> as compared to the same period last year.
<b>Amber</b>	 Indicates that <b>performance is the same</b> as compared to the same period last year.
<b>Red</b>	 Indicates that <b>performance is worse</b> as compared to the same period last year.
<b>N/A</b>	Indicates that the measure cannot be compared to the same period last year.

## Departmental Quarterly Monitoring Report

<b><u>Directorate:</u></b>	Community Directorate
<b><u>Department:</u></b>	Commissioning & Complex Care Services
<b><u>Period:</u></b>	Quarter 1 - 1 <sup>st</sup> April 2011 – 30 <sup>th</sup> June 2011

### 1.0 Introduction

This quarterly monitoring report covers Commissioning and Complex Care Services for the first quarter period up to 30<sup>th</sup> June 2011. It describes key developments and progress against objectives and performance indicators for the service.

The way in which the Red, Amber and Green, (RAG), symbols and Travel Indicator symbols have been used to reflect progress to date is explained in Appendix 7.

### 2.0 Key Developments

#### **Housing Options for Disabled Adults**

A feasibility study is underway to evaluate the potential for Community Networks (known as the Keyring model) for Disabled Adults to be developed in Halton.

#### **Partnership Working with Registered Social Landlords**

In conjunction with members of the Housing Partnership, work is progressing to develop a Sanctuary Policy which will see Registered Social Landlords, (RSL's) in the borough taking responsibility for the provision of Sanctuary Measures installed within their properties for clients experiencing or under threat of domestic violence. The previous domestic violence indicator BVPI 225 placed a requirement on local authorities to develop Sanctuary Schemes. The aim is to ensure victims of violence and abuse can access a scheme to enable additional security measures to be installed in victims homes to help them remain in their homes and feel safe.

Work is also being undertaken to expand the provision of floating support services for vulnerable people provided directly by RSL's. Initial meetings have been held with support providers and RSL partners to identify areas for RSL intervention.



### **Electronic Monitoring of Domiciliary Care**

The Quality Assurance Team has been working with colleagues in IT to develop a system for the Electronic Monitoring of Domiciliary Care. A technical specification has been drawn up to inform discussions with local providers regarding future requirements.

### **Drug Treatment Services**

A learning day was held between services from Ashley House and the Team Around The Family; the Integrated Working Support Team (IWST) . The objective of the day was to promote closer working relationships between the 2 services with the overall outcome of reducing parental impact of substance misuse through early intervention. An action plan has been developed that will be overseen by the project steering group.

The Drug & Alcohol Carers Group action plan has been agreed. The number of new carers being assessed continues to increase with over 100 individuals now known to drug and alcohol services. The weekly support group also continues to flourish.

The work around developing service user & carer involvement through the Patient Opinion website is to be submitted to the Health Service Journal Awards.

There is now an increased choice of recovery approaches for service users with the implementation of SMART recovery at Ashley House.

Job Centre Plus has delivered training to front line staff in Ashley House to help support the changes around benefits to people using drugs & alcohol.

### **Housing Solutions Service**

Additional funding secured through the Department of Communities and Local Government (CLG) allowed the service to progress the Joint Protocol with Children's services for young people and recruit an additional temporary Housing Solutions Officer. The designated Housing Solutions Youth Officer works across Housing Solutions, Children's Services and Probation, dealing specifically with young people threatened with homelessness. This has already had a positive impact on the level of service available to young people and has achieved good outcomes.

Halton and three other Merseyside authorities have entered into a formal agreement to work in partnership to develop and introduce an additional service for rough sleepers. The scheme will be led by Liverpool City Council and is initially funded for a two year period by CLG. It is proposed that the scheme will be introduced in October 2011.

The Homeless Strategy Action Plan is presently being reviewed and will be submitted to the Homeless Forum September 2011. The Forum partnership has established two sub groups that are actively involved in the progress and development of the Homeless Action Plan. Further recommendations include the development of a Strategic Partnership Group. It is proposed that the group will

identify key priorities and work to secure future funding to develop and retain the Homeless Services within the district.

### **The Carers Centre- Local Engagement**

The Carers Centre is fully engaged with the Local Implementation Teams (LIT) Sub-groups for Carers, the Carers Strategy Group, and the manager of the Carers Centre chairs the Carers Reference Group. They are also involved in influencing the development of services for Carers and in monitoring the performance of currently commissioned Carer services, through the evaluation fed back through the LITS and Strategy Group. The Carers Centre fully contributes to the Annual Carers Consultation, Carers Rights Day and Carers Week and is pro-active in raising the awareness of Carers issues and in responding to Carers feedback.

### **Mental Health Services**

#### **Review of Acute Care Pathway**

For some time the 5BoroughsPartnership have been reviewing the delivery of their services for people with acute and chronic mental health conditions – this includes a range of community mental health teams, and their relationship to preventive and inpatient services. This Review is in the latter stages and should be reported in Quarter 2.

#### **Older People's Mental Health Services**

Within Halton, work has continued across key partners to deliver components of the planned Assessment, Care and Treatment Services (ACTS) for adults with dementia. This is intended to ensure early diagnosis and to then put services, supports and treatments in place which will help people with dementia to remain at home for longer periods and with a better quality of life. The project to deliver the ACTS has recently been redesigned to incorporate a more community-focused approach, and the pathways into social care (which are currently very complex) are to be considered during Quarter 2.

#### **Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)**

Although these linked pieces of legislation continue to be delivered effectively in Halton, it is apparent that there is more to do to ensure that this remains the case. A review of the operational processes will be taking place in the summer of 2011, and a new overarching policy is being developed to include key stakeholders. Work is taking place with the police to ensure that their systems incorporate Mental Capacity issues as required. An initial approach to improving the use and understanding of DoLS within care homes has been developed and has been successfully trialled in a local care home; it is planned that this should be rolled out further through 2011.

#### **Autistic Spectrum Conditions (ASC)**

The local strategy continues to be implemented. As a part of this, a new post of Practice Manager has been developed and the successful candidate will be in post by August 2011. This post will be crucial in supporting the development of effective services for people with ASC.

### 3.0 Emerging Issues

#### **Commissioning.**

##### **Partnership Commissioning.**

Work has commenced on reviewing existing partnership commissioning structures in line with Government proposals for the development of Health and Well Being Boards. It has emerged that there is significant cross over in the areas of work undertaken and the professionals attending the Physical & Sensory Disability Local Implementation Team (LIT) and the Older Peoples LIT. A paper is being drafted to consider the pros and cons of merging the two Boards.

##### **Quality Assurance of Commissioned Services**

A Business Contingency Plan has been developed to manage issues arising at a local level out of the recent financial crisis experienced by the national care provider, Southern Cross. Assurances have been sought from Southern Cross and the Government that service users will encounter minimal disruption as a result of the organisation's financial difficulties.

Southern Cross manages three residential homes in Halton and the Quality Assurance Team is in regular contact with Southern Cross management for this region, regarding continuation of services within these homes. The Quality Assurance Team has received assurances that there are no issues with the homes that they operate in Halton and that it is very much business as usual. Southern Cross will be in a position to confirm their intentions regarding the future of specific homes across the region at the end of July 2011.

On a national and regional basis there have been a number of legal challenges in regard to the fee levels set by Local Authorities for the provision of residential care.

Halton received a letter indicating that providers may instigate challenge. However, since Council approved the new rate for residential care from April 2011/12, there has been no challenge submitted by local providers. Given the significant impact and media coverage of Southern Cross, it is anticipated the legal challenge of care will be an issue in 2012/13.

##### **Drug Treatment Services**

The tender to re-commission Drug and Alcohol services continues to progress. There were 9 potential bidders at the Preliminary Quality Questionnaire stage, and the standard of submissions was overall very good. Deadline for Invitation to Tender submissions is the 20<sup>th</sup> July. Presentations by short listed candidates will be in mid August. It is anticipated that the new service will commence in early January 2012.

The increasingly prevalent use of cannabis in the Borough has been raised as an issue by Cheshire Constabulary. A meeting in August to discuss the nature of these problems and possible responses is to be held together with colleagues from Children's Commissioning and Warrington Drug Action Team (DAT).

## **Mental Health Services**

### **Older people's mental health services**

The 5BoroughsPartnership has recently completed a review of its service for people with dementia, and is proposing changes to service delivery which may have a considerable impact on local residents. A high level model has been developed but further detail has yet to be supplied; the proposals will go for consultation across the Trust area, and it will be important for Halton Council to be fully engaged in this, not least to ensure that any development are compatible with the parallel developments of the Assessment, Care and Treatment Services (ACTS). As with the Acute Care pathway, the directorate will undertake a review of the social work service for people with dementia to ensure that provision is fit for purpose.

### **Personalisation and the Care Programme Approach**

The delivery of self directed support in mental health cannot be done in isolation by social services staff alone – it has to be embraced by staff in the 5BoroughsPartnership. One of the key issues is to ensure that the Care Programme Approach – which is the approach to assessment and care management in mental health services – is fully compatible with personalisation. A project is being developed to attempt to integrate the two processes across the Trust.

### **Deprivation of Liberty Safeguards (DoLS)**

Case law continues to emerge which redefines the boundaries of the DoLS – this is being evaluated for its impact on Halton in Quarter 2. The rate of use of DoLS has increased sharply in the first Quarter of 2011: in both 2009/10 and 2010/11, there were 11 DoLS referrals in each year; already there have been 9 referrals in the first quarter of 2011/12. The impact of this on staff workloads needs to be understood.

### **Mental Health Act Assessments**

There has been a substantial increase in assessments for detention in hospital under the Mental Health Act 1983 – these assessments have almost doubled in the past two years. This is a pattern which has been repeated both across the country and nationally, so it is not solely a Halton issue. The reasons for this are not fully understood and are likely to be multi-faceted; however there has been a significant impact on staff workloads and this will need to be considered in the context of the directorate's review of its social care input into mental health services.

#### 4.0 Service Objectives/Milestones

##### 4.1 Progress Against 'Key' Objectives/Milestones

<b>Total</b>	<b>8</b>		<b>7</b>		<b>1</b>		<b>0</b>
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Seven 'key' objectives and milestones are on or above target and detailed in Appendix 1.

A further 'key' indicator is uncertain at this time because the Affordable Housing Programme for 2011/15, due to be announced by the Government in August 2011, will impact upon it and mean that there is little scope to influence plans until 2016. However, it will still be possible to continue to negotiate with housing providers and put in annual bids for further extra care housing tenancies.

##### 4.2 Progress Against 'Other' Objectives/Milestones

<b>Total</b>	<b>19</b>		<b>19</b>		<b>0</b>		<b>0</b>
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All other objectives/milestones for the Department are on track to be achieved and are therefore not being reported by exception at this time.

#### 5.0 Performance Indicators




##### 5.1 Progress Against 'Key' Performance Indicators

<b>Total</b>	<b>5</b>		<b>4</b>		<b>1</b>		<b>0</b>
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Four of the five reportable 'key' indicators are on or above target. One indicator which relates to adults with mental health problems helped to live at home is uncertain whether the target will be achieved. Further information is available in Appendix 2.

There are two other 'key' indicators that are not being reported at this time which relate to clients with dementia. These are new indicators for which a baseline has been set; reporting on progress will not be available until quarter 2.

## 5.2 Progress Against 'Other' Performance Indicators

<b>Total</b>	<b>28</b>		<b>3</b>		<b>2</b>		<b>2</b>
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Three 'other' indicators are on or above target and are not being reported by exception at this time.

There are two indicators which are uncertain to reach their targets at this time; (CCC 21) relating to "adults with mental health problems helped into voluntary work", this is marginally below last year's performance. The second (CCC 31) relates to "prolific and priority offenders" this is more difficult to assess due to the reasons described in Appendix 3.

Two indicators will not achieve their target this year both relate to "adults with physical disabilities" and "adults with learning disabilities" helped to live at home. Currently, the performance of both of these is down on last year but measures are being put in place to redress this.

There are 21 'other' performance indicators which cannot be reported at this time, mostly because information is still outstanding from partner agencies that have a different reporting timescale. This information will become available later in the year.

Details of all these indicators can be found in Appendix 3.

## 6.0 Risk Control Measures

During the Development of the 2011-12 Service activity, the service was required to undertake a risk assessment of all Key Service objectives.

Where a Key service objective has been assessed and found to have an associated 'High' risk, progress against the application of this risk treatment measures will be reported in quarters 2 and 4.

## 7.0 Progress Against High Priority Equality Actions

As a result of undertaking a departmental Equality Impact Assessment no high priority actions were identified for the service for the period 2011 – 2012.

## **8.0 Data Quality Statement**



The author provides assurance that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, has been sourced directly from partner or other agencies, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

## **9.0 Appendices**

- Appendix 1 Progress Against 'Key' Objectives/Milestones
- Appendix 2 Progress Against 'Key' Performance Indicators
- Appendix 3 Progress Against 'Other' Performance Indicators
- Appendix 4 Financial Statement
- Appendix 5 Explanation of Use of Symbols

**Appendix 1: Progress Against 'key' Objectives/Milestones**


Ref	Objective
<b>CCC 1</b>	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs

Milestones	Progress Q1	Supporting Commentary
Implement the Local Dementia Strategy, to ensure effective services are in place. <b>Mar 2012.</b> (AOF6 & 7)		Pathway mapping now complete, next stage development of the service specification for the role of Dementia Care Advisors is now underway. This process is likely to be completed by Oct 2011, with the new post due to begin in January 2012.
Work with Halton Carers Centre to develop appropriate funding arrangements past September 2011, to ensure that Carers needs within Halton continue to be met. <b>Jun 2011</b> (AOF 7)		A number of funding opportunities are currently being explored and the Carers Centre has produced a business plan 2009 – 2013 which includes an exit strategy beyond September 2011. The Council has agreed funding until March 2012.




**Appendix 1: Progress Against 'key' Objectives/Milestones**

Ref	Objective
CCC 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs

Milestones	Progress Q1	Supporting Commentary
Introduce specialist support provision for victims of a serious sexual offence <b>Mar 2012</b> (AOF6 & 7)		<p>At present, the Safe Place Project has been to set up a Sexual Assault Referral Centre (SARC) for Cheshire, Halton and Warrington. SARCs are a national initiative and care for people who have suffered rape or serious sexual assault. They therefore have close links with domestic violence. The aftercare service is funded 50% by the local authorities and went live on 1 October 2010 covering Cheshire, Halton and Warrington. The aftercare service is provided by the Rape and Sexual Abuse Support Centre (RASASC). The crisis service went live on 1 April 2011 and is located at St Mary's hospital in Manchester and provided by Central Manchester University Hospitals NHS Foundation Trust.</p> <p>The RASASC service is available to those aged 13+. This provision is available due to greater capacity of a larger team and will be able to offer family continuity and a more comprehensive service.</p>


**Appendix 1: Progress Against 'key' Objectives/Milestones**

Ref	Objective
CCC 2	Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required

Milestones	Progress Q 1	Supporting Commentary
Continue to survey and quality test service user and carers' experience of services to evaluate service delivery to ensure that they are receiving the appropriate outcomes. <b>Mar 2012.</b> (AOF 32)		A list of consultations is publically available via the Halton Borough Council website 'Consultation Finder'. The department continues to engage with service users and carers to ensure outcomes are being met and service improvement is identified. Statutory (Adult Social Care Survey) as well as local consultations (e.g. Carers consultation events, service redesign consultations) take place on a regular basis to ensure both service users and carers are able to express their opinions about the services they receive locally.



**Appendix 1: Progress Against 'key' Objectives/Milestones**

Ref	Objective
CCC 2	Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required

Milestones	Progress Q1	Supporting Commentary
Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. <b>Mar 2012</b> (AOF 32)		<p>The Local Involvement Network (LINK) have established a Transition Sub Group to look at the move towards HealthWatch and a HBC HealthWatch Project Group is in the process of being established, which will work with the LINK Transition Sub Group. The LINK Transition Sub Group, with support from HBC Policy Officer, has devised an evaluation tool to assess the effectiveness of the LINK and form the basis of a transitional plan. It is expected that this process will be completed in Autumn 2011. However, as a result of the 'Listening Exercise', HealthWatch will not be established until October 2012.</p> <p>Halton BC have to ensure a continuation of LINK service until HealthWatch is established and is in the process of agreeing a contract extension until March 2012 with approval required for a further extension until October 2012. Decisions about how Halton establish a HealthWatch and possible working with other Councils will be considered by the HealthWatch Project Group.</p>


**Appendix 1: Progress Against 'key' Objectives/Milestones**

Ref	Objective
CCC 2	Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required

Milestones	Progress Q1	Supporting Commentary
Continue to negotiate with housing providers and partners in relation to the provision of further extra care housing tenancies, to ensure requirements are met (including the submission of appropriate funding bids). <b>Mar 2012</b> (AOF6 & 7)		When the Affordable Housing programme for 2011/15 is announced in August, there will only be limited scope to influence plans within that programme until 2016, which will be further restricted by the Council's ability to revenue fund future developments through the Supporting People Programme. Whilst it will not be possible to meet all identified needs by March 2012 we will still continue to explore options with housing providers to develop extra care housing provision within existing supported housing schemes.
Update the JSNA <b>summary of findings</b> , following community consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton. <b>Mar 2012</b> (AOF 6)		The JSNA Executive Summary and chapters are now available from the HBC and PCT websites (July 2011). The Executive Summary asks for comments to be made to the Policy Officer (Health), who will use these to ensure the JSNA continues to reflect the health and well-being needs of the people of Halton.



**Appendix 1: Progress Against 'key' Objectives/Milestones**

Ref	Objective
CCC 3	Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs





Milestones	Progress Q1	Supporting Commentary
Consider with our PCT partners the recommendations and implications of the review of Halton's section 75 agreement in light of the publication of the Government White Paper 'Equity and Excellence: Liberating the NHS'. <b>Mar 2012.</b> (AOF 33,34 and 35)		The Council continues to review the arrangements in light of recent 'Listening Exercise' undertaken by Government.

## Appendix 2: Progress Against 'Key' Performance Indicators





Ref	Description	Actual 2010/11	Target 2011/12	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
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Service Delivery							
<b><u>CCC 6</u></b>	Adults with mental health problems helped to live at home (Previously AWA L113/CCS 8)	3.97	3.97	3.92			This target is on track to being either achieved or marginally under target; Q1 performance relates to 291 clients, which is only 2 more than the same period of 2010/11. The numbers of referrals are both low and static and only a small number of people is needed for there to be a variation in the target outcome. The overall service is to be reviewed in 2011/12 and this may have an impact on this target.
<b><u>CCC 7</u></b>	Total number of new clients with dementia assessed during the year as a percentage of the total number of new clients assessed during the year, (18+)	4.6%	5%	N/A	N/A	N/A	Data will be available to report in Q2 as services are reconfigured in line with the new Dementia Strategy.

**Appendix 2: Progress Against 'Key' Performance Indicators**

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
<b><u>CCC 8</u></b>	Total number of clients with dementia receiving services during the period provided or commissioned by the CSSR as a percentage of the total number of clients receiving services during the year, (18+).	3.3%	5%	N/A	N/A	N/A	Data will be available to report in Q2 as services are reconfigured in line with the new Dementia Strategy.
<b><u>CCC 9</u></b>	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously PCS 12).	0	1.2	0			There are no cases to report in Q1. The authority is geared towards taking a pro-active approach to reduce repeat homelessness.
<b><u>CCC 10</u></b>	Number of households living in Temporary Accommodation (Previously NI 156).	4	12	4			The government devised target is 17. The local target has been set below this at 12 and the service has continued to achieve this; successfully reducing households living in temporary accommodation.





## Appendix 2: Progress Against 'Key' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
<b><u>CCC 11</u></b>	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough) (Previously PCS 11).	5.78  (940 cases)	4.4	1.4			This is a cumulative target, which has achieved 1.4 in Q1 and is therefore overachieving against target.
<b><u>CCC 14</u></b>	Carers receiving Needs Assessment or Review and a specific Carer's Service, or advice and information (Previously NI 135).	24.13	24.5	6.28			Performance is slightly less compared to the same period the previous year. The Performance Team continue to work with Staff to ensure assessment timescales are being met.




### Appendix 3: Progress Against 'Other' Performance Indicators


Ref	Description	Actual 2010/11	Target 2011/12	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
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Service Delivery							
CCC 4	Adults with physical disabilities (aged 18-64) helped to live at home per 1,000 population (Previously CCS 6)	7.89	8.0	7.82			Q1 performance relates to 581 clients, 12 less than the previous year.
CCC 5	Adults with learning disabilities (aged 18-64) helped to live at home per 1,000 population (Previously CCS 7)	4.37	4.3	4.12			Q1 performance relates to 306 clients, 10 less than the previous year.

### Appendix 3: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
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Fair Access							
CCC 21	Total number of adults with mental health provided with help and support to stay in voluntary work (Previously CCS 2).	25	21	3	?		In Quarter 1, there is 1 less client than the same quarter last year. At this stage, it is unknown whether the year end figure can be achieved.

Area Partner Indicators:							
The indicators below form part of the old National Indicator Set introduced on 1 <sup>st</sup> April 2008. Responsibility for setting the target, and reporting performance data, will now sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.							
CCC 22	Reduce Hospital Admissions for Alcohol related harm (Previously NI 39) Rate per 100,000	2773	2309	699.8	?		All of 10/11 data has been updated.  All current Tier 2 and Tier 3 Alcohol Treatment Services have been decommissioned and as of January 2012 are being replaced. A two stage competitive tender has been launched for future Tier 2 and 3 drug and alcohol services (as part of an integrated recovery service), in Halton. Work to support the tender continues.

<b>Appendix 4: Financial Statement</b>
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**COMMISSIONING & COMPLEX NEEDS DEPARTMENT****Revenue Budget as at 30<sup>TH</sup> June 2011**

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000	Actual Including Committed Items £'000
<b>Expenditure</b>					
Employees	7,326	1,923	1,956	(33)	1,980
Other Premises	318	139	153	(14)	302
Supplies & Services	2,470	227	230	(3)	818
Contracts & SLA's	1,317	132	109	23	109
Transport	295	64	51	13	202
Emergency Duty Team	103	0	0	0	0
Community Care:					
Residential & Nursing Care	806	96	80	16	80
Home Care & Supported Living	492	80	87	(7)	87
Direct Payments	144	43	49	(6)	49
Day Care	11	1	2	(1)	2
Food Provision	35	9	4	5	6
Other Agency Costs	1	0	0	0	0
SP Payments To Providers	4,216	1,197	1,215	(18)	1,215
Grants To Voluntary Organisations	270	119	123	(4)	123
<b>Total Expenditure</b>	<b>17,804</b>	<b>4,030</b>	<b>4,059</b>	<b>(29)</b>	<b>4,973</b>
<b>Income</b>					
Residential & Nursing Fees	-68	-13	-14	1	-14
Direct Payment Charges	-3	-1	-1	0	-1
Community Care Income	-4	-1	-1	0	-1
Sales & Rents Income	-183	-117	-100	(17)	-100
Fees & Charges	-387	-94	-111	17	-111
PCT Reimbursements	-2,616	-234	-253	19	-253
Government Grants:					
Community Safety	-319	-30	-37	7	-37
Housing	-56	-41	-45	4	-45
Transfer From Reserves	-142	-142	-142	0	-142
Capital Salaries	-84	0	0	0	0
<b>Total Income</b>	<b>-3,862</b>	<b>-673</b>	<b>-704</b>	<b>31</b>	<b>-704</b>
<b>Net Controllable Expenditure</b>	<b>13,942</b>	<b>3,357</b>	<b>3,355</b>	<b>2</b>	<b>4,269</b>
<b>Recharges</b>					
Premises Support	508	107	107	0	107
Asset Charges	406	0	0	0	0
Central Support Services	2,278	519	519	0	519
Transport Recharges	449	110	110	0	110
Internal Recharge Income	-88	0	0	0	0
<b>Net Total Recharges</b>	<b>3,553</b>	<b>736</b>	<b>736</b>	<b>0</b>	<b>736</b>
<b>Net Departmental Total</b>	<b>17,495</b>	<b>4,093</b>	<b>4,091</b>	<b>2</b>	<b>5,005</b>

<b>Appendix 4: Financial Statement</b>
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**Comments on the above figures:**

Net Controllable Expenditure is £2,000 below budget profile for the first quarter of the financial year.

Whilst this implies spending is in line with budget, expenditure on staffing costs currently exceeds budget to date. This is currently in the region of £33,000, which projects up to £132,000 for the full year. The total savings target was increased significantly in the 2011/12 base budget in order to meet corporate savings targets, and now stands at £502,000 for the Department. This equates to £125,000 for the first quarter, of which £92,000 has been achieved. Remedial action may therefore need to be taken on other budget headings within the Department to ensure that net expenditure remains within the budget allocation for the year.

The above figures include projected income and expenditure in respect of the Community Care element of Mental Health Services. The full year projection is based on data held for all known care packages currently in place and therefore is subject to fluctuation, dependent on the number and value of new packages approved, and the termination of existing packages. Although a balanced budget is anticipated at year end, it should be noted that the gross expenditure on Mental Health Community Care packages rose by 36% from 2009/10 to 2010/11 and so this budget will be monitored very closely throughout the year to ensure the service remains within budget.

Other expenditure is generally in line with budget at this point in the year, and it is not anticipated that there will be any significant budget variances in these areas at the end of the financial year.

Similarly, income is marginally above target to date, once the element relating to Community Care is removed.




At this stage, net expenditure for the Complex & Commissioning Care Division is anticipated to be in line with budget the end of the financial year. However, careful control of staffing budgets will need to be exercised to ensure that savings targets are met, or remedial action taken in other areas to ensure a balanced budget is achieved.

**Capital Projects as at 30<sup>th</sup> June 2011**

	2011/12 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
<b>Renovation Grant</b>	166	39	39	127
<b>Disabled Facilities Grant</b>	660	5	5	655
<b>Energy Promotion</b>	6	0	0	6
<b>Stairlifts</b>	200	47	47	153
<b>RSL Adaptations</b>	560	134	134	426
<b>Modular Buildings</b>	27	0	0	27
<b>Choice Based Lettings</b>	40	0	0	40
<b>Extra Care</b>	463	0	0	463
<b>Borough Placements</b>	464	0	0	464
User Led Adaptations	55	0	0	55
<b>Total Spending</b>	<b>2,641</b>	<b>225</b>	<b>225</b>	<b>2,416</b>




<b>Appendix 5: Explanation of Symbols</b>
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Symbols are used in the following manner:

<b>Progress</b>	<b><u>Objective</u></b>	<b><u>Performance Indicator</u></b>
<b>Green</b>	 Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.	<i>Indicates that the annual target <u>is on course to be achieved</u>.</i>
<b>Amber</b>	 Indicates that it is <u>uncertain or too early to say at this stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe.	<i>Indicates that it is <u>uncertain or too early to say at this stage</u> whether the annual target is on course to be achieved.</i>
<b>Red</b>	 Indicates that it is <u>highly likely or certain</u> that the objective will not be achieved within the appropriate timeframe.	<i>Indicates that the target <u>will not be achieved</u> unless there is an intervention or remedial action taken.</i>

#### **Direction of Travel Indicator**

Where possible performance measures will also identify a direction of travel using the following convention

<b>Green</b>	 Indicates that <b>performance is better</b> as compared to the same period last year.
<b>Amber</b>	 Indicates that <b>performance is the same</b> as compared to the same period last year.
<b>Red</b>	 Indicates that <b>performance is worse</b> as compared to the same period last year.
<b>N/A</b>	Indicates that the measure cannot be compared to the same period last year.

**REPORT TO:** Health Policy and Performance Board

**DATE:** 13th September 2011

**REPORTING OFFICER:** Strategic Director, Communities

**SUBJECT:** Update on the development of a Health and Wellbeing Board

**WARDS:** All

### **1.0 PURPOSE OF THE REPORT**

1.1 The purpose of this report is to provide an update on the development of a Shadow Health and Wellbeing Board for Halton.

### **2.0 RECOMMENDATION: That Members of the PPB note the contents of the report**

### **3.0 SUPPORTING INFORMATION**

3.1 Members will recall that at their meeting on 7<sup>th</sup> June 2011, they received a report outlining the NHS Reforms and the intention to establish a Shadow Health and Wellbeing Board in Halton.

3.2 As part of these proposals the Government announced that statutory Health & Wellbeing Boards would be established in every upper tier local authority, operating in shadow form by April 2012 with full implementation anticipated in April 2013. The Boards will have the following main functions: -

- To assess the needs of the local population and lead statutory Joint Strategic Needs Assessments.
- Promote integration and partnership across areas including through promoting joined up commissioning plans across the NHS, Social Care and Public Health and to publish a Joint Health and Wellbeing Strategy.
- To support joint commissioning and pooled budget arrangements where all parties agree this makes sense.

3.3 The initial proposals indicated that local GP Consortia would act as commissioners of NHS services. However, following the NHS Listening Exercise in June, a number of changes to the initial proposals were announced. In terms of GP Consortia it was proposed that GPs should take responsibility for the health of their local populations and the financial and quality consequences of their clinical decisions through commissioning consortia, but they should not operate in isolation and must be required to 'obtain all relevant multi-professional advice' to

make sure their decisions are appropriate. These new groups will be known as “Clinical Commissioning Consortia”.

- 3.4 Whilst responsibility and accountability for NHS Commissioning would rest with the NHS Commissioning Board and Clinical Commissioning Consortia, the Health and Well-being Boards would give Local Authorities influence over NHS Commissioning and corresponding influence for NHS Commissioners in relation to Health Improvement, reducing Health Inequalities and Social Care.
- 3.5 The Bill should strengthen the role and influence of health and wellbeing boards so they have stronger powers to promote integration and meet local health needs, and to hold local commissioning consortia and social care to account if commissioning plans are not in line with the local health and wellbeing strategy.
- 3.6 The proposals indicate that the Board will bring together local elected representatives, Social Care, NHS Commissioners, Local Government and patient representatives around one table. The guidance as presently stated would be for the elected members of the Local Authority to decide who would chair the Board.
- 3.7 For the Board to function well it is anticipated that Local Authorities, Elected Members, Directors of Adult Social Care, NHS organisations Public Health and Children’s Services, and a representative of Local Health Watch (presently LINKs) will have a seat on the Board.
- 3.8 The Board will have a key role in promoting joint working with the aim of making commissioning plans across the NHS, Public Health and Social Care, coherent, responsive and integrated.

#### **4.0 THE PRESENT SITUATION IN HALTON**

- 4.1 The Halton Health Partnership (HHP) currently acts as the thematic partnership for the Healthy Halton priority. The Partnership reports into the Halton Strategic Partnership Board as one of the five Specialist Strategic Partnerships (SSPs).
- 4.2 The HHP has strategic responsibility for the Healthy Halton priority and for those elements of work that contribute to the objectives of the Sustainable Community Strategy (SCS) and Local Area Agreement (LAA).
- 4.3 The Halton Health Partnership is presently chaired by the Acting Director of Public Health.
- 4.4 Health priorities are also addressed by the Healthy Halton Policy and Performance Board and Children’s health issues are included in the work of the Children’s Trust and the Children and Young People’s PPB.

4.5 Safeguarding is addressed by the Safeguarding Adults Board (SAB) which reports directly into the Safer Halton Partnership and is a non statutory board. Children's Safeguarding issues are addressed by the Halton Safeguarding Children's Board (HSCB) which is a statutory board that sits alongside Halton's Children's Trust, with each reporting into and providing challenge to the other. The HSCB in addition provides an annual report to the Council's Executive Board.

## **5.0 PROPOSAL FOR A SHADOW HEALTH AND WELLBEING BOARD IN HALTON**

5.1 Following extensive consultation regarding the attached Terms of Reference (Appendix 1) it would seem appropriate to set up a Shadow Health and Well-being Board in Halton.

5.2 The Shadow Health and Well-being Board will be responsible for guiding and overseeing the implementation of the ambitions outlined in the Health White Paper as well as providing the strategic direction for the Health priority in Halton. Principally this will include:

- guiding and overseeing the Joint Strategic Needs Assessment;
- developing a high-level joint health and Well-being strategy based upon the findings of the JSNA and the priorities identified by the Sustainable Community Strategy (SCS);
- guiding and overseeing the transfer of Public Health responsibilities and arrangements to the Local Authority;
- the establishment of sound joint commissioning arrangements.

5.3 Formal decision- making responsibility will continue to rest with the Council's Executive and the relevant governance bodies of the local health services until new legislation is enacted. Transitional governance arrangements are key in establishing the Shadow HWBB, given that Health and Well-being Boards will assume their statutory responsibilities from April 2013.

5.4 Overview and Scrutiny issues will remain an integral independent arrangement within the Health Policy & Performance Board.

5.5 In terms of the relationship between the HWBB and Children's Services it would seem short sighted to disassemble existing structures when they are working well. The Children's Trust, LSCB and SAB should therefore have representation on the Health and Well-being Board. It is proposed that the Chair of these boards would fulfil this role and the Children's Trust continue in its current format.

## **6.0 Next Steps**



- 6.1 It is proposed that a Shadow Health & Wellbeing Board will be established in October/ November 2011.
- 6.2 This will operate in shadow form and a review will be undertaken 12 months after its commencement and a further report to be presented to the Executive on its progress.
- 6.3 The current Health SSP will be disbanded and many of their actions embedded into the new Shadow Board.

## **7.0 POLICY IMPLICATIONS**

- 7.1 The policy implications stemming from the NHS White Paper, Equity and Excellence: Liberating the NHS are far reaching. Although the creation of a Health and Well-being Board in Halton could incorporate the role of the Health Partnership, it will promote integration across health and adult social care, children's services, including safeguarding and the wider local authority agenda.

## **8.0 SAFEGUARDING IMPLICATIONS**

- 8.1 The Health and Well-being Board will have a role in terms of safeguarding. The role and remit of the Board in terms of safeguarding is yet to be clarified, but will form part of the discussion resulting from the draft Terms of Reference.

## **9.0 FINANCIAL IMPLICATIONS**

- 9.1 The cost of establishing a Shadow Health and Well-being Board in Halton will amount to officer time and resource to support the development of the board and member, stakeholder and senior officer time to contribute to meetings and any other relevant working groups. By streamlining existing arrangements it should be possible to achieve similar outcomes with the same or reduced cost.

## **10.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **10.1 Children & Young People in Halton**

The Health and Wellbeing Board will have a role in addressing the health and wellbeing needs of children and young people and this important area of work will form an integral part of the Joint Strategic Needs Assessment and the resultant Health and Wellbeing Strategy. Children's health issues are also covered by the Children's Trust Board.

Children's Safeguarding issues are addressed by the Halton Safeguarding Children's Board (HSCB) which is a statutory board that sits alongside Halton's Children's Trust, with each reporting into and

providing challenge to the other. The HSCB in addition provides an annual report to the Council's Executive Board.

Through the proposals outlined in this report it is recommended that the Chairs of both the Children's Safeguarding Board (LSCB) and the Chair of the Children's Trust are members of the Health and Wellbeing Board.

## **10.2 Employment, Learning & Skills in Halton**

Addressing the wider determinants of health including Employment, learning and Skills will be a key consideration of the Health and Wellbeing Board and will form part of the Health and Wellbeing Strategy.

## **10.3 A Healthy Halton**

The Shadow Health and Well-being Board will be responsible for guiding and overseeing the implementation of the ambitions outlined in the Health White Paper as well as providing the strategic direction for the Health priority in Halton.

## **10.4 A Safer Halton**

Creating safer and stronger communities has a direct impact on improving the health and wellbeing of local people.

## **10.5 Halton's Urban Renewal**

The built environment, access to public and leisure services, employment sites and public transport all have an impact on health and wellbeing.

## **11.0 RISK ANALYSIS**

11.1 The implementation of proposals in the NHS White Paper are potentially far reaching as they will change the way Health services are commissioned and delivered. The Shadow Health and Well-being Board will, in part, be responsible for overseeing the implementation of these proposals and will attempt to minimise the risk of their implementation at a local level by bringing together key organisations and representatives.

**12.0 EQUALITY AND DIVERSITY ISSUES**

12.1 In developing the Health and Well-being Board due regard will be given to the Equality Act 2010, including new legislation around the Public Sector duty.

12.2 It has not been appropriate, at this stage, to complete a Community Impact Review & Assessment (CIRA).

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

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
Early Implementer Health & Wellbeing Board – 03/03/11	Municipal Building	Strategic Director, Communities

## **DRAFT TERMS OF REFERENCE FOR HALTON SHADOW HEALTH AND WELL-BEING BOARD**

### **Aims of the Shadow Health and Well-Being Board**

1. The Shadow Health & Well-Being Board (HWBB) is responsible for guiding and overseeing the implementation of the ambitions outlined in the Health White Paper “Equity and Excellence - Liberating the NHS” as well as providing the strategic direction for the Health priority in Halton. Principally this will include:
  - guiding and overseeing the Joint Strategic Needs Assessment,
  - developing a high-level joint health and Well-being strategy based upon the findings of the JSNA ( including priorities identified by the Sustainable Community Strategy (SCS));
  - guiding and overseeing the transfer of Public Health responsibilities and arrangements to the Local Authority;
  - the establishment of sound joint commissioning arrangements,
2. The Shadow HWBB aims to develop a model for an established HWBB, in preparation for expected new legislation that will enact proposals set out in the government’s Health White Paper. The Shadow HWBB will also take account of the response to the results of the consultation on the White Paper, “Liberating the NHS: Legislative Framework and next steps” and of the public health strategy for England, “Healthy Lives, Healthy People”. It will provide a key forum for public accountability of NHS, Social Care for Adults and Children and other commissioned services that the Shadow HWBB agrees are directly related to health and Well-being in Halton.
3. Formal decision- making responsibility will continue to rest with the Council’s Executive and the relevant governance bodies of the local health services until new legislation is enacted. Transitional governance arrangements are key in establishing the Shadow HWBB, given that Health and Well-being Boards will assume their statutory responsibilities from April 2013.

### **Suggested Terms of Reference based on the above:**

#### **Principle Responsibilities**

- To be responsible for guiding and overseeing the implementation of the ambitions outlined in the Health White Paper “Equity and Excellence- Liberating the NHS.”

- To establish sound joint commissioning arrangements
- To assess the needs of the local population and lead the Statutory Joint Strategic Needs Assessment.
- To promote integration and partnership across areas including through promoting joined up commissioning plans across the NHS, Social Care and Public Health.
- To work with the Children's Trust to ensure that the Children's Services commissioning is embedded into the role of the Health and Well-being Board and effective relationships established between the two Boards.
- To support strategic planning and joint commissioning and publish a Joint Health and Well-being Strategy
- To contribute to the developments of Health and Well-being Services in Halton which may arise as a result of changes in Government Policy and relevant legislation.

### **Other Responsibilities**

- To give strategic direction to relevant Commissioning Activity
- To oversee the work of Joint Commissioning Groups.
- To develop and monitor relevant activity and performance.
- To ensure that Halton's health priorities (as defined by the JSNA, SCS and relevant health targets) are addressed by Joint Commissioning Groups.
- To ensure that Joint Commissioning Groups work effectively with other Strategic Partnerships to address cross-cutting areas of work e.g. alcohol to ensure an holistic approach.
- To improve access for service users and patients through closer working arrangements and in particular to address issues in relation to disadvantaged groups.
- To effectively monitor and review the progress of programmes designed to impact on key targets.
- To ensure dissemination of learning as a result of good practice.
- To disseminate and share strategies and action plans in order to facilitate partnership working

- To maintain appropriate linkages with other partnership boards including those relating to Adults and Children's Safeguarding.

### **Membership**

Elected Member (Chair)

Executive Board Portfolio Holder for Health & Adults

Executive Board Portfolio Holder for Children and Young Peoples Services  
(Chair of Children's Trust)

Chief Executive, Halton Borough Council

CVS/Forum Representative

LINks/Health Watch Representative

Representatives from each of the practice based consortia in Halton

Strategic Director, Communities (Chair of SAB)

Strategic Director, Children & Enterprise

Director of Public Health

Chair of LSCB

Chair of PCT & Managing Director

Chair of PCT Clinical Commissioning Committee

Director of Partnership Commissioning PCT

Chief Executive or representative from Merseyside Cluster NHS Cluster

5 Boroughs Partnership NHS Trust

Bridgewater Community Healthcare NHS Trust

Warrington & Halton Hospitals NHS Foundation Trust

St Helens and Knowsley Hospitals NHS Trust

Housing Association Representative

## **Meetings**

Meetings of the Health and Well-being Board will take place quarterly. The chair may call an extraordinary meeting at any time. The agenda and associated papers will be sent out a minimum of one week (five clear working days) in advance of the meeting. Minutes of the board will be formally minuted.

## **Chair**

The Chair will be an elected member of Halton Borough Council

## **Quorum**

The meeting will be quorate provided that at least fifty per cent of all members are present. This should include the Chair or Vice Chair and at least one officer of the PCT and one officer of the Local Authority. Where a Board is not quorate, business may proceed but decisions will need to be ratified.

## **Decisions**

Where a decision is required, that decision will be made by agreement among a majority of members present. Where a decision needs to be ratified by one of the statutory agencies, the ratification process will be in accordance with the agreed process within that particular agency.

## **Minutes**

Minutes of the proceedings of each meeting of the Board will be drawn up, circulated and agreed as a correct record at the subsequent meeting, once any required amendments have been incorporated.

## **Review**

The membership and terms of reference of this partnership will be reviewed regularly (normally annually) to ensure that they remain relevant and up to date.

**REPORT TO:** Health Policy & Performance Board

**DATE:** 13 September 2011

**REPORTING OFFICER:** Strategic Director, Communities

**SUBJECT:** Safeguarding Adults

**WARDS:** All

### 1.0 **PURPOSE OF REPORT**

1.1 To update the Board on key issues and progression of the agenda for Safeguarding Vulnerable Adults.

2.0 **RECOMMENDATION: That the Board notes the contents of the report.**

### 3.0 **SUPPORTING INFORMATION**

3.1 Halton's Learning Disabilities Partnership Board held a Business Planning Event where 'Keeping Safe' was a key theme. The resulting Business Plan includes priorities and actions drawn up during the event around safeguarding vulnerable adults and hate crime/hate incidents, including the following, some of which are already being progressed:

- Help people to understand the danger signs
- Support for people and staff to understand how to keep safe
- Talk to more people who may have been a victim of abuse or hate crime.

The following priorities drawn up during the event around personalisation also have the potential to impact on the way in which we support people to stay safe from abuse and exploitation:

- Train personal assistants
- Check that support plans are making a difference to people's lives
- Look at how we can check how good support plans are
- Check that people are being supported to become more independent.

3.2 The interface between the Quality & Performance sub-group and the Policies & Procedures sub-group (of the Safeguarding Adults Board) has been reviewed to ensure clearly defined remits and communication arrangements and efficiency of operation, where their functions interface and could overlap. Each of the sub-groups' terms of reference and work plans will be revised accordingly.



- 3.3 An E-Learning course is being developed to provide training on Dignity in Care. Such training has the potential to prevent abuse where it relates to issues of dignity.
- 3.3 The local Hate Crime Strategy and Action Plan have been reviewed to ensure content relating to safeguarding vulnerable adults.
- 3.4 A combined Action Plan has been developed and is being progressed to combine learning from three different issues:
1. The 'Care and Compassion' Ombudsman's Report into the hospital care and treatment of a number of older people
  2. The 'Six Lives' Ombudsman's report into the care and treatment across health and social care received by six adults with learning disabilities
  3. The development of an Adult Safeguarding pathway within NHS Trusts with which Halton interfaces, taking into account issues of concern that have occurred locally that provide learning opportunities, and national Department of Health guidance.
- 3.5 Halton's Safeguarding Adults Serious Case Review (SCR) Procedure was scheduled for review, following the SCR conducted locally in 2010. In collaboration with neighbouring local authorities and Cheshire Constabulary, it was agreed that a 'Pan Cheshire' approach would be sought and this has resulted in a draft document being produced for consultation: 'Pan Cheshire Safeguarding Vulnerable Adults Inter-agency Serious Case Review Procedure'. This takes into account the Pan Cheshire Safeguarding Children SCR Procedure.
- 3.6 Safer Workforce has been added as a standing item to the agenda for the provider forum (of service providers who contract with Halton Borough Council to provide care and support services), which meets regularly. Safeguarding Adults is already a standing item.
- 3.7 A new cross-directorate panel procedure is being developed for dealing with positive CRB disclosures i.e. those that show cautions or convictions or other information relevant to recruitment decisions. The aim of the cross-directorate approach is to provide a consistent, high standard process in all instances that might involve applications to work as paid or unpaid employees who could have contact with vulnerable adults or children, as many such positions occur in directorates other than Communities and Children and Enterprise.
- 3.8 The Local Government Ombudsman recently published a report about a complaint against the London Borough of Camden, where a child was transported to school the Council's contractors and the driver [who had received criminal convictions abroad for offences against children] sexually abused the child in question. The report was shared by the Safer Workforce sub-group of Halton's Safeguarding Adults Board and

Safeguarding Children's Board, with other relevant departments [e.g. Licensing, Transport Coordination, Commissioning], who have been asked to feed back any actions arising, to the sub-group.

- 3.9 8 Elected Members (4 of whom were newly elected in May 2011) have recently attended dedicated Safeguarding Adults Basic Awareness training.
- 3.10 Safeguarding Adults & Safeguarding Children brief presentations will be incorporated into Halton Borough Council's Corporate Induction Programme from October 2011.
- 3.11 Training courses for 2011-12 have been advertised widely to organisations and representative contacts across all sectors and dedicated advertising has been included e-newsletters issued by, for example, Halton & St Helens Voluntary & Community Action, Bridgewater Healthcare and the 5 Boroughs Partnership. Courses available include:
- E-Learning
  - Referrers course
  - Train the Trainer
  - Investigators course (for Halton Borough Council and NHS staff)
  - Charing Skills course (for Halton Borough Council managers)
- 3.12 A Service Users' Finances Policy, Procedure and Practice Guidance document has been produced for Halton Supported Housing Network. It will be shared with the Safeguarding Adults Board members and contracted providers, with a recommendation to ensure something similar is available in organisations that have responsibility for the security of service user finances.
- 3.13 A Positive Behaviour Service [relating to adults and children] has been set up which has the potential to reduce the number of safeguarding adults referrals that involve inappropriate behaviours by service users towards others. The service provides support and guidance to both prevent and respond appropriately to those challenges, and is working initially with people with learning disabilities.
- 3.14 New laws to help make it easier for children and vulnerable victims and witnesses to give evidence in court come into force in June 2011. The changes include:
- Making all under-18 year olds and witnesses in gun and knife crime cases automatically eligible for Special Measures. These include: giving evidence by live-link or from behind screens and the assistance of an intermediary to help them give their best evidence in court.
  - Giving child witnesses (under-18s) more choice about the way they give their evidence, allowing them to opt-out of giving video-

recorded evidence and instead give evidence in court.

- Giving victims of rape and serious sexual offences the opportunity to give evidence via video-recorded statements automatically - something currently limited to child witnesses. Ensuring children and vulnerable and intimidated adults can have a supporter in the room when they are giving video-link evidence. <http://www.justice.gov.uk/news/press-releases/moj/newsrelease270611b.htm>

#### 4.0 **POLICY, LEGAL AND FINANCIAL IMPLICATIONS**

4.1 There are no policy, legal or financial implications in noting and commenting on this report.

4.2 All agencies retain their separate statutory responsibilities in respect of safeguarding adults, whilst Halton Borough Council, through its Community Directorate, fulfils its responsibility for coordination of the arrangements. These arrangements are in accordance with 'No Secrets' (DH 2000) national policy guidance and Local Authority Circular (2000) 7/Health Service Circular 2000/007.

#### 5.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### 5.1 **Children & Young People in Halton**

Safeguarding Adults Board membership includes the Divisional Manager for the Children's Safeguarding Unit in the Children and Enterprise Directorate.

Halton Safeguarding Children Board membership includes adult social care representatives.

Joint protocols exist between Council services for adults and children.

The HSAB chair and sub-group chairs meet regularly and will ensure a strong interface between, for example, Safeguarding Adults, Safeguarding Children, Domestic Abuse, Hate Crime, Community Safety, Personalisation, Mental Capacity & Deprivation of Liberty Safeguards.

##### 5.2 **Employment, Learning & Skills in Halton**

None identified.

##### 5.3 **A Healthy Halton**

The safeguarding of adults whose circumstances make them vulnerable to abuse is fundamental to their health and well-being. People are likely to be more vulnerable when they experience ill-health.

##### 5.4 **A Safer Halton**

The effectiveness of Safeguarding Adults arrangements is fundamental to making Halton a safe place of residence for adults whose circumstances make them vulnerable to abuse.

**5.5 Halton's Urban Renewal**

None identified.

**6.0 RISK ANALYSIS**

6.1 Failure to address a range of Safeguarding Adults issues could expose individuals to abuse and leave the Council vulnerable to complaint, criticism and potential litigation.

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 It is essential that the Council addresses issues of equality, in particular those regarding age, disability, gender, sexuality, race, culture and religious belief, when considering its safeguarding policies and plans. Policies and procedures relating to Safeguarding Adults are impact assessed with regard to equality.

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

<b>8.1</b>	<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
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None under the Meaning of the Act

**REPORT TO:** Health Policy & Performance Board  
**DATE:** 13 September 2011  
**REPORTING OFFICER:** Strategic Director, Communities  
**SUBJECT:** Smoke Free Play Areas  
**WARD(S)** Borough-wide

**1.0 PURPOSE OF THE REPORT**

1.1 Inform members of the proposal to make public play areas in Halton Smoke Free and provide Members with an opportunity to comment on the proposal.

**2.0 RECOMMENDATION That: Members consider the report on a proposal for a voluntary code to make children's play areas in Halton Smoke Free.**

**3.0 SUPPORTING INFORMATION**

3.1 This report sets out a proposal to implement a voluntary code to make children's play areas smoke free. The initiative aims to de-normalise smoking amongst young children and reduce the likelihood of them becoming smokers in the future.

3.2 26% of adults in the borough smoke. Whilst this level has decreased over recent years the level is still above the national average. Halton's rate of early deaths caused by smoking remains significantly higher than the national average. Reducing the rates of illness and death caused by smoking is one of Halton's key public health priorities. To achieve this objective there is a need to reduce the number of people who smoke. This includes initiatives that help prevent Halton's children from becoming the next generation of smokers.

3.3 Young people continue to take up smoking. Nationally it is estimated that 6% of 11-15 year olds are current smokers. In the North West 22% of 14-17 year olds are smokers. The vast majority of individuals start smoking before they are 19 with two thirds starting to smoke before 18 - the legal age of sale. Smokers who start before the age of 18 years are least likely to be able to give up the habit in later years.

3.4 Children become aware of cigarettes at an early age - 3 out of 4 children are aware of cigarettes before they reach the age of 5

irrespective of whether or not their parents smoke. Research suggests that if young people see smoking as part of normal everyday life they are more likely to become smokers themselves. Young people are exposed to a mix of personal, social and environmental influences that serve to normalise the habit and encourage the onset of smoking.

- 3.5 A survey conducted by Halton and St Helens Primary Care trust revealed that there was strong public support for a voluntary smoke free code for Children's play areas. 82% of respondents both smokers and non-smokers either "agreed" or "strongly agreed" with the statement; "It's important not to smoke in front of young Children".

82% of respondents (both smokers and non-smokers) also "agreed" or "strongly agreed" with the statement; "I would be in favour of a voluntary code of not smoking within the fenced playground area". 69% of the respondents who were smokers either "agreed or strongly agreed" with the same statement".

- 3.6 Internationally, smoking in public play areas and parks is already prohibited in Spain, Hong Kong, Latvia, Singapore and in cities in Australia, New Zealand, Canada and the USA, including New York and San Francisco.

In the UK Inverclyde council in Scotland made all of their play areas smoke free with 90% of residents supporting the initiative. Pendle council in Lancashire prohibited smoking in their 57 outdoor play areas and skate parks in 2010.

- 3.7 The Halton Smoke Free Play areas initiative is being undertaken as a partnership between Halton BC, Halton and St Helens PCT, The Heart of Cheshire and the Cheshire & Merseyside Tobacco Alliance (CMTA). Liverpool, Sefton and Knowsley Council's are currently consulting their residents with a view to implementing a similar voluntary scheme in their area.

- 3.8 Children from Oakfield primary school in Widnes have designed signs and slogans that will be used for the smoke free play areas in Halton. It is intended that the design for these signs will eventually be used across Merseyside by authorities who adopt the scheme.

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 Although there has been a legal ban on smoking in all enclosed public places in the UK since July 2007, there is no legal basis to formally ban smoking in open public areas. However the Government's Tobacco Control Plan for England published in March 2011 states; "Local communities and organisations may also wish to go further than the requirements of smoke free laws in creating

environments free from second hand smoke, for example in children's playgrounds, outdoor parts of shopping centres and venues associated with sports and leisure activities. Initiatives such as these can also help to shape positive social norms and discourage the use of tobacco"

- 4.2 It is not intended that the smoke free playgrounds initiative is perceived as a smoking "ban". The scheme will be promoted as a polite request for adults to voluntarily refrain from smoking in play areas.
- 4.3 It is anticipated that as with the smoke free laws covering enclosed public spaces – the scheme will require minimal policing. There is no intention to actively enforce no-smoking in playgrounds as there is no legal basis to do so. However Community Park Wardens will be trained to issue advice and guidance to the public to encourage them to support the scheme.
- 4.4 The smoke free requirement will cover all children's playgrounds and multi use games areas (e.g. football / basket ball courts and Skate board and BMX parks) There are 39 children's playgrounds and 32 multi use games areas.
- 4.5 The public will be free to smoke in the park and open space areas outside the play areas. The survey conducted by Halton and St Helens PCT revealed there was limited support for a voluntary smoke free code for entire parks – 38% strongly agreed with the proposal whilst 37% strongly disagreed. 62% of smokers were against a smoke free code covering entire parks.
- 4.6 Halton's Communications and Marketing department will be requested to design a publicity campaign to promote the scheme in partnership with the PCT and Heart of Cheshire.

## 5.0 **FINANCIAL IMPLICATIONS**

- 5.1 The scheme is being funded by The Heart of Cheshire, The Cheshire and Merseyside Tobacco Alliance and Halton and St Helens PCT. Although the scheme will require the ongoing support of Community Wardens to advise the public the authority is not required to finance the scheme. In total the scheme will cost approximately £4000 to launch – this represents the cost of producing signage.
- 5.2 The Heart of Cheshire and The Cheshire and Merseyside Tobacco Alliance will also fund the graphic design for the signs, production of publicity material and training for Community Park Wardens.

## 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

The scheme aims to de-normalise smoking amongst children and young people and make them less likely to become smokers in the future.

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

None identified.

6.3 **A Healthy Halton**

The scheme contributes to the key public health priority of preventing ill health and early deaths caused by smoking. Smoke free play areas will complement local and national initiatives that aim to create an environment that makes it less likely that children will grow up to become smokers.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 Smoke free playgrounds is a voluntary code and is not enforceable by law. There is a possible risk of confrontation should a member of the public or a park warden challenge someone who fails to abide by the voluntary code. It is anticipated this will be controlled though the training given to park wardens to help them intervene in disputes and communicate the purpose of the scheme to park users. There is strong public support for the scheme even amongst smokers so the risk of confrontation should be minimal.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There is not considered to be any equality or diversity issues associated with this voluntary code.

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

None.



**REPORT TO:** Health Policy and Performance Board

**DATE:** 13<sup>th</sup> September 2011

**REPORTING OFFICER:** Strategic Director, Communities

**SUBJECT:** Proposed Scrutiny Review of Homelessness Services

**Ward(s)** Borough Wide

1.0 **PURPOSE OF REPORT**

1.1 To seek support to carry out a scrutiny review of Homelessness Services as outlined in the attached topic brief. (Appendix 1)

2.0 **RECOMMENDATION**

**It is recommended that Members of the Board:**

- i) **Accept the proposal to carry out a scrutiny review of Homelessness Services.**
- ii) **Seeks nominees to join the working party**

3.0 **SUPPORTING INFORMATION**

3.1 Councils have a range of duties to those who are homeless or threatened with homelessness in 28 days, at the very least they are obliged to provide advice and assistance on housing options and some households are owed the main homelessness duty, which is the provision of settled accommodation. Local authorities are also expected to implement services to prevent homelessness.

3.2 To respond to the housing needs of those who are homeless, it is necessary to provide a range of preventative support services; and in addition to provide temporary accommodation that can be accessed in emergencies until settled accommodation can be found.

3.3 It is good practice to periodically assess the effectiveness of services provided and this report seeks approval to carry out a scrutiny review of the Councils duty in respect to homelessness and the services we provide in response to that duty.

3.2 Subject to agreement by Board to accept the topic; this report seeks nominations from members of the Board to form a member led scrutiny working group.

4.0 **FINANCIAL/RESOURCE IMPLICATIONS**

4.1 None identified.

5.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

5.1 **Children and Young People in Halton**

A breakdown in relationship between parents and children can result in young people experiencing homelessness. This review will consider the extent to which this impacts on homelessness in Halton and will review the services supporting young people.

5.2 **Employment Learning and Skills**

None identified

5.3 **A Healthy Halton**

Experiencing homelessness is recognised as having an adverse affect on people's health. Improvements in peoples experience of and journey through services in Halton will minimise the negative impact on their health.

5.4 **A Safer Halton**

One of the key determinants of Homelessness in Halton is Domestic violence. The review will consider the extent to which domestic violence results in homelessness and will review the effectiveness of services for people at risk of homelessness through domestic violence.

5.5 **Halton's Urban Renewal**

Our vision in Halton is to provide sustainable, good quality, affordable and adaptable residential accommodation to meet the needs of all sections of society. This review will consider the volume and range of temporary accommodation in Halton.

**RISK ANALYSIS**

6.1 None identified.

6.0 **EQUALITY AND DIVERSITY ISSUES**

6.1 None identified.

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

None under the Meaning of the Act

## TOPIC BRIEF

## APPENDIX 1

<b>Topic Title:</b>	Homelessness Services
<b>Officer Lead:</b>	Divisional Manager, Commissioning
<b>Planned start date:</b>	August 2011
<b>Target PPB Meeting:</b>	November 2011

**Topic description and scope:**

An assessment of the Council's statutory duties and preventative role in relation to homelessness and a review of the services provided with a particular focus on temporary accommodation services.

**Why this topic was chosen:**

Councils have a range of duties to those who are homeless or threatened with homelessness in 28 days, at the very least they are obliged to provide advice and assistance on housing options and some households are owed the main homelessness duty, which is the provision of settled accommodation. Local authorities are also expected to implement services to prevent homelessness. More information on the local authority homelessness role, both statutory and preventative, can be found at Appendix 1.

To respond to the housing needs of those who are homeless, it is necessary to provide a range of temporary accommodation that can be accessed in emergencies until settled accommodation can be found. There are a number of temporary accommodation schemes operating in Halton.

It is good practice to periodically assess the effectiveness of services provided for those who are homeless and this review is part of that process. The results will also feed into the wider strategic review of homelessness and development of the borough's next Homelessness Strategy in 2012.

**Key outputs and outcomes sought:**

- An understanding of the local authority homelessness role and the services provided in Halton (see Supporting Information at Appendix 1).
- A review of the provision and effectiveness of temporary accommodation and other homelessness services in Halton with a view to identifying gaps in the service and potential efficiencies that can be made.
- Consider and make recommendations to the Healthy Halton PPB on how best to improve standards in the service.

**Which of Halton's 5 strategic priorities this topic addresses and the key objectives and improvement targets it will help to achieve:**

**A Healthy Halton:**

To remove barriers that disable people and contribute to poor health by working across partnerships to address the wider determinants of health such

as unemployment, education and skills, housing, crime and environment.

**A Safer Halton:**

To tackle the problem of domestic abuse in all its forms, supporting the victims and their families and taking enforcement action against perpetrators.

**Environment and Regeneration in Halton:**

Provide sustainable, good quality, affordable and adaptable residential accommodation to meet the needs of all sections of society.

**Nature of expected/desired PPB input:**

Member led scrutiny review of homelessness services.

**Preferred mode of operation:**

Scrutiny working group of selected Members from Health Halton PPB involving representatives from relevant partner agencies and relevant Council officers:

- Desk-top review and performance analysis of current service provision.
- Literature review/examination of best practice in other local authority areas.
- Site visits to temporary accommodation schemes – YMCA, Belvedere, Halton Goals, Orchard House, Grangeway Court and Women’s Aid.

**Agreed and signed by:**

**PPB chair** .....

**Officer** .....

**Date** .....

**Date** .....

## **APPENDIX 1**

### **Scrutiny Review of Homelessness Services Supporting Information**

#### **The Local Authority Homelessness Role – Statutory and Preventative**

Communities and Local Government (CLG) define homelessness as ‘a lack of secure accommodation that can reasonably be occupied’.

The homelessness legislation is contained in Part 7 of the Housing Act 1996 (as amended by the Homelessness Act 2002).

Councils have a range of duties to those who are homeless or threatened with homelessness (meaning they are at risk of becoming homeless within 28 days).

All households are entitled to receive advice and assistance from the Council and for those who are classified as statutory homeless (eligible for assistance, unintentionally homeless, in priority need and with a local connection) the Council must provide settled accommodation (if it is not immediately available, temporary accommodation must be provided in the meantime). This is known as the main homelessness duty.

The offer of a settled home, i.e. nomination for a housing association tenancy, brings the homelessness duty to an end.

In addition, those who are in priority need but intentionally homeless (i.e. homeless because they did, or failed to do, something that then caused homelessness) must be provided with temporary accommodation for a period that will allow them to find settled accommodation themselves.

To be classified as in priority need the household must contain dependent children or be vulnerable in some way (e.g. as a result of old age, disability, the threat of violence or being aged 16-17).

Ever since the Housing (Homeless Persons) Act 1977, local authorities have been expected to prevent, as well as to respond to homelessness. The Homelessness Act 2002 further encouraged local authorities to be more proactive in tackling homelessness through the production of a Homelessness Strategy, which should be based on a review of homelessness in the local area. The review would increase an authority’s understanding of the causes of homelessness in the area, which would allow them to develop a range of measures to appropriately prevent homelessness.

Homelessness prevention focuses on identifying those at risk of homelessness and intervening as early as possible in order to facilitate the household remaining in their current home or making a planned move from one settled home to another.

## **Services in Halton**

The **Council's Housing Solutions Service** (within the Communities Directorate) performs the local authority functions in relation to homelessness. Access to the service is principally via the Council's Halton Direct Link (HDL) Service.

All those who present to the Service are offered an interview with a Housing Solutions Adviser where the possibilities for resolving their housing problem are explored, which may include making a statutory homeless application.

Those who are accepted as statutory homeless are given top priority on the Council's Housing Register, which is managed on the Council's behalf by Halton Housing Trust.

A range of **prevention services** are also provided through Housing Solutions for those who are at risk of homelessness, in addition, those who are not owed the main homelessness duty are also helped via this advice and assistance route. Some of the prevention services are detailed further below.

### **Mediation**

Family breakdown is a primary cause of homelessness, often arising from problems between parents and adult children – this is particularly the case in Halton. Therefore, Housing Solutions work closely with families to re-establish relationships and enable the young person to continue living in the family home where this is appropriate.

### **Supported Lodgings (Nightstop)**

A supported lodgings scheme has been developed, which enables young people to stay with a volunteer host family for an emergency period whilst more suitable short-term housing is found or until mediation leads to the young person returning to the family home.

### **Domestic Abuse Sanctuary Scheme**

This scheme allows victims of domestic abuse to remain in their home by fitting enhanced security measures to deter the abusive partner (who will usually have been excluded from the property via an injunction).

### **Bond Guarantee Scheme**

The BGS enables households to secure a private tenancy through a guarantee that the Council will pay the landlord up to £500 to cover any financial loss in lieu of a deposit should any problems arise in the first year of tenancy. This scheme offers an alternative route for those who are unable to access other forms of accommodation.

## **Mortgage support**

The current economic climate has led to an increased number of people finding themselves in mortgage difficulty and Halton has been identified by CLG as a national 'hotspot' for repossessions. In response to this, Halton established a Repossessions Action Plan and Working Group to bring together the work of various agencies in the borough in preventing repossessions.

Housing Solutions has a dedicated Mortgage Rescue Adviser to help those who are facing repossession by providing advice on the help available, negotiating with mortgage lenders and attending court hearings.

## **Home Essentials Fund**

Many homeless households are without the means to furnish a new home. The lack of furniture and essential equipment can make people reluctant to move from temporary accommodation and can contribute to abandonment of new tenancies. In Halton, this is particularly the case for younger people.

In an effort to help towards the cost of setting up a new home, the Council has established a Home Essentials Fund, which those aged 16-25 can access if they have become unintentionally homeless and have been provided temporary accommodation in one of the borough's hostels. The Council will purchase items (up to a total value of £300) from a set list on behalf of the customer to help towards the costs of fully furnishing their home.

Housing Solutions also advise or refer customers to other organisations for advice on a **wider range of tenancy sustainment** issues, to ensure early intervention in the homelessness risk process. Services to aid tenancy sustainment include:

- Provision of debt, welfare rights, benefit maximisation and budgeting advice via the Council's own Welfare Rights Service or referral onto organisations such as the Citizens Advice Bureau (CAB);
- Outreach support to help those who abuse drugs/alcohol to develop the skills needed to manage a home;
- Long-term supported housing alongside community based and outreach support for those with mental health problems to enable them to settle in the community after discharge from hospital;
- Floating support around maintaining a home for key risk groups increasing their capacity to live independently and developing their money management abilities; and in addition
- Registered Providers of social housing also have their own early intervention mechanisms to support tenants falling into arrears.

## **Temporary Accommodation in Halton**

### ***Grangeway Court***

There are 32 self-contained units and access is generally only for those accepted as statutory homeless and mainly for pregnant women or homeless families with dependent children.

### ***Women's Aid***

A domestic violence hostel is available for those escaping domestic violence and access is direct or by referral (there are 15 bed-spaces).

### ***Hostels***

There are four hostels in Halton providing a total of 121 bed-spaces, only 10 of which are in Widnes. YMCA and Belvedere offer support to those over the age of 18, with the other schemes being focused on those aged 16 to 25.

The *YMCA* is the largest hostel in Halton and is based in Runcorn; it has 66 units for single people.

*Belvedere* is based in Runcorn and offers accommodation for 23 people.

*Halton Goals* main service is based in Runcorn and offers 22 units of accommodation; in addition the service supports four units of move on accommodation in Widnes.

*Orchard House* (Widnes) provides six accommodation units for young people with complex needs.

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### ***References***

*Halton's Homelessness Strategy 2009-2013 and Strategic Review 2008*

*Housing Act 1996, Part 7*

*Homelessness Code of Guidance 2006*

*Homelessness Prevention: A guide to good practice (2006)*



**REPORT TO:** Health Policy & Performance Board

**DATE:** 13<sup>th</sup> September 2011

**REPORTING OFFICER:** Strategic Director, Communities

**SUBJECT:** Model of Care to develop a comprehensive community learning disability services infrastructure for adults with learning disabilities

**WARD(S)** Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 The purpose of this report is to provide a progress report on the implementation of the Model of Care and outline the next steps.

2.0 **RECOMMENDATION**

**It is recommended that Members of the Board:**

- (i) **note the report ;**
- (ii) **Consider and comment on progress against the recommendations set out in Appendix 1.**

3.0 **SUPPORTING INFORMATION**

3.1 In 2008 a review in-patient and community based learning disability services in the boroughs of Halton, Knowsley, St Helens and Warrington was undertaken with a focus upon:

- a review, and drawing up of a specification for the in-patient services for people with learning disabilities; and
- a broader review of the potential for further improving services through enhancing the focus on community based support.

The review recommended that:

- 1) The four boroughs and the PCTs agree to adopt a joint strategy of phased change to locally determine models of service that further enhance community focused support and reduce reliance on specialist learning disability in-patient services and out of area placements.
- 2) Commissioners ensure that admissions to in-patients units conform to the admission process set out in Section 14 of the recently agreed service specification.

- 3) The four boroughs and the PCT agree to a reduction in the number of commissioned in-patient beds, and that these should be placed together for reasons of efficiency, effectiveness and economy, with consideration for the most appropriate location to be subject of further discussion at the Alliance Board.
- 4) Subject to local resource availability, and based on joint work between the PCT's and the boroughs, early progress is made on the expansion of community services through pump-priming investment.
- 5) A project is commissioned to review best practice, and provide detailed recommendations, by Autumn 2009 for the further development of community focused services, in relation to the anticipated release of £2m from current in-patient investment.
- 6) Commissioners give consideration to the in-patient bed requirement beyond 2010, in light of the planned expansion of community services, and secure appropriate approvals for decisions in relation to the renewal of the current contract.

### 3.2 **Progress Report**

#### **Recommendation 1 – develop ‘model of care’**

The report in appendix one outlines the background detail and progress with implementing each of the elements in the Boroughs of Halton and St. Helens; which illustrates that:

- progress is complete in nine elements.
- actions required to complete progress six elements.

#### **Recommendation 2 – in-patient admissions**

The admission process to the in-patient service provided by 5 Boroughs confirms with the process agreed locally.

#### **Recommendation 3 – reduction of in-patient beds**

The Model of Care proposes a 50% reduction of the number of in-patient Assessment and Treatment bed nights commissioned by NHS Halton and St. Helens from 2,920 to 1,460.

It is proposed to close the in-patient unit at Willis House in Prescott which is accessed by St Helens and Knowsley residents, with all in-patient services being provided at Bryon Ward on the Hollins Park site in Warrington currently accessed by Halton and Warrington residents. The proposed implementation date for this change to commence is October 2011, with a six month transition period.

The usage of the beds has been reducing since April 2009 to support this shift in delivery. The need to reduce the number of bed nights lost to delayed discharges is a focus for the Alliance at present as this is a risk to the reduction of beds

#### **Recommendation 4 – community services (pump priming)**

The Council and PCT established a Positive Behaviour Service in July 2010. The service is jointly funded and provides a service to all children and adults with a learning disability in Halton and all children and adults with a learning disability in receipt of Continuing Healthcare in St. Helens.

The service is in the process of expanding to cover Knowsley; and transition and adults in St. Helens.

#### **Recommendation 5 – best practice/pathway**

This recommendation has been taken forwards as part of the review and redesign of specialist health services commissioned from 5 Boroughs. The proposed reduction in in-patient beds (as per recommendation 3 above) and release of funding for expansion of community teams was the subject of a Business Case in 2010, developed by the 5 Boroughs and subsequently approved by the 4 Boroughs Mental Health Commissioning Alliance Board.

The redesign of services will also form part of the proposed public consultation; and will result in a revised service specification for the community element of the specialist health services being inserted into the 5 Boroughs Contract in October 2011.

#### **Recommendation 6 – in-patient contractual requirements**

The redesign of specialist health services for adults with learning disabilities is included as a commissioning intention in the contract with 5 Boroughs Partnership NHS Foundation Trust, with the new specification for the in-patient service being inserted in October 2011.

### **3.3 Consultation**

Given the nature of the service change being proposed and the clear recommendation from the Strategic Health Authority, it is felt that a focussed engagement exercise, undertaken with people accessing services, carers, parents, professionals and wider stakeholders is more appropriate than formal public consultation. This is currently being progressed.

#### 4.0 **POLICY IMPLICATIONS**

4.1 There is a wealth of National Policy, Reports and Good Practice Guidance to support the redesign of public services for adults with learning disabilities. The overarching document is Valuing People Now – which has been adopted and endorsed by the Coalition Government. The examples listed below are those that are particularly relevant to the redesign of specialist health services for adults with learning disabilities.

#### 4.2 **Commissioning Specialist Adult Learning Disability Health Services**

*Commissioning Specialist Adult Learning Disability Health Services* (DH, 2007 revised p51 2009) details good practice guidance on the commissioning of specialist learning disability health services for adults, in particular to assist in responding to shortcomings identified in these services in recent Healthcare Commission reports including those into abuse in Cornwall and Merton and Sutton.

#### 4.3 **Valuing People Now**

*Valuing People Now: a new three-year strategy for learning disabilities* (DH, 2009) sets out the Government's strategy for people with learning disabilities for the next three years following consultation. It also responds to the main recommendations in *Healthcare for All, Report of the Independent Inquiry into Access to Healthcare for People with Learning Disabilities* (DH, 2008), which was led by Sir Jonathon Michael following the publication of *Death by Indifference*, (Mencap, 2007).

#### 4.4 **Mansell Report**

The '*Mansell Report*' *Services for people with learning disabilities and challenging behaviour or mental health needs and challenging behaviour, revised edition* (DH, 2007) sets out the Department of Health's recommendations for designing effective services to support people with challenging behaviour and/or autism. It concludes, "*specialist multi-disciplinary support teams focussed on challenging behaviour are an essential component of modern provision*".

#### 4.5 **Six Lives**

*Six Lives: the provision of public services to people with learning disabilities* (Parliamentary and Health Service Ombudsman and Local Government Ombudsman, 2009) published a joint report, based on findings from their investigations in response to complaints brought by Mencap following publication in October 2007 of their report *Death by Indifference*. This report outlined case studies of six

people with learning disabilities who Mencap believed died unnecessarily as a result of receiving a lower standard of healthcare than afforded to the general public and prompted the independent inquiry, chaired by Sir Jonathon Michael, into access to healthcare for people with learning disabilities, which reported [*Healthcare for All*] in July 2008.

#### 4.6 **Fulfilling and rewarding lives**

*Fulfilling and rewarding lives* (DH, 2010) is Statutory Guidance that focuses on the seven areas required by the Autism Act 2009, in each case identifying what health and social services bodies are already expected to do, and then setting out any additional requirements introduced by the strategy. The additional requirements are focused on achieving two key outcomes:

- improving the way health and social care services identify the needs of adults with autism, and
- ensuring identified needs are met more effectively to improve the health and well-being of adults with autism.

#### 5.0 **SAFEGUARDING IMPLICATIONS**

5.1 The 5 Boroughs Partnership are members of the Halton Safeguarding Adults Board and employ a Senior Safeguarding Practitioner. In-patient admission and discharge criteria and pathways incorporate checks to ensure compliance with the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS). The PCT's Safeguarding children, young people and vulnerable adults Policy, incorporates clear standards that are expected of providers. The Policy is part of the contract between the PCT and 5 Boroughs Partnership, and is audited annually.

5.2 The Learning Disability Nurses supporting Halton learning disabled residents are employed by the Council and based in the Integrated Learning Disability Team. Thus working practices fall within Halton BC's safeguarding policies and monitoring processes.

5.3 All Halton providers of community care services under contract with the Council must work within Halton's Safeguarding Adults policies. This is monitored through the Communities Directorate.

#### 6.0 **FINANCIAL IMPLICATIONS**

6.1 In 2008, Halton adopted a hub and spoke model for its community based services. Learning Disability Nurses are based in the integrated Health and Social Care Community Team – the hub, whilst referrals for more specialist interventions are made to the 5 Boroughs Partnership. Funding for the Learning Disability Nurses has transferred to the local authority with effect from April 2011 as

part of the non-ring fenced Learning Disability Health Reform Specific Grant.

- 6.2 The proposed redesign of specialist health services is cost-neutral. The resources released from the reduction of bed nights will be used to expand the community services provided by the 5 Boroughs Partnership. These services are funded by NHS Halton and St. Helens.

## 7.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### 7.1 **Children & Young People in Halton**

The principles of Valuing People Now relate to adults with learning disabilities. However adult social care starts to have contact with children at age 14 when they commence the transition period from Children Services to Adult social care. Therefore the recommendations within the Model of Care will have a positive impact for children with a learning disability in Halton.

### 7.2 **Employment, Learning & Skills in Halton**

Employment practices for disabled people was a Health PPB work topic which reported in March 2010. Implementation of the accompanying action plan is ongoing.

Community day services run a number of projects based on a tiered approach to preparing for employment and include vocational training opportunities.

### 7.3 **A Healthy Halton**

The focus of the Model of Care outlined in this report is to improve the health and well being of Halton adults and young people with learning disabilities and their family carers. It supports the PCT's Ambition that 'by 2013 more people with learning disability will be able to achieve their aspirations and have more choice and control over their lives, better health and improved quality of life'; as detailed in Ambition for Health – Commissioning Strategic Plan 2009-14.

### 7.4 **A Safer Halton**

The focus of the Model of Care outlined in this report is to improve the health and well being of Halton adults and young people with learning disabilities and their family carers. It supports the PCT's Ambition that 'by 2013 more people with learning disability will be able to achieve their aspirations and have more choice and control over their lives, better health and improved quality of life'; as detailed in Ambition for Health – Commissioning Strategic Plan 2009-14.

7.5 **Halton's Urban Renewal**

None identified.

8.0 **RISK ANALYSIS**

8.1 For the Model of Care to be effective all of the elements outlined in Appendix 1 must be in place. A self assessment of Halton's position has been completed using the red, amber, green rating system. This is summarised within the appendix. Where an amber position is indicated, actions have been identified and are being progressed to move to green. There are no red alerts.

9.0 **EQUALITY AND DIVERSITY ISSUES**

9.1 All Health and Community Based services for people with learning disabilities must be fully accessible and make reasonable adjustments to ensure compliance.

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

None under the meaning of the Act.

## **Developing a Comprehensive Community Learning Disability Services Infrastructure**

### **1 Introduction**

#### **1.1 Purpose**

The four Boroughs of Halton, Knowsley, St Helens and Warrington, together with NHS Knowsley, NHS Halton and St Helens, and NHS Warrington, wish to develop a Model of Care to support the development of a comprehensive community based services for adults with learning disabilities.

The objective is to transform the quality of care, service model and configuration of services for people with learning disabilities across the four boroughs. This is to be achieved through the development of a more effective range of community support services to enable people to remain at home and avoid hospital admissions and, where this is not possible, to provide a fair, personal, effective and safe in-patient service

#### **1.2 Background**

In recent years community based services in the four boroughs have undergone significant change and development, accompanied by an apparent decrease in need for in-patient hospital beds. This transformation provides an opportunity to reflect on both the accessibility and quality of current in-patient provision and the quantity and range of locally available community support services, particularly in relation to challenging behaviour.

Commissioners in the four boroughs believe that in the light of current national strategy and good practice guidance together with the changes at a local level in community services and the reduction in use of in-patient services, that it is timely to refresh the model of care for specialist learning disability services.

The Model of Care was agreed by Commissioners across the four boroughs and the PCT in 2009. This report summarises progress against the actions recommended.

#### **The Model of Care**

The model of care presented below is founded on the principles enshrined in Valuing People<sup>1</sup> and re-affirmed in Valuing People Now<sup>2</sup> that embraces 'Rights, Independent Living, Control and Inclusion', with services delivered in a person-centred way with access to mainstream services, including mainstream health services, wherever possible. The model is also intended to promote the key objectives of Putting People First<sup>3</sup> and High Quality Care for All<sup>4</sup> which include

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<sup>1</sup> Valuing People: A New Strategy for Learning Disability for the 21<sup>st</sup> Century (DH, 2001)

<sup>2</sup> Valuing People Now a new three year strategy for people with Learning Disabilities (DH, 2009)

<sup>3</sup> 'Putting People First: A Shared Vision and Commitment to the Transformation of Social Care' (DH, 2007)



choice and control, personalisation, health and well-being, prevention, early intervention, ennoblement, and delivering services as locally as possible. There is a significant focus on meeting the needs of people with challenging behaviour and this has taken its direction from the “Mansell report”<sup>5</sup>. The elements of the model concerned with ‘repatriation’ from out of area placements have been informed by the Key Principles of ‘Commissioning Service Close to Home’.<sup>6</sup>

The model of care makes particular reference to:

- Principles and Practice
- Management Support and Commitment
- Workforce Development
- Transition Arrangements
- Community Services
- In-Patient Services
- Repatriation from Out of Area
- Secure Care Discharge Pathway

Each of the elements of the model is presented in summary form below.

The model is based on the premise that people with learning disabilities including people with complex and challenging behaviour can lead fulfilling lives in the community supported by ‘ordinary’ services with appropriate support from staff with skills to support people with learning disabilities. They will sometimes have physical or mental health problems and should be supported to access mainstream health services. There should be provision for those people who have low level needs, who may not currently meet the criteria for services, through appropriately accessible local prevention and well-being services.

*Where they need more specialist support, including specialist support arising from complex and challenging behaviour they will have access to skilled support staff and where necessary the support of specialist professionals to assist assessment and help plan more effective support.*

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<sup>4</sup> High Quality Care for All: NHS Next Stage Review final report (DH, 2008)

<sup>5</sup> Services for people with learning disabilities and challenging behaviour or mental health needs and challenging behaviour: ‘The ‘Mansell Report’ (revised edition DH, 2007)

<sup>6</sup> ‘Commissioning Service Close to Home’ (DH, 2004)



### 1.3 Principles and Practice

Good quality learning disability services will have an approach based on strong community support services, planned around people in the environment that they are in, focussing on person-centred care, and looking at each individual’s needs. This approach should be applied to all, including people with very complex needs. The service will be committed to achieving the outcomes of ‘rights, inclusion, independence and choice’, and to ensuring that it ‘sticks with’ individuals in spite of the difficulties experienced in meeting their needs.

Services should ensure that adults with learning difficulties and their carers are able to access the right level of information, advice and advocacy support.

Carers of adults with learning disabilities should be provided with support in accordance with the national Carers Strategy<sup>7</sup>, and services should ensure that appropriate attention is given to meeting the needs of older carers.

Area	Halton	St Helens
Principles and Practice	Green	Green
<p><u>Halton Progress</u></p> <ul style="list-style-type: none"> <li>▪ The service development is directed by a Joint Commissioning Strategy</li> <li>▪ Access to self-advocacy support readily available.</li> <li>▪ Generic advocacy service supports people with learning disabilities and their carers.</li> <li>▪ Information on a range of Council Social Care and Community services available in accessible format.</li> </ul>		

<sup>7</sup> Carers at the heart of 21st-century families and communities, Department of Health (2008)

- Refreshed Halton Joint Carers Commissioning Strategy puts focus on improved information, access to services and identifying hidden carers

St Helens Progress

- A Joint Commissioning Strategy directs the service development
- Adults with Learning Disabilities and their carers are able to access advocacy support from:
  - Self Advocacy
  - Learning Disability Advocate
  - Carer Support Service
- Generic Carer Support provides the Carer with information on statutory and voluntary services, which offer opportunities for the person they care for to access training, learning, employment, leisure and respite breaks. A representative of The Carers Centre attends the Valuing People Partnership Board and is in the process of consulting with Carers of those with a Learning Disability to invite them to attend a Carers Sub Group, who's views will then be represented at the Board.
- A range of Information and Advice is available from the Council Social Care and Community services in a variety of formats. DASH (Disability Advice & Information St. Helens) are currently delivering an information and advice service, commissioned by the Council.
- Annual Transitions Events held for the past 3 years, have promoted Personal Budgets, provided information and a wide range of provider options.
- Advocacy and Carers are represented on the St. Helens Valuing Peoples Partnership Board.
- A Service Directory is being developed to support individuals have consistent information and advice about services and support available.

**1.4 Management Support and Commitment**

Successful services are well organised and managed and deliver an individualised service through skilled staff. They will have a committed group of professional and front-line staff, working with the sustained support of senior policy-makers and managers, (Mansell 'Characteristics of exemplary services').

Area	Halton	St. Helens
Management Support and Commitment	Green	Green

Halton Progress

- Person centred assessments and outcome focused reviews of needs are firmly embedded into the working practices of the Integrated CLDT.
- In response to the Six Lives<sup>8</sup> report the PCT, Local Authority and neighbouring NHS Trusts reviewed their services.

<sup>8</sup> Six Lives: The provision of public services to people with learning disabilities. The Parliamentary and Health Service Ombudsman and Local Government Ombudsman (2009).

- The Adults with Learning Disabilities Partnership Board, and People’s Cabinet provide strong support for the development of services. This is supported by Commissioners via the Executive Commissioning Board.
- All providers are being targeted to ensure they have an action plan relating to personalisation in place.
- The service is directed by a Joint Commissioning Strategy, which is developed in partnership with all stakeholders.
- Senior staff members attend the Providers Forum as appropriate to disseminate strategy and policy.

St. Helens Progress

- In response to the Six Lives Report the Primary Care Team, Local Authority and neighbouring NHS Trusts reviewed their services.
- There is a committed service of Learning Disability health professionals, which do offer a well-organised service to individuals who have a Learning Disability.
- Integrated Community Team, including Transition Social Workers and Review Team.
- The Adult Support Foundation Plan is an over-arching strategic document for all vulnerable adults across St Helens. Service users and carers and voluntary groups provided valuable contributions to the Plan and a lot of their comments have contributed to future priorities, including a review of transport, extra care housing for vulnerable adults, social activities, dementia services, closer working with housing partners, more Assistive Technology, more flexible services, and greater supported employment opportunities.
- The St. Helens Valuing People Partnership Board (Learning Disabilities) and the developing People’s Cabinet provide strong support for the development of services.
- Management support for the development of Personal Budgets: providing greater choice and control, more individualised services. Departmental commitment. My Life My Choice publicity and website. Since September 2010, every individual goes through the Resource Allocation System and receives a personal budget.

**1.5 Workforce Development**

Good services invest in training for the direct care staff of the service. Where services have accepted that people with complex needs and challenging behaviour should be a priority they will ensure that all staff are competent in working with them, and are equipped to understand their needs and behaviour and to respond appropriately.

Area	Halton	St Helens
Workforce development	Green	Green

Halton Progress

- Joint Training Partnership plays a key role in bringing together staff from different agencies to identify gaps in workforce skills and commission appropriate training. Some training is delivered by people with learning disabilities.
- Resources have been invested to train staff supporting adults with PMLD around

communication assessment techniques leading to development of services to enhance their experience.

- Newly established Positive Behaviour Service will support front line staff to develop skills to better support those who challenge services to avoid unnecessary admission to in-patient services, and placement breakdown.
- Workforce Development Strategy linked to Personalisation of services is in place and a dedicated workstream is taking forward the action plan.
- A person centred Active Support approach has been adopted in a number of services and more staff are currently undergoing training. This reduces the detrimental effects of CB, improves quality of life for the individual and avoids placement breakdown.
- Staff and managers at all levels have completed training (PASSING) to gain insight into the lives of people accessing services to inform planning of services and assessment of quality.
- The need to raise awareness of autism and offer specialist training to develop local community based support will be a priority in 2011, in response to the recently published statutory guidance

#### St. Helens Progress

- In 2010 the Joint Training Programme delivered:
  - Autism Awareness
  - Epilepsy & Risk Management
  - Eating & Drinking Skills
  - Administration of Buccal/Nasal Midazolam
  - Positive Behaviour Support Reducing Restrictive Practices (del. by Safety Prevention Awareness in Challenging Enviroments - SPACE)
  - Ring of Safety (Prevention of Abuse)
  - (These courses are also accessible by self-advocates, carers, Personal Assistants + professionals).
- Department Training Programme
  - Proactive Approach to Conflict + associated follow up Refresher Training (del. by SPACE)
  - Tailored Training around individuals who present Challenging Behavior
  - Physical Intervention reduction plans
  - (Reviewed Bi – Monthly by SPACE)
  - Learning Disabilities Development Programme - Valuing Service Users (delivered by British Institute for Learning Disabilities - BILD)
- Personalization Programme
  - Outcomes Training provided for all Care Management.
  - Personal Budgets training provided to all Care Management
  - Integrated Adult System Training provided.
  - Person Centred Skills delivered to own Community Services (Day Opportunities

& Supported Living), Community LD Team, Transition partners (Schools, Colleges, Barnardos, Connexions, Childrens Services), Carers Centre, Supported employment, Coalition of Disabled People

- Valuing People & Valuing Employment Now - Outcomes in Day Opportunities
- Understanding Outcomes - Changing Approaches

## 1.6 Transition Arrangements

Each area will have in place robust and sufficiently resourced transition arrangements. These will be consistent with the objectives of the current national policy and guidance and have the support of all of the relevant services for children and adults.

Young people with behaviour that is complex and challenges should be the subject of focused attention and support.

The arrangements will specify that no young person be placed in a distant residential school or other distant placements when their needs can be met effectively nearer to home. Commissioners will ensure that the necessary work is undertaken to build the capacity and confidence of local communities to support young people with more complex needs.

Effective transition support should be based on person-centred planning and partnership working and place young people's needs and aspirations at the centre of the transition process. This will help the processes of consolidating identity, achieving independence, establishing adult relationships and finding meaningful occupation.

Area	Halton	St Helens
Transition Arrangements	Amber	Amber
<p><b>Halton Progress</b></p> <ul style="list-style-type: none"> <li>▪ The Child &amp; Adult Strategic Transition Group has recently updated Halton's transition strategy, with the new version for 2010-2013 currently being signed off by partners.</li> <li>▪ Transition co-ordinator liaises with individual, families and professionals – including nurse in CLDT who is taking lead on transition.</li> <li>▪ Tracking of young people continues until they reach age 25.</li> <li>▪ Person Centred Planning takes place at age 14 and is reviewed at 16.</li> <li>▪ Newly established Positive Behaviour Service will work with children and young people to build good local support.</li> <li>▪ Some young people are still choosing to go to distant residential colleges. Work is ongoing to improve local community support.</li> <li>▪ The specifications for specialist ALD health services will ensure that adult services are proactively involved in planning from year 9.</li> </ul>		

### **St. Helens Progress**

- All transition partners represented at Transition Strategy Group are committed to joint working.
- Review of Transition protocol is ongoing to ensure greater clarity of responsibility.
- St Helens has strengthened the partnership for multi-agency transition planning and adopted a person centered approach through the Learning for Living and Work Assessment Framework. This Framework is a multi-agency approach to individual transition planning for young people, sharing information about the aspirations for learning, living and work and support needs of young people in order to ensure smooth transition.
- Parent Participation Forum, supported through Carers Centre (Aiming High for Disabled Children funding); Parent Partnership; - strong group around children with additional needs. A group of 10 parents are working with the North West Training Development Team to develop their skills to support other families planning for the future
- Transition Social Workers are involved in the North West National Autistic Society working party to develop Care Pathway protocol as standard – launched in November 2009. The St. Helens Autism Service Development Group and relevant Task & Finish Group are presently identifying appropriate local work based learning provision for adults with Autism. Autism Services Development Group has been established with support from National Autistic Society. The group reports to the Valuing People Partnership Board (Learning Disabilities) to inform commissioning.
- Transitions Information Event for past 3 years has raised the profile of transition. Multi-agency information from local Colleges, Community Team, Personalisation Team, Third Sector and variety of providers/partners including Transport and Housing.
- Personal Budget will be identified for every young person in Transition
- Transition planning is in place for young people who are on the autistic spectrum.
- Continued links between local Specialist Schools/Colleges enables partnership working and effective transition. St Helens has adopted multi-agency case conferencing approach to support young people with social, emotional and behavioural difficulties in transition at 16. The Learning and Skills Council invested funding into the development of local provision through the 'Invest to Change' Funding Stream. The result of this is that the College has provision for young people with more complex needs.
- Regular meetings with Children and Young People Service (C&YPS) to enable more effective planning and identification of eligibility including Leaving Care for young people and those placed/attending out of borough schools/colleges.
- Resource Allocation Questionnaire will be completed on the joint visit between CYPs and Adult Social Care & Health (ASC&H).
- Reduction of young people post 19 in transition due to early identification of services required and provided post College. Recently a workshop took place

with both C&YPS/ASC&H/Voluntary Sector/Parent Carer Representatives to identify gaps in the transition pathway and how these areas may be developed to ensure a more effective service from child to adult services in the future. Commissioners from C&YPS and ASC&H are presently working together across the services to identify areas for development. Further meetings have been arranged with college to look at how creative we can be around accredited learning.

#### Future Actions

- Formally sign off Transitions Strategy for St. Helens.
- Develop local Autism Strategies, including recommendations for future service options
- This area is also Amber, as it reflects that, from a PCT perspective, once the strategies are ratified, a review is planned to look at health processes around transition for young disabled people and for those with child and adolescent mental health disorders.

## **1.7 Comprehensive Community Support**

Comprehensive community support requires:

- An appropriately resourced Community Learning Disability Team
- Accessible specialist professional support
- Education, work and day opportunities
- The capacity to respond to crises 24 x 7
- Accessible resources to facilitate effective support for people with complex and challenging behaviour
- Policies and protocols for the prevention of placement breakdown
- Respite / short breaks for carers of people with challenging behaviour
- Effective integration of the components of the service.

### **1.7.1 Appropriately resourced CLDTs**

Effective community services should have at their core an integrated Community Learning Disabilities Team that is sufficiently and appropriately resourced to fulfil its role in meeting local needs including the capability to respond effectively to the needs of people with complex needs and challenging behaviour. Effective CLDTs will lead to a greater level of admission avoidance and accelerated discharge from in patient's services. Funding will be based on the principles of supporting individuals to live independent fulfilling lives, resources currently committed to in patient services should migrate to community services as activity migrates.

The workloads of the CLDTs will be carefully monitored, so that the impact of any change in in-patient capacity and of any refocusing of the use of in-patient services (such as focusing solely on meeting acute mental health needs) can be identified at an early stage and effectively managed.



Area	Halton	St.Helens
CLDTs	Green	Green
<u>Halton Progress</u> <ul style="list-style-type: none"> <li>CLDT established</li> </ul> <u>St Helens Progress</u> <ul style="list-style-type: none"> <li>Community Learning Disability Team (CLDT) established</li> </ul>		

### 1.7.2 Accessible specialist professional support

Where the CLDT is unable to meet all of the needs of an individual and requires additional specialist input this should be readily accessible.

The specialist service professionals such as psychiatrists, psychologists and speech and language therapists need to have the capability to respond effectively to the needs of people with complex needs and challenging behaviour and to respond in a timely fashion in situations of crisis including potential placement breakdown.

The specialist/Intensive Team professionals will work closely with other community colleagues in a programme to repatriate people from out of area placements.

The CLDT will work to support Primary Care and Hospital services in delivering high quality health services to promote and maintain good health and well being for people with learning disabilities. This includes access to mainstream health-screening services.

Area	Halton	St Helens
Accessible specialist professional support	Green	Amber
<u>Halton Progress</u> <ul style="list-style-type: none"> <li>Community Learning Disability Matron supports CLDT and specialist health service</li> <li>The 5 Boroughs Partnership NHS Foundation Trust is commissioned to provide specialist health services. The specification for this service is being reviewed as part of the redesign of ALD services.</li> </ul> <u>St. Helens Progress</u> <ul style="list-style-type: none"> <li>The 5 Boroughs Partnership NHS Foundation Trust is commissioned to provide specialist health services. The specification for this service is being reviewed as part of the Model of Care.</li> <li>A Community Learning Disability Matron to support the St Helens CLDT and specialist health service has been proposed by the PCT</li> </ul>		

Future Actions

- Gain approval and commence recruitment for the Community Learning Disability Matron in St. Helens.

1.7.3 Well-Integrated Community Services

The various elements of community services for people with learning disabilities will operate more efficiently and effectively where there is good joint working, with a high level of co-operation and co-ordination, and where services share the same priorities. If this cannot be achieved within current structures consideration should be given to service redesign.

Area	Halton	St Helens
Well-integrated Community Services	Green	Green
<p><u>Halton Progress</u></p> <ul style="list-style-type: none"> <li>▪ Halton has many years experience of supporting people with learning disabilities to live independently in the community rather than being admitted to residential care.</li> <li>▪ Strong working relationships have been established between the CLDT, 5 Boroughs, the Community Bridge Builder service and independent and voluntary sector service providers</li> </ul> <p><b>St Helens Progress</b></p> <ul style="list-style-type: none"> <li>▪ St. Helens has extensive experience in supporting individuals with learning disabilities to live independently and develop inclusive activities in the local community</li> <li>▪ Professionals are co-located</li> <li>▪ There are strong working relationships with independent and voluntary sector providers</li> <li>▪ The LD Nurses Secondment Agreement is scheduled to be signed off by partners for the 1<sup>st</sup> April 2011.</li> </ul>		

1.7.4 Education, work and day opportunities

*People with learning disabilities, including people with complex and challenging behaviour should be able to access continued education, supported employment and day opportunities, and this should positively contribute to the stability of community placements. Smaller scale and individually designed arrangements may be more appropriate for people with challenging behaviour.*

Area	Halton	St Helens
Education, work and day opportunities	Amber	Green

### Halton Progress

- Day services run a number of employment projects based on a tiered approach to preparing for employment and includes vocational training opportunities. People with complex need are supported to contribute to these projects.
- *Employment Practices for disabled people was the subject of a scrutiny review reporting in March 2010. Implementation of the accompanying action plan is ongoing.*

### St. Helens Progress

- All services are currently provided and funded via the Local Authority or Young Persons Learning Agency (YPLA). If an individual is funded via the PCT they access L.A provided services.
- Development of local college provision is in sect 1.6.
- Day Opportunities Service offers person centered placements Mon-Friday for people with learning disabilities including those with profound and complex needs. Activities are based around individual needs and group sizes vary dependent on the activity and the needs of the group. Support is provided in some cases on a staffing ratio of 2:1, 1:1, and usually no more than 1 staff to 8 individuals, the support is dependent on assessment of need provided by the Care Management Team. Day Opportunities Service provides a range of community based activities, using integrated settings. Stephenson's Resource Centre provides a more specialized provision. Both types are accessed by people who have complex needs & people who present Challenging Behaviour. Staff are experienced in supporting these individuals and their levels of need. The established Key worker supports and works closely with families.
- Supported Employment and Training - opportunities are provided by the social firm New Ventures. Short-term placements for work experience can be provided, volunteer or paid employment. Also the Supported Employment Team provide advice and guidance, job search, CVs, including job coaching to all people with disabilities including learning disabled.
- Other educational needs are met within Carmel and St. Helens College.
- There are a range of other day and social opportunities accessed through personal budgets.
- Personal budgets are promoted as positive option, giving greater choice and control. This can also support access to voluntary work / paid employment.
- The Local Market is now developing to provide individuals with other options of day care in the community.
- The Department is supporting the development of local arts based opportunities – Citadel Arts & Heritage bids. People who have Learning Disabilities will be encouraged / supported to access these integrated opportunities.
- The recently established Autism Task and Finish Group is in the process of mapping and identifying education/work opportunities and day opportunities for individuals with Autism.

<p><u>Future Actions</u></p> <ul style="list-style-type: none"> <li>Continue to implement the action plan for employment practices.</li> </ul>
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### 1.7.5 Crisis response capacity: 24 x7 access to advice and support

When people are experiencing a crisis it is essential that the service can respond to their needs with appropriate and effective advice and support 24 hours a day, 7 days a week. As well as improving service accessibility and responsiveness this will positively impact on the number of out-of-hours admissions to in-patient units.

It would be consistent with current commissioning guidance to develop this service through investment in the existing mental health crisis response service. Linkage to services such as appropriate short break facilities and to the out of hours management system for local learning disability residential/supported living services could provide some flexible options to lessen immediate pressures and provide 'holding solutions' until the day-time services can resume responsibility (a wide range of 'options for respite' for meeting the needs of people in crisis can be found in Mansell p19). Where the person in crisis is in the 'core group' (see 'An Effective Response to Challenging Behaviour' below) they should have in place a well thought out contingency plan which should assist the effective management of the situation.

Area	Halton	St Helens
Crisis Response Capacity	Green	Green
<p><u>Halton Progress</u></p> <p>Halton Borough Council's contact centre operates 24/7 and is how all referrals to the ALD service are made. Outside of normal working hours an Emergency Duty Team (EDT) is in operation.</p> <p><u>St. Helens Progress</u></p> <p>The Council's Contact Centre is the single point of contact for all Council related services and has had the same phone number for over a decade. Contact Centre staff are trained and advised of procedures, referral triggers, knowledge of teams, escalation, safeguarding etc. It is open 24/7 and is how all referrals to the Learning Disability service are made. Outside of normal working hours an Emergency Duty Team (EDT) is in operation.</p>		

### 1.7.6 Respite Care / Short Breaks

*Commissioners should ensure that opportunities for short breaks tailored to individual needs are available to every family supporting a person whose behaviour presents a challenge at home. Providing carers with a break when they are under pressure will prevent crises developing and help to prevent placements from breaking down. Where current services cannot meet these needs, additional and more robust respite services should be commissioned.*

Area	Halton	St Helens
Respite Care/ Short Breaks	Green	Green
<p data-bbox="300 338 533 374"><u>Halton Progress</u></p> <ul style="list-style-type: none"> <li data-bbox="300 394 1445 539">▪ A whole system review of respite support within Adult Learning Disability services has been completed to determine how carers should be supported to maintain their caring role whilst offering the cared for worthwhile, meaningful activities.</li> <li data-bbox="300 555 1445 629">▪ Consultation with families identified the types of support they were looking for and informed the development of the model of short breaks.</li> <li data-bbox="300 645 1445 719">▪ Those with complex needs can access bed based short breaks at Bredon or opt for direct payments to arrange their own break.</li> <li data-bbox="300 734 1445 808">▪ Those with less complex needs but eligible for social care support have access to support of their choosing via Direct Payments.</li> <li data-bbox="300 824 1445 898">▪ Primary Care/GP Link Worker posts have designed pathways between acute trusts and community based support for carers.</li> <li data-bbox="300 913 1445 1025">▪ Outreach support is offered by the link worker and protocols have been developed for GP referrals to the Carers Centre for emotional and practical support.</li> <li data-bbox="300 1041 1445 1153">▪ Emergency Respite for Carers Service develops contingency plans with carers if they are unable to be with the cared for e.g. hospitalisation of the carer.</li> <li data-bbox="300 1169 1445 1243">▪ Carers also have access to a range of pamper and holistic services via the Carers Centre.</li> <li data-bbox="300 1258 1445 1332">▪ A number of voluntary organisations also offer breaks and social activities for carers.</li> </ul> <p data-bbox="300 1361 711 1397"><u>St. Helens Progress Reports</u></p> <ul style="list-style-type: none"> <li data-bbox="300 1435 587 1471">▪ <i>Direct Payments:</i> <ul style="list-style-type: none"> <li data-bbox="357 1487 1331 1523">○ <i>For short breaks, made as a one off payment each financial year</i></li> <li data-bbox="357 1538 1445 1612">○ <i>The amounts paid are for a unit (6 hours) and the rate paid should reflect the support needs of the recipient.</i></li> <li data-bbox="357 1628 1445 1774">○ <i>Some people choose to have all their allocated units as a direct payment, while others have chosen to adopt a mix and match approach, where they will have part of their units as a direct payment and use a commissioned service for the remainder of their breaks.</i></li> </ul> </li> <li data-bbox="300 1792 593 1827">▪ <i>Enabling Scheme</i> <ul style="list-style-type: none"> <li data-bbox="357 1843 1385 1917">○ Base the programme upon natural friendships and supporting people to enjoy a break of their choice</li> <li data-bbox="357 1933 1098 1968">○ Provide carers with a break from their caring role</li> </ul> </li> <li data-bbox="300 1986 587 2022">▪ <i>Weekend Breaks</i> <ul style="list-style-type: none"> <li data-bbox="357 2038 1362 2074">○ Provide a programme of planned weekend breaks for people with a</li> </ul> </li> </ul>		

<p>learning disability and/or a physical disability</p> <ul style="list-style-type: none"> <li>○ 18+yrs who have been assessed as needing short breaks as part of their care/support plan</li> </ul> <ul style="list-style-type: none"> <li>▪ <i>Day Breaks</i> <ul style="list-style-type: none"> <li>○ Provide carers with a break during the day from their caring role</li> </ul> </li> <li>▪ Short Breaks           <ul style="list-style-type: none"> <li>○ Provides Adult Placement Service for individuals with disabilities away from their family home in a supportive family setting</li> </ul> </li> <li>▪ Two short breaks venues within the St. Helens area           <ul style="list-style-type: none"> <li>○ Four bed detached bungalow available to people who have high support and often complex needs.</li> <li>○ Three bed semi detached house available to adults with moderate disabilities</li> </ul> </li> <li>▪ Residential/Nursing home           <ul style="list-style-type: none"> <li>○ Two short breaks beds</li> <li>○ For individuals who either have high support needs in regard to their health or whose needs could not be met in other locally provided services.</li> </ul> </li> </ul> <p>All providers of these services ensure that individuals with more complex needs have opportunities to access the services</p>
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1.7.7 A Placement Breakdown Pathway with Access to Intensive Support

Preventing placement breakdown will reduce the demand for in-patient admissions and for out of area placements. There should be an agreed Placement Breakdown Pathway to which all providers are signed-up. This will emphasise the priority that is placed on the prevention of breakdown and put in place a system designed to provide early and effective support including access to levels of additional resources in accordance with the level of need.

Area	Halton	St Helens
A Placement Breakdown Pathway with Access to Intensive Support	Amber	Amber
<p><u>Halton Progress</u></p> <ul style="list-style-type: none"> <li>▪ The service supports individuals to avoid placement breakdown.</li> <li>▪ A multi-agency pathway will be developed and included as part of a wider review of protocols.</li> </ul> <p><u>St. Helens Progress</u></p> <ul style="list-style-type: none"> <li>▪ The service supports individuals to avoid placement breakdowns</li> <li>▪ A multi-agency pathway will be developed and included as part of a wider</li> </ul>		

review of protocols

Further Actions

- Develop the multi-agency pathway.

1.7.8 An Effective Response to Challenging Behaviour

Learning disability services should give priority to people with complex needs and challenging behaviour. They are the people with the greatest need for services and marked improvements can be achieved by quality services

The adoption of a challenging behaviour policy will underpin this and ensure that there is a consistent response across all services. It should commit staff to 'sticking with service users' and resolving problems

The group of people whose behaviour is complex and presents a serious challenge to services should be identified, and the services that are assessed as necessary to meet their needs developed, through a person centred planning process

The plans should be clear about environmental risk factors, triggers, warning signs and contingency arrangements and ensure that back up resources can be made available to sustain arrangements through difficult periods, and that 'all the stops are pulled out'

There should be access to specialist staff that have the appropriate skills and knowledge about complex and challenging behaviour that can provide specific support to individuals and their carers and families, giving advice and information and provide training. The CLDT should have an adequate workforce with appropriately accredited training to equip them with the specialist knowledge and skills required to work with people with learning disabilities who have complex challenging behaviour.

All staff working with people with learning disabilities should receive appropriate training in relation to challenging behaviour commensurate with their role

Area	Halton	St. Helens
An Effective Response to Challenging Behaviour	Green	Green

Haltons Progress

- The service was established in summer 2010, with appointment to the two senior roles in November.
- The service is building relationships, developing protocols and starting to

see patients.

#### St. Helens Progress

- The PCT has established a service with Halton Borough Council and Knowsley Council/PCT. The service is accessible to St. Helens residents who are funded under Continuing Health Care (CHC).

### 1.8 Reducing Distant Out of Area Placements

People should not be located in distant placements when local arrangements to meet their needs can be achieved. The repatriation of people from distant out of area placements will be assisted by:

- A specific 'repatriation' project in each borough
- Responsibility for managing the project clearly assigned
- An identified member of the CLDT responsible for each individual in a distant placement
- An agreed and manageable programme – the complexity of the task and the time demands involved in returning each individual may be very considerable
- Criteria for evaluating who should return – a small number of people might be appropriately placed
- Focused attention on achieving family / carer support
- Development of expertise and resources (e.g. 'transition houses' as in the Oldham project) over time
- Monitoring the programme (as a key measure of service quality)

Area	Halton	St Helens
Reducing Distant Out of Area Placements	Amber	Amber

#### Halton Progress

- A repatriation programme is underway. All people placed out of area have been visited to determine who wishes to return/remain.
- A commitment has been made to repatriate 8 people by end of 2011. The Positive Behaviour service has a key role in ensuring appropriate local support is developed to avoid placement breakdown.

#### St. Helens Progress

- Presently moving away from people who present Challenging. Behaviour 'living together'. Mulcrow Close (now discrete flats).
- Out of Area Placements: St Helens has 18 people placed out of borough and has committed to bringing 8 people back over the next two years. Appropriate local support will need to be in place and this will be developed both in-house and in the independent sector. (LD Self Assessment 2010)



- Positive Behaviour Service: This was proposed to form one element of the model of care. The service was intended to be established by 2011 and would operate across NHS Halton and St Helens footprint and provide for all ages. Many people requiring the service will have a diagnosis of autism. Objectives are to:
  - a) Support mainstream services working with people whose behaviour is a significant challenge
  - b) Work directly with people whose behaviour presents the greatest level of challenge
  - c) Become a model of excellence, at the forefront of evidence-based practice.

Clearly from the numbers who are accommodated out of borough we would seek to offer support closer to our borough if not within the borough. (LD Self Assessment 2010) The Business Case for this service will be considered, amongst any alternative options, by St Helens Council.

- Training sessions are being arranged for Care Managers LD/Carers Centre Staff/Choice Based Letting/Supported Living Internal & External regarding Assistive Technology to assist adults with Learning Disabilities to live more independently in the community with their carers
- To reassure and support individuals and their carers they can be introduced to The SMART flat from April 1<sup>st</sup> to act as a training and assessment resource around Assistive Technology.
- Accommodation – people are supported in ordinary housing, including those who have complex needs. Family based responses - creative use of Personal Budgets
- There is a dedicated resource within St.Helens Carers Centre to support older carers. This has led to the development of person centred "Life Books" for people living with family members; a key resource for planning future options.

#### Further Actions

- Future sessions via the NDTi will be organised in the borough with operational and strategic staff around housing options for people with challenging behaviours, transitions, financial modelling around changing services and supported living awareness raising.
- Care Managers are reviewing Out of Borough Placements
- St Helens will consider the Business Case for the Positive Behaviour Service.

## **1.9 In-Patient Services**

### 1.9.1 Commissioning good quality in-patient mental health services

- People with learning disabilities have the same right of access to mainstream mental health services as the rest of the population

- Mental health services that are commissioned need to have the appropriate skills and services to address the specific needs of people with learning disabilities
- Psychiatric hospital care should be based on short-term, highly focused assessment and treatment of mental illness through a small service offering very specifically defined, time-limited services

Area	Halton	St Helens
Commissioning good quality in-patient mental health services	Amber	Amber

#### Halton and St. Helens Progress

*The 5 Boroughs Partnership NHS Foundation Trust developed a Business Case in 2010, which was approved, subject to caveats in the Autumn. A formal public consultation, as per Section 242 of the NHS Act 2006, will be undertaken in 2011.*

#### Future Actions

The Service Specification is being drafted by Commissioners and will be discussed with practitioners and clinicians to obtain their views and engagement prior to sign off.

### 1.9.2 Effective management of admissions and discharges

It is important to effectively monitor and manage the use of the available capacity particularly if it is being reduced

Commissioners should ensure that only appropriate admissions take place and that they follow an agreed admission / discharge pathway with clear admission criteria

The CLDT should ensure that people are moved on from the units as soon as possible once they are fit for discharge.

Length of stay of patients should be formally monitored and if there appear to be impediments to a timely discharge resources should be identified as a priority to enable discharge to proceed

Having access to appropriate accommodation is essential and a unit that includes a step-down facility may be particularly helpful in this regard.

Area	Halton	St Helens
Effective management of admissions and discharges	Amber	Green

Halton Progress

- The step-down facility has been re-considered and is no longer required.
- The specifications for the in-patient service, intensive community support service, and LD nurses in the CLDTs will detail who is responsible for what stage of the process; as well as reinforcing the principle in Valuing People Now.

St. Helens

- The step-down facility has been re-considered and is no longer required.
- The specifications for the in-patient service, intensive community support service, and LD nurses in the CLDTs will detail who is responsible for what stage of the process; as well as reinforcing the principle in Valuing People Now.

Future Actions

- Finalize the specifications.

**1.10 Supported Accommodation and Residential/Nursing Home Care**

- Decisions about where a person is to live need to be made on the basis of what is best for each individual
- Where people need to be supported other than with their families, supporting them in a home, (their own home or small residential home) near their family and friends will be the right decision
- Each authority needs to ensure that it has a range of appropriate accommodation options available to meet local needs and to make best use of the opportunities provided by personalisation to build flexible individualised models of support
- There may be particular complexities associated with the provision of appropriate local accommodation in relation to:
  - People returning from out of area
  - Transition support for young people approaching adulthood who are in - or being considered for – an out of area placement
  - Move on from hospital
  - Placement breakdown / crisis support
  - Step-down from forensic settings

Wherever possible the accommodation needs of people in any of these circumstances should be met within the above framework. However, there may be some people who need a period of relatively intensive support, together with focused rehabilitative work to enable them to successfully manage in the family home or in local supported accommodation. Consideration should be given to commissioning small residential / nursing home facilities that can fulfil particular elements of this role in accordance with the particular gaps in current services and the particular needs of the local population in each borough.

Area	Halton	St Helens
Supported Accommodation and Residential/Nursing Home care	<b>Green</b>	<b>Green</b>
<p><u>Halton Progress</u></p> <ul style="list-style-type: none"> <li>▪ There are a range of accommodation options available in the Borough including supported living, residential and nursing care, and extra-care housing.</li> <li>▪ Plans are in place to expand the supply of extra care housing. Partnership working with RSL's is improving access to adapted properties.</li> <li>▪ The accommodation needs of young adults are identified as part of the Transition process and the Positive Behaviour Support Service are skilling up local support providers to avoid placements outside the Borough.</li> <li>▪ NHS Halton and St Helens, Halton BC and St Helens MBC are collaborating as the NW Demonstrator site in the National Development Team for Inclusion (NDTi) Housing and Social Inclusion project. The aim of the project is to support people with learning disabilities to move from residential care and achieve housing and support options that promote social inclusion. There is an additional local focus on repatriating those people placed out of area</li> </ul> <p><u>St Helens Progress</u></p> <ul style="list-style-type: none"> <li>▪ St Helens are refreshing and re-launching assistive technology – included is Awareness Training Sessions with those who work with adults with a Learning Disability who are looking for more independent accommodation and their carers.</li> <li>▪ Accommodation tends to be obtained via Local Authority negotiations with housing providers. A range of accommodation options available in the Borough including supported living, residential and nursing care, and extra-care housing.</li> <li>▪ NHS Halton and St Helens, Halton BC and St Helens MBC are collaborating as the NW Demonstrator site in the National Development Team for Inclusion (NDTi) Housing and Social Inclusion project. The aim of the project is to support people with learning disabilities to move from residential care and achieve housing and support options that promote social inclusion. There is an additional local focus on repatriating those people placed out of area.</li> <li>▪ St Helens has signed up to a 2 year project with the National Development Team for Inclusion (NDTi) around social inclusion and housing.</li> <li>▪ Through this project some people who are in 24 hour care out of borough and those in supported living who will be moving in the next 12 months have done an inclusion web. This will be carried out again in 12 months time.</li> <li>▪ Through the NDTi, sessions will be held in the borough with operational and</li> </ul>		

strategic staff around housing options for people with challenging behaviours, transitions, financial.

### 1.11 Secure Care Discharge Pathway

A small number of people with learning disabilities who have 'forensic' or severely challenging needs will require the support of secure care services. It is essential that each area have effective arrangements in place to ensure that when patients are ready for discharge there is effective movement through the discharge pathway. To assist this process each area needs to have sufficient and appropriate step-down accommodation capacity

Area	Halton	St Helens
Secure Care Pathway	Amber	Amber
<p><u>Halton Progress</u></p> <ul style="list-style-type: none"> <li>▪ The specifications for the in-patient service, intensive community support service, and LD nurses in the CLDTs will detail who is responsible for supporting what stage of the process; as well as emphasizing links to the Secure Commissioning Team within the North West Specialised Commissioning Group.</li> </ul> <p><u>St. Helens Progress</u></p> <ul style="list-style-type: none"> <li>▪ The specifications for the in-patient service, intensive community support service, and LD nurses in the CLDTs will detail who is responsible for supporting what stage of the process; as well as emphasizing links to the Secure Commissioning Team within the North West Specialised Commissioning Group.</li> </ul> <p><u>Further Actions</u></p> <ul style="list-style-type: none"> <li>▪ Specifications to be finalised detailing the discharge pathway and persons responsible for supporting the process.</li> </ul>		

## 2 Summary

Discussions with commissioners and local service managers, together with analysis of good practice in terms of national guidance and through service exemplars has provided the basis for the development of a model of care. The model of care is intended to facilitate reduction in the numbers of individuals requiring admission to hospital and of out or area placements through local community based services that are consistent with best practice and that will improve the service user and carer experience.

The key elements of the model of care are:

- A learning disability service that has strong leadership and is effectively managed with well trained and committed staff who have the capacity to respond effectively to complex and challenging behaviour and to work with people through

all levels of difficulty. A service that emphasises individualised services in the community achieved through person-centred planning.

- Transition services, in which there is good cooperation and coordination between services, which provide assured support into adulthood and through which people with complex needs and with behaviour that challenges, have their identified needs met through effective local arrangements.
- Comprehensive and well-integrated community support services, with well-resourced CLDTs, that can readily access responsive specialist professionals. A service that can provide support and access to mainstream health services, employment, education and day opportunities that have the flexibility to meet the needs of all service users including people who challenge services. A 24 x 7 response to people in crisis giving them access to advice and support. A service that gives priority to meeting the needs of people who challenge and has policies, procedures and support structures to ensure that this can be achieved. Sufficient respite / short breaks arrangements that are able to meet the needs of people with challenging behaviour, and agreed pathways to prevent placement breakdown.
- A well-structured project to repatriate people from distant out of area placements.
- In-patient services that are focused on meeting the needs of people with learning disabilities that have a mental illness and promote good physical health and well being. A service that can provide skilled and appropriate support that is focused and time-limited, and with a well-defined admission and discharge pathway. Length of stays monitored to assist the prevention of delays and resources made available to support discharge including the use of step-down arrangements.
- A range of appropriate supported local accommodation options designed around people's individual needs, together with small local units that can provide residential or nursing care to meet particular needs.
- Effective arrangements for secure care discharge support in place in each borough including step-down capacity.

