

**JOINT COMMUNITY MENTAL HEALTH SERVICES REVIEW**

**HALTON LIT COMMUNITY**

**IMPROVEMENT REVIEW ACTION PLAN**

**MAY 2007**



## **Introduction**

The Improvement Review of Halton Community Mental Health Services took place in January and February 2007. A number of strengths of the existing systems were highlighted, as well as areas which required further attention. This Action Plan has been developed in response to the issues that were highlighted in the Review as needing work to improve the quality and efficiency of services provided for local residents, and to promote positive outcomes for people who use the services.

## **Monitoring and governance**

The Halton Local Implementation Team will be the key body for monitoring the progress of the Action Plan. For the duration of the Plan, it will be a standing item on the agenda of the monthly LIT meetings.

Each action has a clearly-identified lead (shown in bold on the Plan) who will be responsible for both ensuring that the action is progressed, and reporting on progress. A brief proforma will be developed for each lead to complete for the monthly report, which will use a traffic light system to indicate progress. Any slippage of timescales will be highlighted and the LIT will support the lead to manage any blockages to progress. As required, other groups – particularly the Partnership Board and the LIT Subgroups - will be asked to assist with the delivery of each Action.

In addition, a number of actions refer to the need to improve the experience of those people who use the services. As a part of this, a process is being developed to ensure that frontline services hear the direct experience of those people on a regular basis.

This Action Plan will be presented to the Boards of Halton Borough Council (including the Scrutiny Committee), the 5BoroughsPartnership NHS Trust and the Halton and St Helens Primary Care Trust

A list of the Lead Officers for actions and their employers is attached at Appendix 1

## IMPROVEMENT REVIEW ACTION PLAN

<b>1.0 LEADERSHIP:</b> Establishing an integrated approach to the Commissioning and management of service change and delivery across all Community Mental Health Services in Halton.					
Priorities for service improvement	Commentary	Action required	Timescale	Lead	Outcome
1.1 Strategic Planning, Service Planning and Commissioning.	The Mental Health Programme Board was set up in January 2005 to develop commissioning strategies for mental health services across the four boroughs of Halton, St. Helens Knowsley and Warrington. The Terms Of Reference for the Board have now been agreed.	Develop and confirm matrix of planning, lines of accountability and how this operates within the Halton context  Assess existing planning and commissioning structures to ensure their purpose is clear and they are effective	June 2007	<b>D Johnson</b> A Williamson R Vickers	Clarity as to the role and function of the Mental Health Programme Board and its relationship to Halton LIT.
<b>1.2 Halton Local Implementation Team: Role and Function</b>	Halton LIT has completed a review and has produced Terms of Reference. The Review confirmed that the LIT is the lead Co-ordinating body for strategic and service planning for Halton and Change for the Better will be seated within this.	Review role, function and membership of Halton LIT	March 2007 Achieved	<b>A Williamson</b>	Greater communication across partners and to  Link Strategic and operational Commissioning and
	Halton LIT will sponsor the development of an understanding of the effectiveness of local service delivery and the impact of service change through a Quality Assurance Framework	Develop an outcomes-based Quality Assurance Framework across the whole mental health community	Sept 2007	<b>R Vickers</b> I Fairbrother J Cullen S Harris	Provide coherence allied to change programmes.

<b>1.3 Halton Commissioning Strategy</b>	The Mental Health 4 Boroughs Commissioning Strategy provides a collaborative framework for Tier 4 Commissioning but places Tiers 1 to 3 commissioning responsibility at a borough level. The PCT 3 year investment profile and Change for the Better both stimulate the need to review the local strategy	Review the Halton Mental Health Commissioning Strategy.	Sept 2007	<b>E Crisp</b> R Vickers A Williamson L Smith	Borough Strategy fit for purpose.  Investment targeted  Gap analysis
<b>1.4 Halton Primary Care Capability and Capacity</b>	Halton LIT had already prioritised Primary Care Mental Health capability and capacity-building before the development of Change for the Better	Present Business Case to LIT to build Primary Care Capacity  Agreement on the process for Access and Advice service to become part of integrated Primary Care Mental Health Services  Produce Service Specification for Primary Care Mental Health Service, inclusive of Access and Advice.	April 2007  April 2007  Sept 2007	<b>J Cullen</b>  <b>R Vickers</b> J Kelly  <b>L Marsden</b>	Confirmed funding to further capability and capacity to support primary care and complement specialist mental health services  Agreement reached as to access to and pathways for entry into mental health services.  Effective performance management.
<b>1.5 Change for the Better: Local Delivery Team</b>	The work of the LDT and the Halton LIT will dovetail through a cascade approach based upon LIT/LDT Leads informing stakeholders, and inter-	Amend day hospital closure timetable in the light of complementary community service development	June 2007	<b>M Kenny</b>	Monthly Reporting to Halton LIT

	changeability of roles of LIT/LDT Membership. The dynamic nature of the change programme has identified wider impacts which will need to be addressed	<p>Review and enhance CMHT capacity</p> <p>Frodsham/Helsby issues to be resolved</p> <p>Start project to transfer prescribing responsibility to Primary Care</p>	<p>June 2007</p> <p>June 2007</p> <p>June 2007</p>	<p><b>M Kenny</b> L Smith</p> <p><b>J Kelly</b> M Kenny</p> <p><b>A Travis</b> <b>T Frith</b></p>	<p>Development of consistent approach to prescribing and compliance with NICE Guidance</p> <p>Project in place to achieve phased transfer of prescribing responsibility over a 12 – 18 month period</p>
<b>1.6 Change for the Better: Communication</b>	Need to ensure staff, service users and carers and voluntary, independent and private sectors are updated about changes planned and scheduled for implementation. All mediums to be used to achieve reporting in relation to this matter	<p>All partners to review communication processes</p> <p>Develop a newsletter through Halton Focus</p> <p>5BoroughsPartnership to provide two-monthly formal feedback to Halton Focus about the implementation of Change for the Better.</p>	<p>June 2007</p> <p>May 2007</p> <p>May 2007</p>	<p><b>M Kenny</b> L Smith E Crisp</p> <p>M Austin S Rothwell <b>J Gibbon</b></p> <p><b>M Kenny</b></p>	<p>Robust communication processes in place, regularly reviewed and feedback from all stakeholders.</p> <p>Information reaches a wider range of service users and carers</p> <p>Service users and carers are more informed about service developments and able to give their views</p>
<b>1.7 Change for the Better: Stakeholder Review Event</b>	This event will seek to support change programme, learn lessons to date and respond to unintended impacts	Organise and schedule half-day event to seek feedback allied to changes implemented / scheduled.	Sept 2007	E Crisp R Vickers <b>J Kelly</b> A Williamson	Event Programme scheduled to enable feedback

<p><b>1.8 Change for the Better: Transitional Planning</b></p>	<p>Transitional plan will need to be developed and agreed across all stakeholders, to include mapping of planned changes and actions</p>	<p>Halton LIT to produce Transitional Plan with time lines for Change for the Better and other service impacts</p>	<p>May 2007</p>	<p>A Williamson <b>R Vickers</b> J. Kelly</p>	<p>Transitional Plan Identifying programme of changes with timelines and alternatives</p>
<p><b>1.9 Change for the</b></p>	<p>The strategic oversight of local service developments was identified in the Review as an area for further development.</p>	<p>LIT to commission short-term senior work group to monitor the implementation of Change for the Better and report to LIT.</p>	<p>May 2007</p>	<p><b>A Williamson</b></p>	<p>Clear strategic control of service developments</p>
<p><b>1.10 Financial Planning</b></p>	<p>Halton and St. Helens PCT have confirmed 3 year investment profile for Mental Health Services to give certainty to service planning and improvement</p> <p>Service Level Agreements and service Specifications have yet to be developed for all provider services. All current provider relationships should be reviewed to establish efficient and effective outcomes-based contracts, and implement SLAs and Service Specifications to assure performance management. Providers to report to Halton LIT on a scheduled/rolling basis.</p>	<p>Halton LIT to develop Service Priorities to deploy new investments and complement operational commissioning</p> <p>Develop SLA and Service Specifications for all mental health provider services</p> <p>Specifically, 5Boroughs SLA to be developed to reflect change for the Better</p> <p>Inventory of all mental health Service Level agreements to be presented to Halton LIT</p> <p>Agree 3-year financial and investment priorities within LIT</p>	<p>Sept 2007</p> <p>Dec 2007</p> <p>June 2007</p> <p>Oct 2007</p> <p>May 2007</p>	<p><b>E Crisp</b></p> <p><b>E Crisp</b> L Smith R Vickers</p> <p><b>E Crisp</b> R Vickers</p> <p><b>E Crisp</b> R Vickers L Smith</p> <p><b>E Crisp</b></p>	<p>Investment Plan for 2007 / 2008 and beyond.</p> <p>Developing SLA and Service Specifications developed</p> <p>Effective performance management and quality monitoring</p> <p>Clear and agreed priorities for future</p>

					investment across LIT community
<b>1.11 Integrated Information Systems</b>	Halton is party to the replacement of the OTTER IT system to establish an integrated system across 5BoroughsPartnership and social care	Development of integrated and effective IT system across health and social care	Mar 2008	<b>L Smith</b>	IT System fit for purpose
<b>1.12 Practice Based Commissioning (PBC)</b>	Practice Based Consortia have now submitted Business Plans to PCT for ratification	To establish links with PBC Consortia Business Managers.	June 2007	<b>R. Vickers</b> L. Marsden E Crisp	Co-ordinated position statement capturing Halton LIT priorities and the direction of travel for PBC Consortia within Halton to inform future service planning and commissioning
		To develop and agree shared and whole system priorities for development and provision of mental health services	Dec 2007	<b>R. Vickers</b> L. Marsden E Crisp	
		To explore wider partnership to potentially include PBC Consortia as commissioners of Tier Two Mental Health Service provision.	Dec 2007	<b>E Crisp</b> R Vickers	

**2.0 PARTNERSHIP AND INTEGRATION:** Improved access to a range of services in the community that focus on prevention and social inclusion and to benefit from seamless service provision and continuity of care from primary and secondary care which results in timely follow-up or support by the right service.

Priorities for service improvement	Commentary	Action required	Timescale	Lead	Outcome
<b>2.1 Halton Mental Health Partnership Board</b>	Needs to be reviewed in the light of the new PCT footprint.	To review Partnership Board purpose and function in terms of: <ul style="list-style-type: none"> <li>• National and Local Policy</li> <li>• Inspection Review Report</li> <li>• Statutory Partners / engagement with other partners / stakeholders.</li> <li>• Public health / population needs</li> <li>• Well-being / healthy living agendas</li> <li>• 4 Boroughs wide strategy / Change for the Better.</li> <li>• Community capability and capacity allied to mental health and well-being</li> </ul>	June 2007	<b>A Williamson</b> R Vickers J Kelly J Cullen	Partnership Board appropriately constituted to assure Formal Partnership Agreement for Mental Health Services
<b>2.2 Halton Mental Health Partnership Agreement</b>	To ensure that the agreement is fit for purpose and formally ratified, demonstrating how partners will work together to assure mental health services that are safe, sound and supportive.	Partnership Agreement ratified  To confirm roles and responsibilities given Change for the Better	June 2007  June 2007	<b>A Williamson</b> L Smith J Kelly  <b>A Williamson</b>	Formal Partnership Agreement  Roles and responsibilities agreed



		To confirm performance management arrangements allied to specialist mental health services	June 2007	<b>A Williamson</b>	through the Partnership Board and implemented
<b>2.3 Halton Mental Health Partnership Agreement</b>	Memorandum to reflect. <ul style="list-style-type: none"> <li>• Transitional Plan allied to Change for the Better.</li> <li>• PCT LDP Targets</li> <li>• Feedback from Autumn Review</li> <li>• LA Key PIs</li> <li>• Priorities for capability and capacity building</li> </ul>	Develop Memorandum of Understanding to assure Service Improvements and Performance	June 2007	<b>A. Williamson R. Vickers</b>	Memorandum appended to Partnership Agreement signed by Partner Organisations.
<b>2.4 Joint Commissioning Infrastructure for Halton Mental Health Services</b>	To reflect PCT / LA infrastructures	Review current commissioning resources  Develop a formal joint PCT / LA approach to the commissioning of mental health services	June 2007  Dec 2007	<b>R Vickers A Williamson  R Vickers A Williamson</b>	Final Partnership agreed.
<b>2.5 Change for the Better: Scrutiny</b>	Halton LIT / Mental Health Partnership Board to benchmark current position against Joint Overview and Scrutiny Committee Report recommendations to understand remaining challenges.	Report on Change for the Better presented to Overview and Scrutiny Committee by partners	April 2007	R. Vickers A Williamson J. Kelly R Walker.	Report to Overview and Scrutiny Committee  Simultaneous Reports back to L.A. Executive/ 5BPT / PCT Boards

<p><b>2.6 Halton LIT: work programme</b></p>	<p>Will establish a clear sense of purpose and direction across TIERS ONE to FOUR, taking into account the Halton Mental Health Commissioning Strategy, 2008 to achieve co-ordinated service improvements and better service user and carer outcomes.</p>	<p>Constituents and stakeholders engaged to develop, formulate and agree Priorities and Work Programme for 2007 / 2008</p>	<p>May/June 2007</p>	<p>E. Crisp L. Smith J. Kelly T. Frith</p>	<p>Work programme owned and ratified by partners / stakeholders.</p>
<p><b>2.7 Primary Care Mental Health Services</b></p>	<p>The pathways of care between primary care and secondary mental health service need further development, with particular clarity about prescribing practices within primary care. People who use services need to be able to access these services as part of the normal environment of care where possible, rather than having to</p>	<p>Develop a stepped care process across mental health services which is underpinned by Mental Health Promotion</p> <p>Develop and implement improved communication processes between Primary and Secondary Care Services</p> <p>Develop greater awareness amongst GPs of the full range of services and supports that are available for people with mental health needs in Halton</p> <p>Develop a range of local outcomes-based performance indicators across primary and secondary mental health services that are used to measure and report activity and satisfaction levels</p>	<p>Sept 2007</p> <p>Sept 2007</p> <p>Sept 2007</p> <p>Nov 2007</p>	<p><b>C Ashton</b> J Cullen A Hughes T Frith</p> <p><b>M Kenny</b> T Frith</p> <p><b>J Gibbon</b></p> <p><b>R Vickers</b> I Fairbrother S Harris</p>	<p>More people diverted from secondary care services and appropriately managed in primary care</p> <p>Greater feedback to GPs about allocation and disposal of referrals</p> <p>GPs report greater awareness of services and supports and refer as required</p> <p>Locally meaningful performance measures are developed which give a clear picture of service outcomes</p>

### 3.0 Improving the experience and involvement of service users and carers in communities and services

Priorities for service improvement	Commentary	Action required	Timescale	Lead	Outcome
<b>3.1 Service User and Carer Engagement</b>	This engagement needs to be meaningful and wide ranging, but needs to be developed at the pace of service users	Analyse the experience of other areas, drawing on the support of CSIP, to promote engagement and mentor service users and carers within Halton.	Sept 2007	<b>L. Smith</b> D Thompson A Hughes	User engagement plan to achieve a stepped change to assure improved involvement.
	We need to concentrate particularly on reaching people from groups that are otherwise hard to reach and who are not involved in standard feedback processes	To devise practical strategies to in reach into services to link with and seek views of service users and carers.	Sept 2007	<b>L. Smith</b> S Rothwell	Increased membership of Halton Focus
		Implement an agreed policy on reimbursement of service users and carers for involvement in LIT, subgroups and other advisory settings	May 2007	<b>D Johnson</b>	Expenses of service users and carers paid as required
		Identify information and training requirements for service users and carers to support their involvement in service development	Sept 2007	<b>M Henderson</b> D Dewar	Increase in numbers of people able to support service development
	Patients' Charter needs to include a feedback and monitoring process	Develop and widely publicise a Patients' Charter which identifies standards of behaviour and	Sept 2007	<b>M Henderson</b> D Dewar J Gibbon	Clear standards established. Service users and carers report improved customer

	<p>The support for service users in service design and development needs to be strongly enhanced</p> <p>Feedback is currently ad hoc and needs to be placed within an overall governance structure for the LIT</p> <p>Feedback should be 2-way and it is important that an enhanced Halton Focus should be fully aware of the impact of local changes and be able to comment upon them</p>	<p>response which are expected of all staff</p> <p>Develop through the voluntary sector the membership, role and scope of Halton Focus to support service design and delivery</p> <p>Develop and implement a formal programme of service user and carer feedback to LIT about all services</p> <p>Formally report an update on the Action Plan to Halton Focus every 3 months</p> <p>Plan and agree accredited training for service users and carers</p> <p>Develop additional Carers Support Worker</p> <p>Develop a voluntary support</p>	<p>Sept 2007</p> <p>June 2007</p> <p>June 2007</p> <p>July 2007</p> <p>Aug 2007</p> <p>Sept 2007</p>	<p><b>S Rothwell</b> L Williams E Crisp</p> <p><b>S Rothwell</b> E Crisp</p> <p><b>L Smith</b> M Kenny</p> <p><b>P Sturgeon</b> B Hilton L Wormleighton</p> <p><b>L Smith</b></p> <p><b>N Lunt</b></p>	<p>care</p> <p>More service users receive this support. More members of Halton focus involved in service design and delivery</p> <p>Feedback “loop” developed through LIT to inform service monitoring and performance</p> <p>Greater awareness amongst service users of changes</p> <p>Training needs identified and relevant training provided to ensure user/carer contribution to service development</p> <p>New post created and in place</p> <p>Volunteers from service user/carers groups able</p>
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		network for service users and carers		L Williams	to provide personal support to others, as needed
		Enhance the role of the Halton Gateway Workers to assist GPs to signpost to alternative community services	July 2007	<b>J Cullen</b> A Hughes E Crisp	Increased referrals to community services for people known to Primary Care services Information is more widely and appropriately available
		Review the effectiveness of the Mental Health Information Strategy	June 2007	<b>J Gibbon</b>	Strategy reviewed and reported to LIT
<b>3.2 Diversity</b>	Greater work needs to be done to understand the mental health needs of local people from BME communities and other hard to reach groups. Clear actions need to be in place to enhance this, and it may be a fruitful area for the engagement of the knowledge and experience of CSIP	Develop and implement an action plan, agreed across all key stakeholders, to address diversity in mental health	June 2007	<b>L Smith</b> D Thompson	Robust action plan developed which leads to measurable increase in service response to hard to reach groups
		Engage CSIP in developing and implementing Action Plan	May 2007	<b>L Smith</b>	Action Plan based on sound regional approach
		Agree funding for Community Development Worker	April 2007	<b>R Vickers</b> E Crisp	CDW in place by Dec 2007

#### 4.0 Assessment and Care Planning processes

Priorities for service improvement	Commentary	Action required	Timescale	Lead	Outcome
<b>4.1 Management of assessment and care management processes</b>	Delivery of local and national targets needs to be a shared responsibility across the services which deliver community mental health services. The link point for this is the Partnership Board.	Develop joint reporting and scrutiny of health and social care performance by Partnership Board	April 2007	<b>R Vickers</b> I Fairbrother L Smith	Regular reporting of joint performance to Partnership Board
	Weaknesses in the supervision of assessment staff, and in the detailed monitoring of the assessment and care management process, were identified by the Review	Develop integrated supervision policy that sets out the standards expected of managers in the process	May 2007	<b>L Smith</b> M Kenny	Integrated supervision policy developed
		Develop written guidance to clarify the expectations that people can have of the services that are provided, to be used at first point of contact	Sept 2007	<b>M Kenny</b> L Smith Team managers	Clearer understanding of what is provided leads to reduced customer dissatisfaction
		Develop service user/carer feedback programme for all service areas	June 2007	M Kenny <b>L Smith</b> Team managers	Pilot programme to be rolled out to all services.

	Managers need to take shared responsibility for the delivery of good customer care	Establish regular operational managers meetings to monitor service standards	May 2007	<b>L Smith</b> M Kenny	Meetings established
		Develop clear operational protocols between teams	June 2007	<b>L Smith</b> M Kenny	Protocols developed and in place
<b>4.2 Training</b>	<p>It was clear from the cases presented to the Review that action needs to be taken to ensure that all staff understand their responsibilities in the process of safeguarding children</p> <p>Similarly concerns were expressed in the Review about the overall understanding by staff of their role in adult protection</p> <p>It seemed from the detailed audit of cases ahead of the Review that although staff were now relatively good at recognising diversity and had mainly all had relevant training, it was harder for them to translate this into actions in a care plan. Specific training needs to be commissioned to address this.</p>	<p>Ensure all staff have detailed training about their responsibilities to safeguard children</p> <p>Ensure all staff have detailed training about adult protection processes and procedures across all teams, and monitor</p> <p>Develop and implement training in ways of asking difficult questions, and audit effectiveness</p> <p>Develop and implement internal training within teams on good customer care and the standards</p>	<p>Sept 2007</p> <p>Sept 2007</p> <p>July 2007</p> <p>Sept 2007</p>	<p><b>L Smith</b> M Kenny</p> <p><b>L Smith</b> M Kenny</p> <p><b>L Smith</b> M Kenny B Hilton</p> <p><b>L Smith</b> M Kenny P Sturgeon</p>	<p>All assessment staff access safeguarding children training</p> <p>All assessment staff access adult protection training</p> <p>New training commissioned and provided. Effects of all training monitored through supervision and case audits</p> <p>Staff aware of expected customer care standards</p>

		being developed within the Patients Charter		B Hilton	
<b>4.3 Recording</b>	It was clear from the Review that overall recording standards were variable and that there was inadequate management oversight of cases. Auditing processes needed to be developed, and key information needed to be made easily and quickly available in all files	Develop and implement integrated case files across health and social care	Oct 2007	<b>L Smith</b> M Kenny	Integrated case files in place
		Develop case file structure that ensures the retention and accessibility of key information	Dec 2007	<b>L Smith</b> M Kenny J Kelly	Structure of case files amended to ensure key information immediately available
		Develop agreed standards for health and social care recording which are audited regularly by managers	June 2007	<b>L Smith</b> M Kenny	Policy / procedure developed, monitored through file audits and supervision



5.0 Interface and transition arrangements					
Priorities for service improvement	Commentary	Action required	Timescale	Lead	Outcome
5.1 Integrating Older People's services into mental health service planning and design	There were real concerns in the Review that the impact on the delivery of care to older people of proposed changes within Adult Mental Health Services had not been fully assessed, and that consultation on this had been limited.	Undertake a clear and structured consultation with all key partners, service users and carers about the development of a model for the delivery of Older People's mental health services	July 2007	<b>S Oliver</b> R Vickers P Barron	Workshop Report to inform service provision and development
		Ensure the Completion of a detailed need analysis of the mental health of Older People in Halton	July 2007	<b>S Oliver</b> R Vickers P Barron	Work programme identified
		Develop and implement clear and robust interface arrangements across Adults and Older People's services	Sept 2007	<b>S Oliver</b> R Vickers P Barron	As above
		Analyse the financial impact of any proposed changes in the delivery of Older People's mental health services in the Trust on Local Authority and PCT services	July 2007	<b>S Oliver</b> R Vickers P Barron	As above
		Appoint a short-term project manager to lead on the development of Older People's Mental Health Services	July 2007	<b>P Barron</b> J Maguire	Manager appointed and in place

<b>5.2 Other interface services</b>	Working Relationships with LD and PSD Services are positive and effective. However, such Relationships should be captured within formal protocols.	Develop formal joint working protocols with Learning Disability, Drugs and Alcohol and Physical and Sensory Disability Services	Aug 2007	<b>M Kenny</b> L Smith L Marsden	Clear procedures and processes for working with people who have multiple issues, which are audited for effectiveness
	The relationships between statutory mental health services, services commissioners and the voluntary sector are in the early stages of development and need to be more robust	Commissioners of services to develop robust links with Halton Voluntary Sector Counselling Partnership	July 2007	<b>E Crisp</b> L Smith L Williams	Development of a greater range of services for people whose circumstances do not "fit" the eligibility criteria for statutory services
		Develop link/advisory service for the voluntary sector and other partners through the Access and Advice Service	July 2007	<b>J Cullen</b> A Hughes L Williams/ A Hamilton	
<b>5.3 Transition arrangements</b>	There are no specific transition protocols or agreements in place for the change from receiving mental health services as a young person to the services received as an adult, or from adulthood into older age.	Develop and implement specific transition arrangements, pathways and guidance across CAMHS and Adult mental health services	Sept 2007	J Sweeney <b>M Chaplin</b> M Maguire L Smith	Effective transition protocols in place, which are audited regularly for effectiveness
		Develop and implement clear transition processes, pathways and guidance for adults into older people's services	Sept 2007	<b>M Kenny</b> J Maguire L Smith	As above

<b>5.4 Relationships across services</b>	Although there are generally good relationships across services, these tend to be ad hoc and there is no regular forum for meeting to exchange information and solve problems	Develop regular meetings of managers across all interface services	June 2007	<b>L Smith</b>	Meetings take place with specific agenda to improve communication
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<b>6.0 Other Issues</b>					
<b>6.1 Social Care Out of Hours services</b>	Current arrangements for social services out of hours services were understood by the review to be in development. Assurance needed that this would be taken forward to ensure an effective service for local residents	Develop and implement partnership with St Helens Borough Council to deliver emergency out of hours social care services	Oct 2007	<b>L Smith</b> A Williamson	New arrangements to deliver social care out of hours services in place
<b>6.2 ASW issues</b>	Some concerns had been raised in the review about ASW access to legal advice and key patient information out of hours. Relationships with police were seen as generally good but with some issues to be resolved.	Develop agreed approach for the provision of out of hours legal advice to ASWs	Sept 2007	<b>L Smith</b>	Agreed process in place
		Develop local police liaison process to ensure effective ASW assessment process	July 2007	<b>L Smith</b> D Bertenshaw	
		Develop system for ASWs to access key information out of hours	July 2007	<b>L Smith</b> M Kenny	System in place
<b>6.3 Social care input to community mental health services</b>	The Review noted that there was a need to enhance the understanding of social care and social inclusion within the community teams, including primary care. The actions proposed will both improve the presence of social care in each of the services and provide a wider forum for staff and team development in this area.	Develop social work posts in Crisis Resolution/Home Treatment and Assertive Outreach services	July 2007	<b>L Smith</b> M Kenny	Posts appointed
		Develop social work input into Primary Care Mental Health and Access and Advice Service	Dec 2007	<b>L Smith</b> J Cullen A Hughes	Input developed on sessional basis
		Community teams to set targets in team plans for social inclusion	Sept 2007	<b>Team Managers</b>	Targets in place and reported on monthly basis to senior

		Develop regular joint meetings for health and social care staff, with an emphasis on social care and social inclusion	July 2007	<b>Team managers</b>	managers Enhanced understanding of social care and social inclusion issues in staff
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## APPENDIX 1

### Lead Officers for Actions

C Ashton	Halton and St Helens Primary Care Trust
E Crisp	Halton Borough Council/ Halton and St Helens Primary Care Trust
J Cullen	Halton and St Helens Primary Care Trust
D Dewar	5BoroughsPartnership NHS Trust
I Fairbrother	5BoroughsPartnership NHS Trust
T Frith	Halton and St Helens Primary Care Trust
J Gibbon	Halton Borough Council
S Harris	Halton Borough Council
M Henderson	Halton and St Helens Primary Care Trust
B Hilton	Halton Borough Council
A Hughes	Halton and St Helens Primary Care Trust
D Johnson	Halton Borough Council
J Kelly	5BoroughsPartnership NHS Trust
M Kenny	5BoroughsPartnership NHS Trust
N Lunt	MIND Halton
L Marsden	Halton and St Helens Primary Care Trust
S Rippon	Care Services Improvement Partnership
S Rothwell	Halton Borough Council
L Smith	Halton Borough Council
P Sturgeon	5BoroughsPartnership NHS Trust
D Thompson	5BoroughsPartnership NHS Trust
A Travis	5BoroughsPartnership NHS Trust
R Vickers	Halton and St Helens Primary Care Trust
R Walker	5BoroughsPartnership NHS Trust
L Williams	Halton Voluntary Action
A Williamson	Halton Borough Council
L Wormleighton	Halton and St Helens Primary Care Trust