



**Healthy Halton Policy and Performance Board**

**Tuesday, 16 September 2008 6.30 p.m.  
Civic Suite, Town Hall, Runcorn**

A handwritten signature in black ink, appearing to read 'David W R'.

**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 Robert Gilligan</b>	<b>Labour</b>
<b>Councillor Margaret Horabin</b>	<b>Labour</b>
<b>Councillor Martha Lloyd Jones</b>	<b>Labour</b>
<b>Councillor Ged Philbin</b>	<b>Labour</b>
<b>Councillor Ernest Ratcliffe</b>	<b>Liberal Democrat</b>
<b>Councillor Geoffrey Swift</b>	<b>Conservative</b>
<b>Councillor Pamela Wallace</b>	<b>Labour</b>
<b>Liberal Democrat Vacancy</b>	

*Please contact Caroline Halpin on 0151 471 7394 or e-mail [caroline.halpin@halton.gov.uk](mailto:caroline.halpin@halton.gov.uk) for further information.  
The next meeting of the Board is on Tuesday, 11 November 2008*

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

**Part I**

<b>Item No.</b>	<b>Page No.</b>
<b>1. MINUTES</b>	
<b>2. DECLARATIONS OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS)</b>	
<p>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.</p>	
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## 6. PERFORMANCE MONITORING

### (A) QUARTERLY MONITORING REPORTS

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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:** Healthy Halton Policy & Performance Board

**DATE:** 11 September 2007

**REPORTING OFFICER:** Strategic Director, Corporate and Policy

**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 33(5).

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(11) states that Public Questions shall be dealt with as follows:-

- (i) A total of 30 minutes will be allocated for 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 submitted by 4.00 pm on the day prior to the meeting. At any 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 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 that 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:** Healthy Halton Policy and Performance Board

**DATE:** 16 September 2008

**REPORTING OFFICER:** Strategic Director, Corporate and Policy

**SUBJECT:** Executive Board Minutes

**WARD(s):** Boroughwide

## **1.0 PURPOSE OF REPORT**

- 1.1 The Minutes relating to the Health Portfolio which have been considered by the Executive Board and Executive Board Sub 19<sup>th</sup> April 2007 are attached at Appendix 1 for information.
- 1.2 The Minutes are submitted to inform the Policy and Performance Board of decisions taken in their area.

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

## **3.0 POLICY IMPLICATIONS**

None.

## **4.0 OTHER IMPLICATIONS**

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.



**APPENDIX 1**

**Extract of Executive Board and Executive Board Sub Committee Minutes Relevant to the Healthy Halton Policy and Performance Board**

**EXECUTIVE BOARD MEETING HELD ON 26<sup>th</sup> JUNE 2008**

**HEALTH AND SOCIAL CARE PORTFOLIO**

**25. Award of Contract for the Host Body for Local Involvement Networks (LINKs)**

The Board considered a report of the Strategic Director – Health and Community regarding the outcome of the open tender process carried out to secure a host body for LINKs (Local Involvement Networks).

It was noted that the establishment of LINKs had arisen from the White Paper “Our health, Our care, Our say: a new direction for community services” and subsequently “A stronger local voice”, which set out government policy on the future development of the patient, user and public involvement system. Originally to come into place by April 2008, the Government had since announced amendments to the timetable permitting “transitional” arrangements to be established if contractual arrangements for LINKs were not in place by March 2008. This enabled the relevant powers to be transferred to a local authority until September 2008.

The report outlined the form and function of LINKs and it was noted that this was extensive. Monies allocated to the Council for its establishment amounted to £111,000 and an open tender process had been followed resulting in two organisations submitting full tenders. The results of the full evaluation process for the two organisations invited to interview were outlined for the Board’s consideration, and Members noted that permission was sought to award the contract to St Helens CVS on the basis that this organisation offered value for money in terms of both cost and quality.

The Board considered the reporting arrangements for this contract and was advised that any concerns would be communicated to the Portfolio Holder in the first instance followed by the Executive Board if so required. In addition, there would be a reporting mechanism to the Healthy Halton Policy and Performance Board (PPB) and consideration could be given to co-opting a

member of the new LINKs onto that PPB.

RESOLVED: That the Strategic Director – Health and Community be authorised to award the three year contract to St Helens CVS.

## **EXECUTIVE BOARD MEETING HELD ON 24<sup>TH</sup> JULY 2008**

### **HEALTH AND SOCIAL CARE PORTFOLIO**

#### **31. Healthier Horizons for the North West**

The Board considered a report of the Strategic Director - Health and Community, outlining the contents and implications of “Healthier Horizons for the North West”.

It was noted that Healthier Horizons for the North West had been launched on 20<sup>th</sup> May 2008. It had been produced by the Strategic Health Authority (SHA) for the North West and was the formal response to “Our NHS, Our Future”, the National Review of the Health Service led by Lord Darzi. The report set out an ambitious 10 year vision for the future of health care in the region, reflecting Lord Darzi’s concern for a fairer, more personalised, effective, safe and accountable Health Service.

The backdrop to the report was familiar based on the issues facing people in the region. The report recognised the considerable achievements in the region, including the excellent performance on elective treatment and the consistently high scores on “use of resources” (Audit Commission) across the region.

The report included 3 overarching aims, 10 strategic objectives and 7 enablers, which were described for Members’ information. The overarching themes were an emphasis on prevention, public health and the linking of initiatives with Local Government. It was axiomatic that all of these themes overlaid the strategic objectives of the Council and that “impactful” partnerships were necessary to deliver the objectives set out in the report.

The following three areas were highlighted:

- 1) personalisation;
- 2) commitment to the mental well being of the population being embedded in all services and the impact of issues such as

homelessness and worklessness upon mental health being recognised and acted upon by Health and Social Care; and

3) partnership working.

All of these areas required resourcing and strong leadership with effective governance arrangements across agencies.

There was an opportunity to comment on the report up until 31<sup>st</sup> August 2008 and the proposed response was outlined for the Board's consideration. In addition, the Board received a presentation from Mr. Eugene Lavan, Acting Director of Strategic Planning and Development at the PCT, outlining:

- the national context of the Darzi review pledges;
- the SHA context in terms of the Healthier Horizons report;
- the Ambition for health, which was the strategic plan, and how clinical pathways would feed into this;
- expectations - for example the requirement that prevention and health promotion be at the core;
- emerging themes of alcohol, obesity, early detection and screening, and prevention;
- the intended impact on health outcomes for Halton and St. Helens;
- changes to the current approach; and
- Halton Borough Council's contribution.

Mr. Lavan advised that there was to be a "Health Summit" on 3<sup>rd</sup> September 2008, to which all Members of the Board were invited, to share the process to date; to interactively evaluate delivery options for each key area; and to identify preferred options. It was anticipated that this session would enable the moving forward of the agenda.

In considering the presentation, the Board noted:

- the need for the sporting sector to be included in the Health Summit event;
- the opportunities currently available to improve life expectancy, for example around older people; and
- the need for a difficult shift in resources and for the Government to allow time for the reforms to be embedded prior to further reorganisation.

The Chairman thanked Mr. Lavan for an informative presentation.

RESOLVED: That

- 1) as described in 5.3 of the report, the vision and objectives as set out in Healthier Horizons for the North West be supported; and
- 2) as described in 5.2 of the report, local health services be engaged with to develop programmes of work that aligned with Council objectives.

## **EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 19 JULY 2007**

### **HEALTH AND SOCIAL CARE PORTFOLIO**

#### **7. Integration of Adults with Learning Disabilities' Services**

Adults with Learning Disabilities' (ALD) Services were guided by "Valuing People" the Government National Guidance published in 2001, which set out the priorities for the delivery of services for Adults with Learning Disabilities. The Guidance recognised the need to work in partnership both across agencies and with service users and carers. In Halton the Primary Care Trust (PCT) and Halton Borough Council (HBC) had worked closely together, this had been achieved by:

- the establishment of a pooled budget since 2002, managed by HBC. The budget stood at £12.8m 2007/2008 and included most ALD services and the Community Care budget.
- co-location of the PCT's Health Team and HBC's Care Management Team.

It was proposed that the partnership between the PCT and the Council could now be further strengthened to offer a fully integrated service. The PCT was seeking to transfer 13 posts to the Council and place them under the management of HBC. The transfer would take place on 1<sup>st</sup> July 2008. There were a number of advantages for this proposal which were set out below:

- the service would improve as People with Learning Disabilities would only have one point of access and assessment, currently there were two systems for service users and carers to navigate;
- nurses and social workers would have one management system, thus avoiding duplication and inefficiencies and would be based in

one location at John Briggs House, Widnes;

- the “person centred planning” approach would be strengthened in line with national guidance “Valuing People 2001”.

The proposal to transfer NHS staff into Halton had been subject to widespread consultation with staff and undertaken in partnership between the Council and the PCT. The proposals did not set out the delivery of a new model of service therefore formal consultation with service users and carers was not required.

The Sub Committee was advised that the integration of services for People with Learning Disabilities offered the Council the opportunity to be more efficient in its delivery of services. There would be an increased ability to be flexible and a decrease in duplication improving the experience of people with learning disabilities assessed to be in need of services. It was planned that the existing agreement of a pooled budget and joint management between the PCT and the Council would be amended to reflect the new arrangements which would result in the Council providing all care and budget management. This would be undertaken by agreement between the Council and the PCT and subject to formal notification by both parties.

It was noted that the transfer of NHS staff would be subject to TUPE protection and a contract between the PCT and the Council that would cover all financial implications. In addition, the PCT would provide funding to the Council for the staff and it was proposed this would be a five-year agreement subject to a mid review at 3 years. There would not be any additional costs to the Council with this proposal.

**RESOLVED:** That the Sub-Committee agree the arrangements for a five-year contract between Halton Council and Halton and St. Helens Primary Care Trust (PCT) to transfer 13 posts (of which 6 were vacant), to the Council including a requirement for the PCT to meet the costs of these posts during the five-year term.

## **EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 19 JULY 2007**

### **HEALTH AND SOCIAL CARE PORTFOLIO**

#### **16. Review of Direct Payment Hourly Rates**

The Sub Committee received a report of the Strategic Director, Health and Community which sought approval to the proposed

changes to the Direct Payments (DP) Policy and Procedure.

In 2007/8 Halton Borough Council's DP rates were reviewed for new and existing service users and benchmarked against neighbouring Local Authorities.

Options were considered and recommendations proposed to Executive Board Sub Committee on 20<sup>th</sup> March 2008, to consolidate and simplify the DP rates paid by the Council to an agency or a personal assistant (PA), for new and existing service users. The report outlined the approved rates for 2008/9.

Currently there was no criteria for assessing which level of hourly rate Service Users should be receiving, therefore a review had been carried out and a report produced, which outlined a number of proposed amendments to the DP Policy and Procedure, which included: -

- introducing eligibility criteria to determine the rate at which DPs would be set, based on current good practice, these were outlined in detail within the policy;
- reflecting the changes introduced by the Mental Capacity Act 2005, with additional detail on capacity; and
- reflecting the growth in PA's and, if required, include payroll charges in the set-up costs, and annually thereafter as a supplement to be paid to the service user if required, when employing a PAs from 1 April 2008.

RESOLVED: That

- (1) the changes detailed above, and as set out in the DP Policy and Procedure be approved for public consultation; and
- (2) the findings of the consultation be incorporated into the report, and submitted to a future meeting of the Sub Committee.

### **17. Review of Travel Policy & Procedure relating to Social Care Services**

The Sub Committee received a report of the Strategic Director, Health and Community which sought approval for the proposed changes to the Travel Policy & Procedure for the Health & Community Directorate.

A review of operational practice in 2007 revealed high usage of sole occupancy contracts. The annual cost of sole occupancy

contracts at the time was £76,375 for 19 in-borough and 5 out-of-borough services. As a consequence of these high costs, criteria had been developed (Appendix 1) to ensure that a Panel subjected the costs of sole occupancy transport to approval as part of the care assessment process.

Given increased transport usage per day with day centre modernisation, demonstrable improvements in service quality, previous consultation responses and the need to cover a greater proportion of the service/petrol costs and assumed budgetary savings targets, increases to transport charges were approved by full Council on 5<sup>th</sup> March 2008 and Executive Board Sub Committee on 20<sup>th</sup> March 2008. The charge for a single journey increased from 50p to £1.00. Executive Board Sub Committee also approved an amendment to the maximum weekly charge, irrespective of the number of journeys undertaken, as follows, to charge a maximum weekly charge of:-

- £10.00, to those not in receipt of the higher rate mobility component of Disability Living Allowance
- 50% of the higher rate mobility component of Disability Living Allowance (£46.75/week), ie £23.00 per week to those in receipt of it.

On average, 520 service users currently receive transport services from Transport Co-ordination each month. The service continues to change and expand due to the redesign of the provision of day services, which has led to wider dispersal of daytime activities including gardening, catering, crafts and drama across 14 centres.

A number of changes to the Travel Policy and Procedure had been proposed and covered the following areas, to: -

- promote a range of travel options available to adults over the age of 18 who access social care services:-
  - o with an update on the concessionary travel pass which can now be used nationwide,
  - o with information on the Blue Badge Scheme,
- introduce a criteria for the single occupancy use of taxis or other LA provided transport,
- place emphasis on reducing air pollution and encourage

the use of sustainable resources by promoting the use of public transport,

- Include an Eligibility Quick Practice Guide as appendix 1 to this report, which professionals may detach and take with them on visits.

RESOLVED: That the Board approves the changes above and as outlined in detail in the Policy & Procedure document.

## **18. Review of Volunteer Driver Mileage Rates**

The Sub Committee received a report of the Strategic Director, Health and Community which set out the current position and the options to amend Volunteer Driver mileage rates.

The Volunteer Driver scheme was a long-running, person-centred service managed by Transport Co-ordination for Adult Social Care and Children's Services. There were 15 volunteer drivers, who drove 177,919 miles in 2007/08. The average number of miles per driver was 11,861.

Following an internal audit of operational practice of the volunteer driver scheme in 2006/7 and to ensure payments were in line with 'Volunteering England's' guidelines for tax-free mileage allowance payments, the mileage rate for all volunteers was reduced from 44.8p to 40p for the first 10,000 miles and 25p per mile thereafter.

In December 2007, the Council's volunteer mileage rate for driving above 10,000 miles was increased from the Inland Revenue approved mileage rate of 25p to 33.5p. The volunteer, if driving above 10,000 miles, should now declare payments made by the Council and their expenses to the Inland Revenue, who would then determine the volunteer's tax liability. Eleven volunteers stopped driving in 2007/08, 6 because of the rising cost of fuel/combined mileage rates and 5 for personal reasons.

Using information from the AA, the present rates of 40p for less than 10,000 miles and 33.5p above 10,000 miles, would allow the driver to recover their costs of motoring for a car costing under £10,000. However, if a volunteer drove a car costing more than £10,000 when new, the costs of motoring would not be recovered.

Any increase above these rates would lead to a "taxable profit"



in the Inland Revenue's eyes with tax potentially being paid by the driver or the driver having to confirm their true cost of motoring.

By comparing Halton's rates against neighbouring local authorities responses to an email survey conducted by Transport Co-ordination, this revealed that the proposed option 2, as set out below, would be in line with payment rates of neighbouring and other Local Authorities.

The following options were considered:-

Option 1

Continue paying all volunteers the present mileage rates of 40p up to 10,000 miles and 33.5p above 10,000 miles or revert to the Inland Revenue Mileage approved rate of 25p above 10,000 miles.

This could lead to a loss of volunteers but would reduce costs

Option 2

Pay volunteers a flat mileage rate of 40p.

Volunteers would be more inclined to drive over 10,000 miles as their costs would be covered, although they would have to submit details of the income and all motoring expenses to the Inland Revenue. Volunteer Drivers would need to be advised of their obligations in respect of a tax with a letter issued, as for the APS service.

The cost would be an additional £5550 if 7 of the existing drivers continued to drive above 10,000 miles.

Option 3

Pay volunteers a rate above 40p per mile or a salary for driving their own car on a casual basis.

If volunteers received payments which attracted income tax, they might need to licence their cars as a private hire vehicle. They would have to declare all earnings as a self-employed person and could no longer claim that they were "volunteer" drivers.

Option 4

Employ volunteers as casual drivers using HBC fleet vehicles.

It may be necessary to purchase additional vehicles if the current fleet could not meet demand. The volunteer would become an employee of HBC. This would be at a considerable additional cost and, on a value for money basis, more costly than current arrangements.

Of the above, option 2 struck the best balance between appropriate remuneration, retaining volunteers and ease of process. In addition, the volunteer driver mileage rate would be subject to quarterly review, given that the current price of fuel would fluctuate. Benchmark information from the AA or Inland Revenue would be used to set the rate.

RESOLVED: That

- (1) Option 2, mileage rates for volunteer drivers be increased from 33.5p to 40p per mile, when driving in excess of 10,000 miles be approved; and
- (2) the Strategic Director - Health & Community, in consultation with the Portfolio Holder for Health & Social Care, be authorised to review and amend the volunteer driver mileage rate and arrangements having regard to the actual costs of motoring.

**REPORT TO:** Healthy Halton Policy and Performance Board

**DATE:** 16 September 2008

**REPORTING OFFICER:** Strategic Director, Health and Community

**SUBJECT:** Oral Health Update

**WARDS:** Boroughwide

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

1.1 The Board will receive a presentation from Alan Rice, Halton and St Helens PCT on progress in access to dental services in Halton.

### **2.0 RECOMMENDATION: That**

**(1) the presentation be received; and**

**(2) Members comment on the information provided**

### **3.0 SUPPORTING INFORMATION**

3.1 At its previous meeting on 11<sup>th</sup> March 2008 the Board requested a report on the availability of NHS dentists in the Borough be submitted for information.

3.2 This presentation will give Members of the Board update on any developments regarding dentists in Halton and if no progress has been made prior to the meeting taking place anticipated key dates when there will be progress.

### **4.0 POLICY IMPLICATIONS**

4.1 There are no policy implications for the Council

### **5.0 OTHER IMPLICATIONS**

5.1 Not applicable

### **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**

**6.4 A Safer Halton**

None

**6.5 Halton's Urban Renewal**

None

**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 SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 There are no background papers under the meaning of this Act.

**REPORT TO:** Healthy Halton Policy and Performance Board

**DATE:** 16 September 2008

**REPORTING OFFICER:** Strategic Director, Corporate and Policy

**SUBJECT:** Local Area Agreement and Community Strategy Progress 2007/2008

**WARDS:** Boroughwide

## **1.0 PURPOSE OF THE REPORT**

1.1 To advise on progress towards targets set in the Community Strategy and 2007 Local Area Agreement.

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

- (1) receives the progress report; and**
- (2) identifies any areas of concern where further information should be requested for a future meeting of the Board.**

## **3.0 SUPPORTING INFORMATION**

3.1 The Council and its partners adopted a revised Community Strategy in April 2006. The Strategy contained targets for its key objectives for the period 2006 to 2011. These targets were subsequently incorporated into the 2007 Local Area Agreement.

3.2 Appendix 1 to this report summarises progress in 2007/8 and indicates the likelihood of achieving the Local Area Agreement and Community Strategy targets as they relate to the interests of this Policy and Performance Board. A more detailed commentary on individual indicators and targets is available for inspection on the council's intranet site at the following address: <http://intranet/documents/rni/inforeps/pbb/>. It presents an opportunity to reflect on progress made by the council and its partnerships. Where targets appear unlikely to be achieved, the board may, if it has not already done so, wish to request further information on the steps being taken to address under-performance. It may be appropriate to do this jointly with partners or the relevant specialist strategic partnership (SSP).

## **4.0 FUTURE REPORTING**

4.1 Members are aware that the 2007 Local Area Agreement has now been replaced by a revised Agreement signed by Ministers in June 2008. The LAA 2008 incorporates just 32 indicators plus 16 statutory Children and Early Years indicators. Targets for these 48 indicators were agreed with Government and will be the basis for performance monitoring of Halton.

It was chosen not to include additional local indicators in the LAA on the grounds that our Community Strategy already sets out our priorities and targets for Halton, and we will continue to monitor progress in delivering the Community Strategy locally.

- 4.2 For 2008/09 onwards, we will therefore be reporting progress on both the new Local Area Agreement and the Community Strategy. This will form the basis for the area assessment by the Audit Commission as part of the new comprehensive area assessment.

**5.0 POLICY IMPLICATIONS**

- 5.1 The delivery of the Community Strategy is the central plank of our Policy Framework.

**6.0 OTHER IMPLICATIONS**

- 6.1 Achievement of our Community Strategy targets has direct implications for our Comprehensive Area Assessment. Further consideration of any areas of under-performance may give rise to other implications for the Council.

**7.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES**

- 7.1 This report deals directly with progress on delivering one of our five priorities.

**8.0 RISK ANALYSIS**

The key risk is failure to improve the quality of life for residents in Halton in accordance with the objectives of our Community Strategy. This risk can be mitigated by regular reporting of performance and reviewing the action being taken where under-performance occurs.

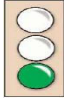


**9.0 EQUALITY AND DIVERSITY ISSUES**


One of the guiding principles of the Community Strategy is to reduce inequalities in Halton.


**10.0 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>
Community Strategy 2006 – 2011	)	
	) 2 <sup>nd</sup> Floor	Rob MacKenzie
Local Area Agreement 2007	) Municipal Building	0151 471 7416
	)	
Local Area Agreement 2008	)	

Performance Summary – A Healthy Halton

<b>Total</b>		<b>5</b>		<b>2</b>		<b>7</b>
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 <p><b>Green</b> Target likely to be achieved / exceeded</p>	
	Adult smoking rates
	Smokers who quit after 4 week review
	Unplanned emergency bed days for aged 65+
	Carers receiving specific carer service after assessment or review
	Reduce the gap between Halton and nationally for infant mortality deaths per 1,000 live births

 <p><b>Amber</b> Uncertain whether target will be met or exceeded</p>	
	Male Direct Standardised Ratio
	Female Direct Standardised Ratio

 <p><b>Red</b> Target unlikely to be achieved</p>	
	Circulatory disease mortality under 75s per 100,000 pop
	All cancers mortality under 75s per 100,000 pop
	Gap between highest ward and Halton
	Adults participating in at least 30 minutes of activity on 3 or more days a week
	Female life expectancy
	Male life expectancy
Teenage conception rates	

**REPORT TO:** Healthy Halton Policy & Performance Board

**DATE:** 16 September 2008

**REPORTING OFFICER:** Strategic Director, Health & Community

**SUBJECT:** Halton Integrated Community Equipment Service – Internal Audit Report – Progress Report

**WARDS:** Boroughwide

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

1.1 To inform the Healthy Halton PPB of progress in relation to the recommendations and response to the audit report.

### **2.0 RECOMMENDATION: That**

- (1) the Board note the content of the report; and**
- (2) the board consider what further reporting or scrutiny it would wish to undertake.**

### **3.0 SUPPORTING INFORMATION**

3.1 An internal audit of the Halton Integrated Community Equipment Service was conducted between October and June 2007 and a report on the findings and recommendations was considered by the Business Efficiency Board 4<sup>th</sup> June 2008 which recommended that “*consideration be given to a topic group being established in relation to Halton Integrated Community Equipment Service*” by the Health Halton PPB. This report provides a progress report on the recommendations.

3.2 As with the original report, this report needs to be placed in the context of the Central Government initiative, Transforming Community Equipment Services, developments within Halton and St Helens PCT and the need to re-locate the service from Picow Farm to Dewar Court.

#### **3.3 Transforming Community Equipment Services**

3.3.1 This model, introduced by central government in Summer of 2007, focuses on the develop of a retail model for the provision of community equipment. Service users would be assessed in the normal way and issued with prescriptions for their equipment that they would then collect from a local retailer. There would be the opportunity for service users to “top up” the prescription to obtain a model of equipment of



their choice and they would be advised, within the retail outlet, by registered assessors.

3.3.2 The model is currently being trialled in three North West Local Authorities, Cheshire, Oldham and Manchester. Halton has been actively involved in the development of the pilots in the three neighbouring authorities, has benefited from the information available as part of this programme and is currently exploring the option of a retail outlet at the Independent Living Centre.

#### 3.4 **Halton & St Helens PCT**

Changes to the configuration of the PCT led to disruption in the continuity of principal staff involved in the Halton Integrated Community Equipment Service, although recent appointments have resolved this issue. A future benefit of these changes will be the option to explore provision of a community equipment service across a wider geographical area.

#### 3.5 **Picow Farm Store**

In October 2007 it was necessary to cease to use the equipment store at Picow Farm due to an infestation of vermin. Temporarily the store was provided in a number of locations and permanent alternative premises have been identified. Although unplanned this gave an opportunity to address the known shortcomings of the existing store. Sound partnership working between Halton Borough Council and the PCT during this period ensured continuity of service with the minimum of disruption.

3.6 Two units at Dewar court have been identified for the store. One unit is currently in use and a further unit will be available following resolution of issues regarding the lease and a substantial programme of refurbishment. It is anticipated that all of the service will relocate in the Autumn. This development has not been without financial implications and every effort has been made to keep these to a minimum while striving to provide an improved service in the future.

### **RECOMMENDATIONS AND RESPONSES**

3.7 **Recommendation 1: Control over value for money needs to be strengthened.**

#### **Response**

Contributions to the pooled budget were agreed at the beginning of the partnership and were based on activity at that time. Since that date changes to service provision, in keeping with the Integrated Community Equipment Service philosophy, have blurred the boundaries between health and social care service users.

- In 2006/07 through an initiative to reduce the pressure on the Independent Living Team and to provide a service aligned to the Single Assessment Process 197 health service professionals were trained to assess for and provide equipment that would normally have been provided by social care staff. Training is ongoing.
- Equipment provided to facilitate safer handling of service users when supported by home care services is generally prescribed by health professionals to facilitate hospital discharge or to avoid admission and can dramatically reduce the required package of home care.
- The development of the Rapid Access and Rehabilitation (RARs) service, a joint service between health and social care with funding shared on a 50/50 basis, further skewed the picture as all equipment provided by RARs is recorded as health provision.

3.7.2 A recent significant increase in activity at the equipment store has prompted further analysis and the development of a business case to recommend an increase in resources and this will include a review of the relative contributions to the service by the Council and the PCT.

3.8 **Recommendation 2: A fundamental review should be undertaken examining how the service is delivered to provide assurance that service users' needs are being met in a cost effective way.**

**Response :**

Recent information provided by the Department of Health has identified Halton as the best performing equipment service in the country for obtaining best value in its procurement of equipment.

Plans to review the service have been delayed pending the outcome of the national pilots of the Transforming Community Equipment Service initiative. Reports from the pilots and Central Government are expected in the autumn.

3.9 **Recommendation 3: The partnership's governance arrangements need to be strengthened.**

**Response :**

An initial meeting of the Halton Integrated Community Equipment Service partnership board was held in April with representatives from the Council and the PCT. Terms of reference were agreed and work to develop a business plan, including a performance management framework, is underway.

- 3.9 **Recommendation 4: Control over financial management needs to be strengthened.**

**Response :**

The partnership board will agree the budget on an annual basis. A financial lead for the PCT has been appointed to provide robust financial information on a regular basis.

- 3.10 **Recommendation 5: Control over equipment returns needs to be strengthened.**

**Response :**

This recommendation will be implemented once the store has relocated and a bar coding system has been introduced, to monitor equipment distribution and collection.

- 3.11 **Recommendation 6: A comprehensive stores manual should be produced that clearly explains the procedures governing the store's operation and management.**

**Response :**

On removal to the new premises all guidance will be updated in relation to the new environment and collated in one document.

- 3.12 **Recommendations 7 & 8: Management should action to improve the integrity of the information held on the MSOFT system. Control over the stores records need to be strengthened.**

**Response :**

Improvements have already been put in place in relation to the stores system and also to the sub stores. The sub stores provide a valuable service to users enabling the provision of equipment for trial during home visits and avoiding inappropriate prescribing.

MSoft, the IT system used by Halton Integrated community Equipment Service, has recently been upgraded and once further training has been provided to staff it is anticipated that this will provide more robust management information for the service.

- 3.13 **Recommendation 9: Control over obsolete stock needs to be strengthened.**

**Response:**

Actions completed.

- 3.14 **Recommendation 10: Control over the security of the stores needs to be strengthened.**

**Response:**

The arrangements for security are part of the project plan for the relocated service and an alarm system has already been installed on the new premises.

- 3.15 **Recommendation 11: Computer access controls need to be strengthened.**

**Response:**

Computer access has been reviewed and is appropriate to the duties of each users.

- 3.16 **Recommendation 12: Efforts should be made to improve the quality and range of management information produced.**

**Response:**

The MSoft upgrade and further staff training, that is being negotiated with the provider, should allow the provision of more robust management information in future.

**4.0 POLICY IMPLICATIONS**

- 4.1 Policies and procedures for the Halton Integrated community Equipment Service will need to be reviewed when the service has relocated to the new premises.

**5.0 OTHER IMPLICATIONS**

**5.1 Financial/Resource Implications**

Many of the improvements recommended by the audit will be undertaken as a result of the re-location of the service. There are financial implications of the re-location that are being minimised and will result in an improved service.

- 5.2 Growth in the older population in Halton, high levels of disability and long-term illness, enabling people to continue to live at home and rising service user expectations all place increasing demands on Halton Integrated Community Equipment Service and significant pressure on the limited budget that needs to be continually reviewed.

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

**6.1 Children and Young People in Halton**

The equipment service serves all service user groups including children and young people who benefit from the developments and efficiencies of this service.

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

The option of providing a retail outlet at the Independent Living Centre includes consideration of equipment opportunities for disabled people in Halton.

**6.3 Healthy Halton**

Equipment provided through the service enables people to remain independent and active in the community contributing to physical and emotional wellbeing.

**6.4 A Safer Halton**

Equipment provided through the service contributes to improved safety within the home by improving mobility and reducing the potential for falls and injury to users.

**6.5 Halton's Urban Renewal**

None.

**7.0 RISK ANALYSIS**

7.1 This audit report was produced just prior to a period when the equipment service was subject to a significant unplanned change. These developments have, however, provided the opportunity to improve service provision and the recommendations of the audit report have been welcomed and have provided a framework for this improvement. These improvements are, however, not without additional costs and there is a need to balance investment against the potential for radical change in provision both on a regional and a national basis.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 The Halton Integrated Community Equipment Service provides a service for users of all ages and across all service user groups.

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

9.1 There are no background documents under the meaning of this Act.

**REPORT TO:** Healthy Halton Policy and Performance Board

**DATE:** 16 September 2008

**REPORTING OFFICER:** Strategic Director, Health & Community

**SUBJECT:** Health of Carers

**WARDS:** Borough Wide

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

1.1 To present HHPPB with the report on the work topic 'Health of Carers'

### **2.0 RECOMMENDATION: That the Board:**

- (1) Note the contents of the report; and**
- (2) Agree the recommendations outlined in paragraph 6.0 of the report**

### **3.0 SUPPORTING INFORMATION**

3.1 In July 2007, the Strategic Director, Health & Community Directorate, agreed with the HHPPB that the 'Health of Carers' should be selected as a work topic.

3.2 A number of methods were utilised to gather information that would feed into the review, these methods included carer interviews, desktop research and a number of visits. The use of visits was the main method for gathering relevant information etc.

3.3 The scrutiny visits to the GP Practices and Carers Centres were conducted by a scrutiny team, consisting of:

- A Member of the HHPPB
- A Carer
- An Executive Board member from the Halton Carers Forum
- A representative from the Local Authority

### **4.0 POLICY IMPLICATIONS**

4.1 A number of policies and associated procedures will have to be devised to support the recommendations outlined in the report

### **5.0 OTHER IMPLICATIONS**

5.1 It is anticipated that there may be some resource implications associated with the recommendations outlined and work is taking place at present to establish what those potentially would be.

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

**6.1 Children and Young People in Halton**

None specifically identified

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

None specifically identified

**6.3 A Healthy Halton**

The recommendations outlined in the report clearly demonstrates the Council's commitment, as a major stakeholder, in recognising the needs of Carers and in promoting their health and wellbeing within the Community.

**6.4 A Safer Halton**

None specifically identified

**6.5 Halton's Urban Renewal**

None specifically identified

**7.0 RISK ANALYSIS**

7.1 None specifically identified

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 None specifically identified.

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

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



**Health & Community  
Directorate**

## **HEALTH OF CARERS**

**Scrutiny Report  
August 2008**



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## 1.0 Introduction

The Healthy Halton Policy and Performance Board (HPPB) recognise and value the essential role that carers play in supporting some of the most vulnerable people in our community and in recognition of this the HPPB undertook a scrutiny review of health services provided to carers between October and December 2007, as the Board believe that the Health of Carers is a major influencing factor upon the health and welfare of the people receiving care, upon the carers themselves, and on the cost and shape of public services provided.

The original topic brief for this scrutiny review is attached at Appendix 1, but in summary the purpose of the review and resulting report are: -

- To review a number of current services provided to Carers and the subsequent impact that this has on carers in Halton, and
- To outline recommendations, which will lead to a number of improvements in the services provided to Carers.

The report outlines examples of how carers are presently identified at GP practices within Halton and how their health needs are assessed at the point of identification. The report also includes reviews of services presently available via the Carers' Centres and how they are intended to identify carers needs, provide advice, information and support which impacts on improving the health and wellbeing of carers in general.

## 2.0 Background

### 2.1 Who is a Carer?

A carer is someone who cares, unpaid, for a relative or friend who is unable to manage on his or her own because of illness, disability or frailty. The majority are unpaid **family carers**. Carers can be any age and come from all walks of life and backgrounds. More women are carers than men and they are more likely than male carers to care for someone with very demanding care needs and to care for a wider range of relatives.

**A parent carer** is a parent or guardian who is likely to provide more support than other parents because their child is ill or disabled. Parent carers will probably support their child for many months or years and this is likely to have a significant affect on the other children in the family.

**A young carer** is someone under the age of 18 years who looks after another member of the family or close friend who is ill or disabled. They may be taking on the kind of responsibility that an adult would usually have. This may affect their education or social opportunities.

Caring relationships can be complex and family members may provide different types of care for each other in order to live independently in the community.

### 2.2 What do carers do?

- Carers give practical, physical and emotional support to vulnerable people. They help the person they care for to deal with problems caused by short term or long-term illness or disability, mental distress or problems resulting from alcohol or substance misuse.
- Where the person being cared for no longer has the mental capacity to make a decision, the carer may be required to make decisions on their behalf.
- Carers may supervise someone to keep him or her safe.
- Caring responsibilities may vary over time and may be difficult to predict from day to day.

Anybody can become a carer, as a result of a sudden event such as an accident or this may be a gradual process when someone's physical or mental health slowly deteriorates.

With this being the case, ensuring that Carers health and wellbeing needs are maintained is essential to the caring role, which they perform.

South Devon Carers Consortium carried out a recent study, which stated that if 1 in 10 carers were to stop caring it would cost the country £2 billion to replace the care given and that carers save the state £34 billion by undertaking homecare.

## **2.3 Demography**

Health is a key strategic priority within Halton's Local Area Agreement, with two fundamental challenges to be addressed, firstly life expectancy in Halton is considerable less than most of England, and secondly forecasts suggest that Halton's population is ageing at a faster rate than England as a whole, which reflects a long-term demographic trend of an ageing population.

On average, older people are more likely than younger people to report lifestyle-limiting illness, to live alone, live in poverty and to rely on public services and informal Carers. People are also living longer with chronic long-term conditions (respiratory, heart, and diabetic etc). Advancing age carries some increased risk of dementia and depressive illness, often linked to bereavement. This shift to an older population will have a large effect on demand for social care, health and other public services, unless outcomes are improved through effective, adequate prevention and health promotion.

However ageing reflects the positive advances society has made and we also recognise that older people are also an under utilised asset to our local communities, whose contribution as carers, people with skills and knowledge and sometimes spare time needs to be recognised and further developed.

This indicates that the "cared for" are living longer and that carers within Halton will have to care for much longer periods than in previous years often experiencing health problems as they get older themselves.

## **2.4 Ambition for Health**

The Halton and St Helens Primary Care Trust (HStHPCT) are committed to the planning and securing of health services and improving the health of the people within Halton and in recognition of this they have published the Ambition for Health Strategy (June 2008) which outlines a number of ambitions to support two critical outcomes: -

- Outcome 1: Improving health and tackling inequalities in health
- Outcome 2: Delivering effective and efficient health and related services

The HStHPCT's related ambitions are: -

- To support a healthy start in life
- To reduce poor health that results from preventable causes
- To ensure that when people do fall ill from some of the major diseases, they get the best care and support
- To provide services which meet the needs of vulnerable people
- To make sure people have excellent access to services and facilities
- To play a part in strengthening disadvantaged communities

## 2.5 Carers at the Heart of 21<sup>st</sup> Century Families and Communities

The Government's new national strategy for Carers published on 10 June 2008 sets out their vision for supporting Carers over the next decade. It includes short-term commitments and identifies longer-term priorities. There is additional investment, primarily for extending planned breaks for carers and to help carers into work.

There is also an increased emphasis on joint agency working, and on the need for the NHS to more effectively engage with carers. The national strategy stresses the essential contribution of GPs in supporting carers and how this needs to be developed.

A survey of carers' health, released for the launch of this year's Carers Week, revealed that more than two-thirds of carers had been unable to find an opportunity to visit a GP about their own health due to time constraints and a general lack of flexibility to leave the house to attend appointments. Over two thirds said they felt that their health is worse because of their caring role, with 95 per cent of the 2,000 carers questioned saying that they regularly disguise the fact that their health is suffering in order to continue their caring responsibilities.

## 2.6 Carers UK Statistics (2001 Census)

	Total number of carers	Total number of carers not in good health	% of carers not in good health	Number of carers providing 50+ hours of care per week in poor health	% of carers providing 50+ hours of care per week in poor health	% of non carer population in poor health	Difference in likelihood
England	4764300	563885	11.84	203528	20.58	10.63	1.94
Halton	13242	1934	14.61	877	23.87	14.29	1.67

### National Top 4 illnesses reported by Carers

<b>Mental Health of Carers</b>
1. Anxiety
2. Depression
3. Loss of Confidence
4. Loss of Self Esteem

<b>Physical Health of Carers</b>
1. Stress
2. High Blood Pressure
3. Heart Problems
4. Strains

## 2.7 Profile of Carers in Halton

The census carried out in 2001 found that there were over 13,000 carers in the Borough who were providing help and support to their partners, children, relatives and friends.

- Approximately 8,000 individuals provided unpaid care for 1 – 19 hours per week
- Just under 2,000 individuals in Halton provided unpaid care from 20 – 49 hours per week
- Approximately 3,500 individuals provided unpaid care for 50 or more hours per week
- Approximately 3,000 individuals were aged 60 and over

### 3.0 Methodology

In undertaking the scrutiny review, information was gathered from a variety of sources, as follows: -

- Carer Interviews - An officer from the Local Authority conducted interviews with carers on a one-to-one basis. Carers were asked a set of questions and the responses were recorded. Each individual had the opportunity to comment on services currently provided and recommend additional services that they thought would be useful. An officer from the Local Authority conducted interviews with carers on a one-to-one basis. Carers were asked a set of questions and the responses were recorded, each individual had the opportunity to comment on services currently provided and recommend additional services that they thought would be useful.
- Desk Top Research, including a review of National Policy and Guidance
- Visits to GP Practices - 3 GP surgeries were involved in the scrutiny review. One practice from Runcorn and one from Widnes and then a comparable surgery based in Moreton. This was previously involved in a similar research project in the Wirral and was highlighted as demonstrating good practice in the provision of services to carers.
- Visits to Carers Centres - 3 Carers' Centres from neighbouring Boroughs (Warrington, Sefton and Knowsley) were visited to explore and compare best practice.
- Meetings with professionals from the PCT and Local Authority
- Halton Carers Forum - Individual interviews were conducted with carers who sit on the Halton Carers' Forum Executive Board and who contributed both their personal opinion and the known opinions of other carers involved in the Forum.
- Local Implementation Team (LIT) Carer Sub Groups - Discussions held at those meetings were also fed into the review.

The scrutiny visits to the GP Practices and Carers Centres were conducted by the scrutiny team, consisting of: -

- A Member of the HHPPB
- A Carer
- An Executive Board member from the Halton Carers Forum
- A representative from the Local Authority

A number of questions were devised for the visits and each member of the scrutiny team had the opportunity to explore the answers given during the visit and then ask supplementary questions if required. The exercise benefited from having the same scrutiny team undertake each visit as it meant that comparisons between services and responses could be analysed more effectively.

## 4.0 Analysis of Findings

### 4.1 Enhanced GP Service for Carers

HStHPCT have developed an enhanced GP service to support Carers. In summary the aims of the scheme is to encourage GP practices to: -

- identify carers
- identify carers' health and support needs
- take account of carers' responsibilities when they access services in the practice
- identify, with carers, if they require a Social Services assessment, and making the referral
- refer carers to other services as appropriate
- provide appropriate information to help carers make informed choices about their own health and wellbeing, as well as that of the person they care for.
- to provide practices with some resource to enable the above.

The enhanced service has been available to all 16 practices within Halton since December 2007 and as at January 2008, four surgeries had formerly signed up to the Enhanced GP service (two within Widnes and two within Runcorn), as at July 2008, this number has increased to 11 practices (seven in Widnes and four in Runcorn).

### 4.2 Primary Care

Carers in Halton are saying that they want a more flexible GP service, where they are able to access primary care for both themselves and the cared for person. Carers in Halton commonly reported feeling frustrated and stressed by the lack of flexibility often found at GP surgeries;

- a) When trying to access an appointment for their own health needs. They would often compromise their own health rather than face the attitudes and inflexible approach of the staff and the system. **and**
- b) When trying to be involved in the cared for persons medical requirements and health care, reported that they were often not included or taken seriously by professionals yet felt that they had a wealth of experience to contribute to the overall care package of the cared for person.

Out of the surgeries that were visited, there were some examples of good practice with regards to awareness of carers issues and health (See appendices 2, 3 & 4). One specific GP surgery explained that the receptionists knew many of the patients and could often monitor carer's health and well being from the regular contact they had with them. They had a system in place where by if they had concerns about a patient, they would raise the issues at a weekly multi-disciplinary meeting within the practice. The surgery in question had a Community Nurse attached to the practice for 2



days per week and they would be available to visit or contact the carer to assess their health needs further if necessary.

It was recognised that this type of pro-active approach demonstrated the importance of preventative measures that the surgery employed and that it enabled the carer to continue with their caring responsibilities and therefore the person cared for was able to remain within Community and typically resulted in fewer demands being made on statutory resources.

A comparable surgery out of the Borough had developed a system for new carers who registered at the practice to be provided with a carer's information pack of literature both about carer's services available in the area and also contact information details about the cared for person's condition. This particular practice had built up close working relationships with the Carers Centre, and both the surgery and the carers' service would cross-refer and work together to ensure that carers received appropriate support, information and health care in a joined up way. Due to this form of partnership working, carer issues were high on the agenda for all staff concerned. This impacts in a positive way on the cultural attitudes and understanding towards carers and on the systems developed within the surgery around making appointments.

One GP surgery disclosed that they had signed up to HStHPCT's enhanced service. However during the scrutiny visit, the practice were unable to demonstrate a quality service towards carers and suggested that the scrutiny team return in two years when they may have got their systems in place. It was acknowledged that the service is in it's infancy, but the visit did highlight the need for cultural and attitudinal shifts in working practices.

Overall it was found that GP practices lacked measurable standards across the board and appeared to rely on the individual personalities rather than training programmes for staff to inform and highlight carer issues etc.

### **4.3 Carers' Centres**

Carer's who contributed to the scrutiny review, voiced the importance of a "drop in" facility and the need for an informal space where they can access informal support. Carers emphasised the benefits of being able to talk to others about issues that they faced within their daily lives. They acknowledged that it had a positive effect on their stress levels, and would reduce the tension and isolation that they often felt as a carer.

During the review, Halton Carers' Forum Executive Board highlighted that carers would like a specific advocacy worker to be available for carers. It was felt that this would improve the practical support for carers to be able to access benefits and services in order to help them to continue to manage in their role as a carer. The 2001 census reported that without appropriate support, feelings of isolation and financial stress all increased the risk of deterioration to the health of carers.

Out of the 4 carers' centres that were visited as a part of the scrutiny review, it was only Halton Borough that did not currently have an Emergency Card system in place. The Emergency Card service which was subsequently proposed in Halton is designed to reduce carers anxieties about looking after the cared for person and to safeguard against crisis situations which may arise for the carer.

It is expected that any carer (who has had a contingency plan developed as part of their assessment) will carry an emergency card with them and it will include the telephone number for the Halton Borough Council Contact Centre who would then make a referral onto the Emergency Home Based Respite service. There may be many different situations when it would be appropriate to use the Emergency Card, but would include situations such as the Carer's unexpected admission to hospital.

All the centres that were visited acknowledged the benefits of the holistic therapies that were offered to carers, along with training sessions and day trips. The activities encourage carers to take care of their own well-being and health, reduce stress, access training and educative programmes in order to avoid isolation and loss of self esteem and confidence; providing breaks for carers from their caring responsibilities.

Outlined below are details of the number of Carers supported with breaks organised via the Runcorn and Widnes Carers Centre, along with figures outlining the level of services provided by the Complementary Therapy Service held at the Centres, during 2007/8 :-

	<b>Number of Individual Carers Supported</b>	<b>Number of Breaks provided</b>
Carers Centre	338	676
Complementary Therapy Service	171	744
<b>TOTALS</b>	<b>509</b>	<b>1,420</b>

## **5.0 Conclusion**

With the publication of the Government's new National Strategy for Carers earlier this year, the role of and contribution to society of the six million carers in the UK is now being increasingly recognised.

Within the strategy there is a distinct emphasis on joint agency working, and on the need for the NHS to more effectively engage with carers and this was particularly identified within the national Carers Strategy.

All carers need more support to be able to continue caring and to lead active lives as well. The new strategy is encouraging – there is additional investment; and a clear vision set out, which if delivered, would mean carers are treated with respect, have a degree of financial security; and receive quality advice and support from health, social care and other agencies. Carers would be treated as expert partners and there would be more choice and control over how they receive support.

The findings of the scrutiny review highlight that there has been clear progress made within Halton to achieve this vision, but there is clearly still much to be done.

## 6.0 Recommendations

If the following recommendations are agreed, then the Local Authority will work in partnership with HStHPCT in formulating an action plan to take the recommendations forward: -

- 6.1 Outreach services provided by the Carer's Centre to be established within GP practices in order to develop stronger joint working arrangements between the Carer's Centre and primary care services. The aim of the services would be to increase referrals from GPs into appropriate agencies and also the presence of carer's centre staff would also raise the profile of carers issues within practices, encouraging them to become aware of the benefits that carers provide both to the community and to the cared for person.
- 6.2 Work with the HStHPCT in the development of a programme of annual presentation visits and training sessions for staff within GP practices, again with the aim of raising the profile of carers in the community, increasing the numbers of identified "hidden carers" and encouraging staff to safeguard and prioritise carers' health. The Carer Development Officer, in conjunction with the Carer's Centre, could deliver the training sessions/presentations.
- 6.3 Work with HStH PCT in developing a system which can closely monitor the "standards" of the PCT enhanced GP service; devising clear criteria and guidance in which to monitor the service delivered by practices. It is recommended that any monitoring/audit team who would be responsible for monitoring GP practices who had signed up to the enhanced services would include a representative from the local authority and a carer. The carer representative could act as a conduit to feedback carers' experiences; highlighting any inconsistent gaps in service provision.
- 6.4 The Local Authority to implement an Emergency Card/Emergency Home Based Respite service for carers, providing more assurance and support to carers and reducing anxiety for carers in the event of a crisis and to bring Halton into line with the good working practices of other boroughs in the area. Investigate the work the Social Learning Disability Services is undertaking in this area as part of the evaluation of the service.
- 6.5 Ensure that the provision of a 'drop in' facility, advocacy service and the continued provision of a carers breaks are included in the Service Level Agreement (SLA) with Halton Carers Centre in preparation for the transfer of the Halton Carers Centre over to the voluntary sector on 1<sup>st</sup> October 2008. The SLA will be closely monitored (on a quarterly basis) to ensure equal access to services is provided etc.

**TOPIC BRIEF**

<b>Topic Title:</b>	Health of Carers
<b>Officer Lead:</b>	Operational Director (Adults of Working Age)
<b>Planned start date:</b>	July 2007
<b>Target PPB Meeting:</b>	March 2008

**Topic Description and scope:**

A review of the health needs of carers within Halton and how such identified needs are met.

**Why this topic was chosen:**

The last few years have seen a growth in recognition of the central role carers play. The Carers (Recognition and Services) Act 1995, the National Strategy for Carers 1999, Carers and Disabled Children's Act 2000 and the Carers (Equal Opportunities) Act 2004 indicate that the agencies involved in the provision of health and social care should recognise this and work together to provide access to support for carers.

Improving health is a key strategic priority for the Council; this work topic will provide a focus on meeting this priority.

**Key outputs and outcomes sought:**

- ◆ Exploration of how health needs of carers are identified and assessed
- ◆ Review of work undertaken through the Primary Care Trust and commission services to meet those needs
- ◆ Consultation with carers on how to improve services

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

Key Objective A: To understand fully the cause of ill health in Halton and act together to improve the overall health and well being of local people.

Key Objective C: To promote a healthy living environment and lifestyles to protect the health of the public, sustain individual good health and well being, and help prevent an efficiently managed illness.

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

Member led review of the health needs of carers in Halton.

**Preferred mode of operation:**

- ◆ Review of current assessed need of health of carers
- ◆ Benchmarking with comparative local authorities
- ◆ Field visits to areas of best practice

**Agreed and signed by:**

**PPB chair** .....

**Officer** .....

**Date** .....

**Date** .....

**Visit**  
**Medical Centre - 314 Hoylake Road,**  
**Moreton, CH42 6DE**

- 1. What services do you offer to Carers at your centre?**
  - Surgery has a carer's questionnaire/form, which once identified at the point of registration – they are asked to complete.
  - The database “flags” up that the patient is a carer.
  - The GP surgery works in partnership with “Wired” who runs a service for carers. The Partnership was developed in 2004 and was a surgery initiative, the GP's do not receive an enhanced payment for this, however it has now been written into the contract that carers have to be identified and counted.
  - A corner of the surgery waiting area is dedicated to information and contact details for carers.
  - The surgery offers a flexible service for carers with regards to making appointments and picking up prescriptions.
  
- 2. Do Carers present with common illnesses/ailments?**
  - Carers commonly present with stress related illnesses.
  - If a receptionist or nurse identifies a deteriorating health condition of a carer there is a system in place where they will report it to the GP.
  
- 3. What work do you do with GP's with regards to the Health of Carers?**
  - The GP surgery holds a bi-monthly meeting where professionals such as midwives, district nurses, school nurses etc attend. Individual client cases are discussed at the meetings and a plan of action is usually agreed.
  - There is a white board in the reception office which flags up patient issues, carers are often included on the board if there are specific concerns or health issues or if the carers needs a more flexible service from the surgery due to his/her caring responsibilities.
  
- 4. When focussing on awareness raising around “Health of Carers” how do you address this within your community?**
  - “Wired” will go into the community and provide advice and support for carers. There are established links of communication between the surgery and the agency.
  - The surgery provides in-house counselling
  
- 5. Do you distribute any leaflets or literature around health needs for Carers?**
  - The surgery is pro-active in its approach to gathering health information. For example if a patient presents with “Parkinson's Disease” the surgery will provide a bundle of information; which will

include specific specialist contact numbers for both the carer and the cared for person.

- The surgery displays information and literature on behalf of “Wired”
- “Wired” include the surgery in updates for carers about the latest campaigns etc

**6. Have you any strategies jointly commissioned; by social services, PCT, voluntary sector – which addresses the health of Carers.**

- Although there is nothing written in the surgery contract, it does work in close partnership with “Wired”
- “Wired” was initially a PCT pilot project, started in 2004



**Visit  
Appleton Surgery**

- 1. What system do you have in place to identify carers?**
  - Appleton Surgery operates a Carer Identification Form, this can be done as a self-assessment and forms are kept in the waiting room.
  - Carers are also logged on the surgery database and when they visit the GP – it flashes up on the screen that they are carers.
  
- 2. What happens when someone discloses that they are a Carer?**
  - Carers that have identified themselves will be asked to complete a Carer Identification Form and will also be informed about the **Message in a Bottle Scheme**; again details can be found in the waiting area at the surgery.
  - Carers are given information about the Widnes Carers' Centre, information is continually displayed in the waiting area and Widnes Carer Centre staff regularly attends the practice to provide talks to staff and/or to meet with patients.
  
- 3. Do you have any flexible arrangements in place – for Carers?**
  - It is recognised that carers sometimes need to plan visits to the surgery, in advance due to the commitments that they have to their “cared for person”, the receptionists are accommodating in as much as they do not insist that carers follow the surgery system of making appointments on the day they require treatment or insisting that they telephone at 8.30am.
  - The reception staff reported that they did not have specific training with regards to the needs of carers but some had had personal experience of being a carer and they cascaded information to other staff around carer issues.
  
- 4. Where do you refer Carers?**
  - The Widnes Carers' Centre
  - Matron based at the practice.
  
- 5. How do you support Carers Health Needs?**
  - Appleton surgery has a Matron based at the health centre, She will become involved with patients who have reoccurring or deteriorating conditions; this may sometimes include carers.
  - The reception staff play a vigilant part in this process – as they are familiar with patients and can usually identify imminent problems Which they can then communicate their concerns to the GP and/or Matron.
  - Contingency arrangements are made with regards to prescriptions; both for the “Carers” and the “Cared For” if required.

**6. When was the Matron employed in this capacity? Was that a health centre initiative or a PCT Initiative?**

- It started approximately 2-3 years ago.
- PCT initiative

**7. What database does your surgery use?**

- Emis; it is on this database that Carer information is highlighted.

**8. Do Carers present with common illnesses and if so what type of conditions are reported?**

- We recognised that Carers do not usually present with illnesses until things are at a crisis point and is mainly stress related issues.

**Visit  
Brookvale Practice**

**1. What services do you offer to Carers at your centre?**

- We have a protocol in place which identifies new carers – at the point of registration
- We refer new carers to social services (we have done than prior to signing up to the PCT enhanced service, but we have never had to record details)
- When carers register, we have a new patient questionnaire
- Links with carers' centre
- Emergency appointments available
- Offer a more flexible service for carers – but manager couldn't specify how.
- "Champion" identified – as a result of surgery signing up for the PCT enhanced service
- Pharmacy service; picks up patient scripts from the surgery

**2. Do Carers present with common illnesses/ailments?**

- As receptionists we are not aware of "carers illness"

**3. What work do you do with GP's with regards to the Health of Carers?**

- None

**4. When focussing on awareness raising around "health of Carers" how do you address this within your community?**

- It is such a recent initiative that we have not done anything so far.....

**5. Do you distribute any leaflets or literature around health needs for Carers?**

- Notice board for Carers – in the GP waiting room (carers centre staff put notices on the board and restock literature)
- Practice leaflet – gathering carer information (at the point of registration)
- Have a website which includes carer information

**6. Have you any strategies jointly commissioned; by social services, PCT, voluntary sector – which addresses the health of Carers.**

- Not at the moment

## Carers Centre Meeting - Warrington

<b>Questions Presented to Centre Manager</b>	<b>Centre Responses</b>
1. What services do you offer to Carers at your centre?	<ul style="list-style-type: none"> <li>• Information and signposting</li> <li>• Drop In</li> <li>• Carers support group</li> <li>• Newsletter Emergency Card system</li> <li>• Counselling Service</li> <li>• Volunteer support service</li> <li>• Pamper sessions</li> <li>• Day trips</li> <li>• Training sessions</li> </ul>
2. Do Carers present with common illnesses?	<ul style="list-style-type: none"> <li>• Depression</li> <li>• Stress</li> <li>• Back and other physical problems due to lifting</li> <li>• Low Self Esteem</li> </ul>
3. What work do you do with GPs with regards to the health of carers?	<ul style="list-style-type: none"> <li>• Distribute leaflets and literature to health centres, precinct information boards, Warrington hospital</li> <li>• GP liaison worker employed to build links to Carer services</li> </ul>
4. When focussing on awareness raising around the health of carers how do you address this within your local community?	<ul style="list-style-type: none"> <li>• Distribute information to schools, hospitals, social services, public information boards</li> <li>• Provide presentations to Social workers</li> <li>• Provide Presentations to “Gateway into Warrington” staff</li> </ul>
5. Do you distribute any literature or leaflets around the health needs for carers?	<ul style="list-style-type: none"> <li>• Leaflets consist of services available at the carer’s centres and also voluntary sector services.</li> <li>• Regular newsletter</li> <li>• Welfare benefits information</li> </ul>
6. Have you any strategies jointly commissioned by Social Services, PCT, voluntary sector – which addresses the needs of carers?	<ul style="list-style-type: none"> <li>• The Carers Centre building space is provided free by the PCT</li> <li>• Additional funds are raised by lottery applications, applications to local companies in Warrington – who provide donations and a grant from the Princess Royal Trust</li> </ul>

## Carers Centre Meetings - Sefton

Questions Presented to Centre Manager	Centre Responses
1. What services do you offer to Carers at your centre?	<ul style="list-style-type: none"> <li>• Information and signposting to specialist services</li> <li>• Carers respite – Day Trips</li> <li>• Emergency card and contingency Planning</li> <li>• Assessments</li> <li>• Training</li> <li>• Holistic therapies</li> <li>• IT training</li> <li>• Newsletters</li> <li>• Drop-in</li> <li>• Counselling</li> <li>• Benefits Advice (benefits specialist attends Centre on specific days)</li> </ul>
2. Do Carers present with common illnesses?	<ul style="list-style-type: none"> <li>• Stress according to a recent questionnaire 46% of carers report feeling stressed</li> </ul>
3. What work do you do with GPs with regards to the health of carers?	<ul style="list-style-type: none"> <li>• GP Link worker employed.</li> <li>• Link worker will identify hidden carers</li> <li>• Link worker will update GP notice board with Carer Information</li> </ul>
4. When focussing on awareness raising around the health of carers how do you address this within your local community?	<ul style="list-style-type: none"> <li>• Hospital discharge Link worker, based in local hospital; their referrals count for 75% of total referrals into the Sefton Carers Centre</li> <li>• Distribute information, leaflets and posters in GP surgeries</li> <li>• Monitor how Carers found out about Sefton Carers Centre thus tailor the way information is distributed</li> <li>• Linkworkers in GP surgeries</li> </ul>
5. Do you distribute any literature or leaflets around the health needs for carers?	<ul style="list-style-type: none"> <li>• Main Booklet – Guide to Caring for the Community (printed by the council so it is cheaper)</li> <li>• GP surgeries are the main target for literature</li> </ul>

<p>6. Have you any strategies jointly commissioned by Social Services, PCT, voluntary sector – which addresses the needs of carers?</p>	<ul style="list-style-type: none"><li>• The training and Education Centre (which is a separate building) is funded by Social Services, PCT, and Southport College and Sexton Carers Centre</li><li>• The printing of booklets entitled <i>Maintaining Carers</i> is funded by Sefton Beacon money</li></ul>
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## Carers Centres Responses - Halton

Questions Presented to Centre Manager	Centre Responses
1. What services do you offer to Carers at your centre?	<ul style="list-style-type: none"> <li>• Information and signposting service</li> <li>• Newsletter</li> <li>• Pamper sessions</li> <li>• Holistic sessions</li> <li>• Day trips</li> <li>• Training sessions</li> <li>• Presentations</li> </ul>
2. Do Carers present with common illnesses?	<ul style="list-style-type: none"> <li>• Depression</li> <li>• Stress</li> <li>• Back and other physical problems due to lifting</li> <li>• Low Self Esteem</li> </ul>
3. What work do you do with GPs with regards to the health of carers?	<ul style="list-style-type: none"> <li>• Distribute leaflets and literature to health centres</li> <li>• Presentations to GP surgeries</li> </ul>
4. When focussing on awareness raising around the health of carers how do you address this within your local community?	<ul style="list-style-type: none"> <li>• Distribute information to hospitals, social services, public information boards</li> <li>• Provide presentations to Social workers and call centre staff</li> <li>• Regular newsletters</li> <li>• Attendance of LIT groups</li> </ul>
5. Do you distribute any literature or leaflets around the health needs for carers?	<ul style="list-style-type: none"> <li>• Leaflets consist of services available at the carers' centres and also other voluntary sector services within the borough.</li> <li>• Regular newsletter</li> </ul>
6. Have you any strategies jointly commissioned by Social Services, PCT, voluntary sector – which addresses the needs of carers?	<ul style="list-style-type: none"> <li>• Carers' centres are you currently run by the local authority. It is planned that the centres will be transferred into the voluntary sector; by April 08</li> </ul>

## Carers Centre Meetings - Knowsley

Questions Presented to Centre Manager	Centre Responses
1. What services do you offer to Carers at your centre?	<ul style="list-style-type: none"> <li>• Information and signposting to specialist services</li> <li>• Outreach services</li> <li>• Voucher scheme</li> <li>• Carers respite</li> <li>• A pot of money for training and education</li> <li>• Emergency card</li> <li>• Assessments</li> <li>• Training</li> <li>• Holistic therapies</li> <li>• IT training</li> <li>• Newsletters</li> <li>• Drop-in</li> </ul>
2. Do Carers present with common illnesses?	<ul style="list-style-type: none"> <li>• Depression</li> <li>• Stress</li> <li>• Back problems</li> </ul>
3. What work do you do with GPs with regards to the health of carers?	<ul style="list-style-type: none"> <li>• Provide presentations to GPs and reception staff</li> <li>• Distribute leaflets and literature to health centres</li> </ul>
4. When focussing on awareness raising around the health of carers how do you address this within your local community?	<ul style="list-style-type: none"> <li>• Walking clubs</li> <li>• Line dancing</li> </ul>
5. Do you distribute any literature or leaflets around the health needs for carers?	<ul style="list-style-type: none"> <li>• Leaflets consist of services available at the carers' centres and also voluntary sector services.</li> <li>• Regular newsletter</li> <li>• Welfare benefits information</li> </ul>
6. Have you any strategies jointly commissioned by Social Services, PCT, voluntary sector – which addresses the needs of carers?	<ul style="list-style-type: none"> <li>• Link with other local community groups to provide joint activities</li> </ul>



## Carers Interviews – Summary of Responses

<b>Questions presented to Carers involved in the Scrutiny Interviews</b>	<b>Carers responses</b>
1. When you go to your surgery are you registered as a Carer?	<ul style="list-style-type: none"> <li>• One carer reported that she had to request being registered as a carer.</li> <li>• One carer said that they are registered as a carer and that the GP aware of carers responsibilities and has provided a more flexible approach as a result.</li> <li>• Either the receptionists or GP's had never asked one carer about their caring status at the practice. It was reported that one nurse based at the practice did enquire about caring responsibilities at the time the patient's flu jab was administered, although this was never followed up.</li> </ul>
2. As a result of your being a Carer are their any flexible arrangements that are in place e.g. appointments and picking up prescriptions?	<ul style="list-style-type: none"> <li>• There is no flexibility within the surgery; with regards to making appointments and/or ordering and picking up prescriptions</li> <li>• The local pharmacy offers a next day ordering service where they will pick up prescription from the GP practice and prepare prescription to be collected on the following day</li> <li>• The internal pharmacy was not used by one carer as it was found to be a lengthy waiting time and often found not to stock medicines required</li> <li>• One GP has made home visits where patient has been unwell</li> </ul>
3. Has your GP referred you to any other service as a result of your being a Carer?  - Continued	<ul style="list-style-type: none"> <li>• Carer been with practice so long that when they first registered with the practice there were no specific resources for Carer's; GP is now aware Carer accesses local Carers' Centre in the Runcorn area</li> <li>• One carer experienced severe depression as a result of caring responsibilities. Carer reported that the GP was supportive and helpful during consultations and offered counselling service, discussed exercise and lifestyle and referred to local community based support group</li> </ul>

4. Do you think there is anything missing at your GP surgery, which would support you in being a Carer?

- Counselling and alternative therapies offered within the practice.
- Nothing – Patient appreciates being able to “just drop in and have chat with GP if unwell”
- A “consistent” GP that was aware of caring responsibilities and had knowledge of medical history for the carer and the “cared for” rather than a current stream of locum GPs.
- A more flexible and responsive service in the case of out of hours or GP emergency service
- Staff having clear understanding of referral procedures and local resources available for carers
- Staff having understanding of the pressures and strains that “caring” can have upon someone
- Reception staff to “listen and respond” to carers when they report concerns – more understanding/awareness

**References**

1. Halton Borough Council & Halton and St Helens Primary Care Trust Carers Strategy 2008-9
2. Halton's Local Area Agreement
3. Halton & St Helen's PCT Ambition for Health Strategy (June 2008)
4. Carers at the Heart of 21<sup>st</sup> Century Families and Communities (June 2008)

**REPORT TO:** Healthy Halton Policy and Performance Board

**DATE:** 16 September 2008

**REPORTING OFFICER:** Strategic Director – Health & Community

**SUBJECT:** Work Topic: Physical and Sensory Disability services – contracts with the voluntary sector

**WARD(S)** Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the final report of the work topic undertaken by the Board October 2007 to June 2008

2.0 **RECOMMENDATION: That:**

- (1) **Members note and comment on the report; and**
- (2) **Members agree the recommendations of the report as set out in Section 7 of the appendix.**

3.0 **SUPPORTING INFORMATION**

3.1 At its meeting in June 2007, Healthy Halton Policy and Performance Board agreed the Key outcomes and outputs sought from this work topic. These were incorporated into the project brief attached as Appendix 1.

3.2 Nine members participated in a small working group working with officers to examine service provision through contracts with three voluntary sector organisations for information services for disabled people and support services for visually impaired people and those with hearing impairment or dual sensory loss (deaf/blind).

3.3 The report covers findings of this work gathered through both desktop exercises and visits to all services.

3.4 Overall the review identified one organisation that was not delivering the contracted service. The other two organisations were generally delivering appropriate support with some areas requiring improvement. It was noted that welfare benefit advice was being offered rather than when signposting to the Council's in-house service.

3.5 A number of recommendations have been made for two of the organisations including updating of service specifications and

monitoring to give clarity around the service requirements of the contract and improve performance. In addition, further work will be undertaken to examine the strategic direction of in-house service provision for visual impairment rehabilitation.

3.6 The contract to deliver an information service for disabled people is not being fulfilled and over recent years the Council is meeting the need for such a service through Halton Direct Link and the Contact Centre. Many individuals also have access to a wealth of information through the internet. The recommendation relating to this contract is that it is de-commissioned and three months notice has been served to end this contract with Halton Disability Services.

3.7 The three services reviewed all had sight of the draft report and their comments have been incorporated into the final version but recommendations have not been changed.

#### 4.0 **POLICY IMPLICATIONS**

4.1 None.

#### 5.0 **OTHER IMPLICATIONS**

##### 5.1 Financial/Resource implications

In addition to improving the performance of all services delivered via the voluntary sector, work is ongoing to achieve a 5% savings target in 2008/9. This includes redesigning services to reduce duplication and this report highlights areas that may contribute to delivering savings.

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

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

Services provided for people with sensory impairments and their carers are cradle to grave. The support offered to young people through communication skills and equipment enables them to participate in ordinary life and reach their potential.

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

None

##### 6.3 **A Healthy Halton**

These services offer a range of support to people with sensory impairment to promote independence and enable participation in community life, whilst reducing risk of physical harm and have a positive impact on a persons sense of self worth and mental health.

##### 6.4 **A Safer Halton**

None

6.5 **Halton's Urban Renewal**

None

7.0 **RISK ANALYSIS**

7.1 None

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 These services promote social inclusion.

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

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

**Appendix 1****Report of the Health Scrutiny Topic Team****Physical and Sensory Disability Services provided through contracts with the voluntary sector.****Contents**

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**1. Purpose of the report**

Healthy Halton Policy and Performance Board at its meeting on 12<sup>th</sup> June 2007 agreed that contracts for services provided by the voluntary sector for people with physical and sensory disabilities would be selected as a work topic for scrutiny.

This report outlines why the services needed review and how this was undertaken and brings together the findings.

**2. Why was this topic chosen?**

Whilst only a small number of contracts exist providing for example, services for people who are blind, these contracts are very important given the complex needs of people receiving these services. Services for people with physical and sensory disability have been perceived nationally as Cinderella Services and a focus on such services will ensure that the importance of meeting the needs of people with physical and sensory disabilities are locally recognized and improved upon.

It is also important to explore the contribution these services make to the Vision for Physical and Sensory Disability Services in Halton, which includes a commitment to promote independence through the social model of disability. To achieve this a wide change in public attitudes towards disability from one where disabled people are defined by their impairment e.g. arthritic, epileptic (known as the medical model of disability) to one where there is an acceptance that society needs to make adjustments so that disabled people are able to take up the same opportunities and make the same choices as everyone else (the social model of disability) needs to be made.

**3. Parameters of this scrutiny review**

**Aims of the review**

There are four key aims of this review:

- To ensure services provided to people with a physical and sensory disability are effective, appropriate and demonstrate value for money.
- To predict future needs to ensure services continue to meet expectations and are developed appropriately.
- To develop a methodology for identifying best practice which will be beneficial to other service reviews.
- To enhance collaborative arrangements between key services thus ensuring effective and efficient use of combined resources.

**Scope of the review**

The scope of the review encompassed three voluntary sector contracts for the provision of services for adults with physical and sensory disabilities:

Service	Provider
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Information services for disabled people	Halton Disability Information Services
Care management, provision of equipment for people with hearing impairments and services for people who are deaf/blind	Deafness Support Network
Services for people with visual impairment	Vision Support

In addition to these services, Vision rehabilitation services based in-house within the PSD care management team will also form part of the review to explore the links with the voluntary sector and be considered in any recommendations for future service developments and provision. It is also acknowledged that the PCT contribute to Vision support services and this has been considered throughout the review.

#### **Key outcomes and outputs sought**

- (i) To identify existing and future need within Halton for specific services, particularly in relation to deafness and blindness
- (ii) To ascertain how effective current provision is in meeting the need of this small group of people
- (iii) To look at future services, identify any service gaps and necessary service improvements
- (iv) To make recommendations regarding future service development and provision.

#### **4. The Scrutiny Process**

The Scrutiny Panel consisted of the following people:

Members:	Ellen Cargill	Officers:	Marie Mahmood
	Pamela Wallace		Angela McNamara
	Joan Lowe		Liz Gladwyn
	Margaret Horabin		Mark Holt
	Martha Lloyd Jones		
	Geoffrey Swift		
	Chris Inch		
	Kath Loftus		
	Robert Gilligan		

At its first meeting on 17<sup>th</sup> October 2007, the panel agreed the project brief (Appendix 2), which split the work into four distinct stages:

1. Strategic review:  
This was the first stage when the strategic relevance of the service as well as an assessment of demand would be conducted. If a negative response to stage 1 were found then the process would proceed to stage 4.
2. Desktop review of quality, performance and cost effectiveness:

This second stage was designed to identify any potential risk and provide the required detail for the scrutiny process.

3. Further evidence / service review investigation:  
Stage 3 would be required if specific risks had been identified at stage 2 and required more detailed follow up. Recommendations would come from this stage.
4. Outcome of a service review:  
This would be the final stage and involve taking the recommendations forward that have arisen from stages 1,2 and 3 of the review.

## **5 Evidence**

To enhance continuity this section will explore evidence relating to each of the three contracts individually under the headings strategic relevance, strategic objectives, demand for the service, performance, unit costs, visit findings, and benchmarking.

### **Halton Disability Service Contracted Service**

Halton Disability Service holds a contract with the Council to provide relevant information on services to disabled people in Halton including information on support groups, day centres, holidays and leisure.

In addition, Halton Disability Services will promote awareness within the community of the problems faced by disabled people with regard to access and associated issues enabling disabled people to reach their full potential.

It should be noted that the funding under this contract is being used by Halton Disability Services to contribute to the running of the Shop-mobility scheme but the Health and Community Directorate does not contract for this service. The review of this service will focus solely on the provision of information.

The service does not operate a telephone information service. It will respond to telephone enquiries but requests for information usually come via people calling in at the stores in Runcorn or Widnes to purchase equipment of use the shop mobility service.

### **Strategic Relevance**

This service does not undertake any statutory duties on behalf of the Council.

### **Strategic Objectives**

The information service can make a contribution to the Council's Strategic objectives in the following areas:

**A healthy Halton**

This can be achieved through the provision of up to date information and signposting of individuals to appropriate support that will make life a more positive experience.

**Preventative agenda**

Only if people are aware of services and support that they can access can the need for more costly services in the future be prevented or delayed. The availability of information on and signposting to, such services is at the core of prevention. Halton Disability Service has a role in this.

**Demand for the service**

The 2001 census recorded 8,355 people living in Halton, aged 16-74 who had stated that they were either permanently sick or disabled. We also know that the rate of disability in the Borough (9.76%) is higher than both the England (5.52%) and North West Averages (7.75%).

From recent performance information the number of people using Halton Disability Service as an information source is summarised below.

	Runcorn	Widnes	Total
October	136	150	286
November	101	117	218
December	32	71	103
Total	269	338	607

- 84% of the enquiries were from people visiting rather than telephoning.
- 14% of enquiries came from people living outside the Halton postcode areas.
- 41% of enquirers were signposted elsewhere

People need a starting point to find information around potential support or services. For many, this is the Internet either accessed from home, through the library or other access sites based in the community. There are still those who do not have access to ICT or are not comfortable using it and this suggests that an information help line or drop in service is more appropriate.

**Performance**

A mystery shopping exercise undertaken earlier this year raised some concerns around the quality of responses to telephone enquiries and there was no follow up through posting out a leaflet or referral to other sources of information. There does not seem to be a standard set of information available to staff/volunteers when handling requests/taking calls.

A monitoring visit undertaken in September 2007 highlighted

apparent breaches under the contract terms. The most significant of these is the lack of CRB checks for staff and volunteers and formal induction and training. Halton Disability Service were formally notified of the breach in December 2007 and a follow up meeting took place to agree actions to remedy this. In February 2008, the action relating to CRB checks had not been progressed and assistance with the process for volunteer checks was offered by another voluntary sector organisation. This offer had not been taken up in April and remains a cause for serious concern. The Council has limited powers to enforce checks on staff and volunteers employed on the shop mobility service as it does not commission this service.

### **Unit Cost information**

Based on available information the service deals with around 2,500 information requests annually. The current funding for this service is £9,608.

Unit cost per enquiry = £3.84

This takes no account of the quality of information provided which in over 40% of cases is signposting elsewhere.

### **Members' Visit**

Councillors visited the Runcorn based service at Halton Lea.

Members felt that the shop mobility side of the organisation had some merits, however it was clear that the contract between Halton Borough Council and Halton Disability Services was not being adhered to. Information was not being provided in an appropriate way and now that Halton Direct Link is in place there is not a need for the information part of the service.

There were concerns raised about the fact that members didn't see the Widnes office, however some mystery shopping visits have taken place and mirror the experience from Runcorn.

Members felt that funding received by HDS was not being invested in effective information services and given the pressures on voluntary sector funding across the Council this resource would be better directed elsewhere.

### **Benchmarking**

The Council has a skilled staff team in place through Halton Direct Link and the contact centre, which already offers information to individuals on disability related matters.

## **Services for Sensory Impairment**

The Council contracts for the provision of services to Children, Adults and Older people who have a visual and/or hearing impairment and their carers, with Deafness Support Network and Vision Support.

## **Deafness Support Network (DSN)**

### **Legislative Background**

DSN undertakes statutory Community Care assessments in accordance with the National Health Service and Community Care Act 1990 S47(1) a. Once a need for a service has been established that meets Halton's Fair Access to Care eligibility criteria, a statutory duty falls on the Council to meet this.

Social Services for disabled adults are generally provided under Section 29 of the National Assistance Act 1948 in conjunction with Section 2 of the Chronically Sick and Disabled Persons Act 1970.

Councils with Social Services responsibilities also have a duty under Section 1(1) of the Chronically Sick and Disabled Persons Act 1970 to inform themselves of the number of persons in their area to whom Section 29 of the National Assistance Act applies.

Social Services for Children are generally provided under The Children Act 1989, Primarily Section 17 and Schedule 2.

### **Contracted service**

Throughout this report the word 'Deaf' (with a capital D) is used to denote an individual whose first language is British Sign Language (BSL), while the term 'D/deaf' – now widely recognised by care service professionals – refers to everyone with a hearing loss: Deaf, deaf, deafened, hard-of-hearing and Deafblind people.

DSN provides a range of services to children and adults who are D/deaf and is contracted by the Council to provide Social Work intervention by a qualified Social Worker with the relevant experience for the identified user group in accordance with the Policies and Procedures of Halton Borough Council, the Care management Handbook and within the legal framework outlined above.

Individuals are assessed to identify appropriate support and equipment that will enable them to remain independent despite their hearing impairment. Staff employed includes social workers, technical officers and a deafblind specialist. DSN also provide interpreter services at an individuals service review meeting for the benefit of people contributing to the review who do not understand BSL.

Equipment prescribed typically includes wake up alarms, amplification

devices and baby cry alerts. Halton Integrated Community Equipment Service (HICES) hold stocks of the equipment most frequently requested. Having assessed the need for such equipment DSN's Technical Officers will then deliver the equipment, setup and demonstrate its correct use.

Although the contract held is between Halton Borough Council and DSN, the level of the service and contract value was set some ten years ago when Halton became a Unitary Authority. The service has evolved over this time in response to the Council's requirements and work has been undertaken to draft a revised service specification.

### **Deafblind Services (Dual Sensory Loss)**

There is an accepted working definition of deafblindness. "Persons are regarded as deafblind if their combined sight and hearing impairment cause difficulties with communication, access to information and mobility" (Think Dual Sensory, DOH 1995)

The term dual sensory loss can be used interchangeably with deafblindness denoting the fact that combined losses of sight and hearing are significant for the individual even where they are not profoundly deaf and totally blind. It is the way in which one sensory impairment impacts upon or compounds the second impairment, which causes the difficulties, even if taken separately, each single sensory impairment appears relatively mild.

DSN also holds the contract for the Deafblind service to Halton as part of a tripartite agreement with Cheshire County Council and Warrington Borough Council. Halton is the smallest partner, contributing to and receiving 16% of the service.

A specialist worker who has experience and understanding of the needs of people (birth to death) who are Deafblind completes the assessments in accordance with Halton Borough Council Policies and Procedures and the legal framework.

This service was originally set up in response to LAC (2001) 8 " Social Care for deaf/blind children and adults Section 7 guidance, Local Authority Social Services Act 1970". This guidance was issued in May 2001 and withdrawn in February 2006. However at withdrawal, the DH noted that it expected Councils to continue to apply the principles of good practice enshrined in the guidance:

Identify, make contact with and keep a record of deaf/blind people in their catchment area including those who have multiple disabilities including dual sensory impairment;

Ensure that when an assessment is required or requested it is carried out by a specifically trained person/team, equipped to assess the needs of a deaf/blind person, in particular to assess the need for one to one human contact, assistive technology and rehabilitation;

Ensure services provided to deafblind people are appropriate, recognising that they may not necessarily be able to benefit from mainstream services or at those services aimed primarily at blind people or deaf people who are able to rely on their other senses;  
 Ensure that they are able to access specifically trained one to one support workers for those people they assess as requiring one;  
 Provide information about services in formats and methods that are accessible to deaf/blind people;  
 Ensure that one member of the Senior management includes within his/her duties overall responsibility for deaf/blind services.

**Strategic Relevance**

DSN undertake statutory assessments on behalf of the Council as outlined under the section on Legislative Background above.

**Strategic Objectives**

The services provided by Deafness Support Network contribute to the Council’s Strategic objectives in the following areas:

**A Healthy Halton**

Deafness Support Network offers statutory assessments of need, training in the use of equipment and assistive technology and ongoing evaluation and monitoring of service provision. These services promote independence whilst reducing risk of physical harm and impact on a person’s sense of self worth and mental health.

**Preventative agenda**

As already outlined the reduction in risk of physical harm reduces unplanned hospital admissions whilst building self worth maintains a person’s mental health and prevents the need for intervention.

**Demand for the service**

Hearing Impairment is the commonest Sensory Impairment worldwide. Whilst age related hearing loss is the commonest cause of hearing impairment in the UK. The number of people with a hearing impairment is rising as the proportion of the population over age 60 increases.

**Deaf and hard of hearing adults in UK**

	Deaf and hard of hearing adults	Severely or profoundly deaf
Total UK	9 million	688,000
Age 16-60	2.5 million	108,000
Age over 60	6.5 million	580,000

In the general population, those aged 70 or over,

- 71% have some kind of hearing loss
- In 37% of cases this is moderate
- For 6%, the hearing loss is severe.

Source: RNID

There are 23,000 people recorded as deaf/blind in the UK. In Halton, there are 17 people registered with a dual sensory loss (deaf/blind). DSN have undertaken assessments for 12 of these people and currently three are receiving support and rehabilitation training – the remaining 5 people only wished to be registered and not undergo a formal assessment.

**Registers of people who are Deaf or Hard of Hearing in Halton at 31 March 2007** (The DH has not requested this return for 2008)

Note: people who are deaf or hard of hearing and also blind and recorded on the Register of the Blind are excluded from this return.

<b>Date of Birth</b>	<b>Age</b>	<b>Deaf</b>	<b>Hard of Hearing</b>
On or after 1 April 1989	0-17	18	10
1 April 1942 to 31 March 1989	18-64	129	178
1 April 1932 to 31 March 1942	65-74	13	105
On or before 31 March 1932	75 or over	12	377
	<b>All Ages</b>	<b>172</b>	<b>670</b>

**Performance**

As DSN are undertaking statutory assessments they contribute directly to the Directorate's performance reported to CSCI. Appendix 3 contains a summary for the period April to September 2007. Areas requiring improvement are:

- Waiting time from referral to end of assessment – the national target is 28 days and DSN did not achieve this for 22% of referrals.
- Carers' assessments/services – of the 5 people receiving a service, none of their carers have been assessed separately as we would have expected. There has been some confusion over advice given to DSN over where responsibility lies for these assessments. This will be followed up and agreed with DSN.

**Unit costs - core service**

The core service typically assesses/reviews around 152 people annually, In 2007/08 this service cost £51,985.

Unit cost per assessment/review = £342

Joint carers assessments may also be offered and some people will access support through the technical officer services. BSL interpreter services are also provided at reviews.

**Unit costs Deafblind service**

The Deafblind service has assessed 12 people and is currently offering ongoing support and rehabilitation to three of these people. The 2007/08 annual cost is £7,583.



Unit cost per person = £632

Note: this compares to the cost of spot purchasing a social work assessment from Deafblind UK at £550 per full day or £300 per half day plus travelling time/costs. Based on the information above, there does not appear to be any significant financial benefit from the tripartite contract. However, DSN offer ongoing professional support to individuals within this unit cost and further work will be undertaken to determine this added value.

### **Benchmarking**

Appendix 4 summarises how some neighbouring authorities are delivering this service.

### **Members' Visits**

Councillors visited and met people accessing two other services offered by DSN. Both services are based in Northwich, one a 24-hour supported living scheme and the other day activities. Members also met the Chief Executive and Executive, Operations and had the opportunity to discuss the assessment and equipment service which is the focus of the scrutiny group.

Members were impressed with the service that was being offered by Deafness Support Network (DSN), however there were some key points raised:

- Would it be appropriate for us to have a similar supported living scheme in the borough rather than in Northwich?  
Our priority is always to aim to accommodate people within the Borough, however it is often difficult to identify suitable properties and surrounding environment.
- When DSN had a service available at the Old Police Station why did service users still travel to Warrington?  
People will go where there established contacts are and if they already had connections with people attending the group and social activities in Warrington then they would be prepared to travel.
- Although the service was impressive there is still a need to tighten the contract and monitoring arrangements.
- Some work will need to be done on the tripartite agreement with Cheshire and Warrington, as there are differences in monitoring processes.

### Vision Support

This service is based in the Independent living Centre in Collier Street Runcorn and offers a range of services to people of all ages who are visually impaired.

The term visual impairment encompasses a wide range of sight problems, including:

People who are formally registered as blind or partially sighted;

People who have sight problems that are outside the legal criteria for formal registration but which nonetheless cause them difficulties;

People whose eye condition is not permanent – for example, people awaiting cataract surgery who may need support in the interim

(Progress in sight – National Standards of social care for visually impaired adults. ADSS October 2002)

Vision Support do not undertake any statutory community care assessments. Two workers within the Physical and Sensory Disability Care Management and Assessment team perform this function. Those people who are assessed as having a low level need are referred on to Vision Support. Referrals are also made from other voluntary organisation such as Age Concern, Action for the Blind.

### Contracted service

Vision Support offers the following support to blind and partially sighted people under its contract with Halton Borough Council:

- Resource Centres at the Independent Living Centre and mobile unit visiting the Borough (3 days scheduled in April 2008)
- Rehabilitation assistance
- Advice on and provision of equipment
- Welfare Benefits Checks
- Visual Impairment Courses
- Braille Group
- IT Training

### Demand for the Service

The NHS Information Centre records the following numbers of people by age range who are registered blind or partially sighted in the year ended March 2006.

	Total	17 and under	18-49	50-64	65-74	75+
England	307,655	8,625	34,260	28,470	30,210	206,090
		3%	11%	9%	10%	67%
North West	50,210	1,605	5,630	4,960	5,470	32,545
		3%	11%	10%	11%	65%
Halton	670	20	95	70	70	415
		3%	11%	8%	12%	67%

The figures in Halton are in line with the National and Regional trend although

numbers registered in the over 64 age ranges are slightly higher and those for the 50-64 age group are lower than both the regional and national figures

**Registration of Blind/Severely Sight Impaired persons and Partial Sight/Sight Impaired persons at 31 March 2006** (this return is only collected every two years)

**Blind/Severely Sight Impaired and Partial Sight/Sight Impaired persons – Numbers on the register and new registrations**

<i>Age</i>	<i>Blind/severely sight impaired persons at 31 March 2006</i>	<i>New registrations of blind/severely sight impaired persons in the year to 31 March 2006 – Age on registration</i>	<i>Partial sight/sight impaired persons registered at 31 March 2006</i>	<i>New registrations of partial sight/sight impaired persons in the year to 31 March 2006 – Age on registration</i>
<b>0-7</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>1</b>
<b>5-17</b>	<b>8</b>	<b>0</b>	<b>9</b>	<b>1</b>
<b>18-49</b>	<b>57</b>	<b>1</b>	<b>40</b>	<b>4</b>
<b>50-64</b>	<b>38</b>	<b>3</b>	<b>31</b>	<b>3</b>
<b>65-74</b>	<b>27</b>	<b>3</b>	<b>43</b>	<b>3</b>
<b>75 and over</b>	<b>158</b>	<b>12</b>	<b>257</b>	<b>19</b>
<i>Total</i>	<i>292</i>	<i>21</i>	<i>382</i>	<i>31</i>

### **Performance**

Vision Support keep comprehensive information on the number of people and type of support they are providing. They offer home support and undertake around 1,430 visits in a year. A further 4,680 contacts are made through the resource centre based at the Independent Living Centre. These would typically be advice relating to equipment, mobility training or IT training on specialist software. Outcomes for individuals that they have reported include:

- Helping people to maintain friendships and prevent social isolation by accompanied visits to meet friends and take part in social activities and shopping trips
- Supporting people with benefits advice and completion of claims to access benefits
- Expanding/developing peoples communication skills through IT training to access the internet and increase independence
- People being enabled to keep health appointments with support from rehabilitation assistants.

Vision Support has also taken on an additional role in recent months by providing and managing Rehabilitation workers to undertake formal assessments on behalf of social care during in-house staff absence. This service has been valued.

### **Unit costs**

All funding streams from the Council and PCT contribute to the above services and it is not possible to split out who is paying for what. The unit cost is based on the total funding received of £90,469.

Unit cost per contact (home or resource centre) = £14.81

There is added value to this service through use of a mobile unit that visits the Borough each month and is fully equipped with accessible PC's as well as equipment.

### **Benchmarking**

See appendix 4.

### **Members'**

Councillors visited this service at the Independent Living Centre.

The service offers Support Workers, IT training, drop-in, equipment provision, Specialist computer packages, social groups.

During the visit it became clear that the normal chief officer was absent and the staff involved in the visit from Vision Support were from Chester. They had a basic knowledge of what was happening in Halton, but not the detail. It was explained that Vision Support was having some staffing difficulties at present that involved the current Chief Officer and they would let Marie Mahmood know the outcome of this. (Confirmation has now been received that a redundancy has resulted and this will be followed up to determine how the Halton Service will now be managed)

Key points from the visit:

- Software package was well received, but members were interested in how many service users would have access to it in their own home.
- There were concerns raised about access into the IT room, as it was cramped and very full.

This was followed up by a second visit by officers when it was confirmed that in most cases IT training is on a one to one basis and the room is an adequate size for this.

- Although Vision Support can demonstrate lots of activity (1400 visits, 4700 contacts), members would like to know how many service users actually use their service.
- Concerns were raised relating to the community bus that Vision Support were promoting at the visit as this does not appear to visit any sites in Halton.

On checking the schedule for April 2008, the mobile resource centre will be visiting Norton Priory, Ditton Community Centre and Grangeway Community Centre on three separate dates.

## **6 Conclusions**

### **Halton Disability Service**

There is little evidence of an effective information service being delivered and the lack of action relating to CRB checks for both staff and volunteers working on this and the shop mobility service is a real cause for concern as it is exposing vulnerable people to unnecessary risk.

### **Deafness Support Network**

Services for people with hearing impairment are generally performing well. Improvement is required to complete assessments within nationally set timescales and support for carers should be enhanced through assessment of their needs.

With regard to services for people with dual sensory loss (deafblind), it is recognised that DSN are able to follow on from assessment and provide ongoing support and rehabilitation. However further examination of the unit costs and added value needs to be undertaken with Warrington and Cheshire to evaluate the benefits of this service over spot purchasing.

### **Vision Support**

The resource centres are offering valuable support in demonstrating and helping people to select equipment and access training on IT to help with letter writing/reading. Some of the home visits by volunteers relate to benefits advice and form filling which can be offered through the Council's welfare benefits service and perhaps Vision Support need to be signposting here and freeing up volunteers time to support people in other ways.

## **7 Recommendations**

### **Halton Disability Service**

- i) The contract with Halton Disability Service for information services be de-commissioned and Halton Direct Link become the access point for information for disabled people living in the Borough.

### **Deafness Support Network**

- ii) Confirmation is sought from Warrington and the Cheshire Authorities that they wish to continue with the tripartite agreement with Deafness Support Network for both elements of the service and will work jointly to agree a standardised monitoring system for the contract.
- iii) Further benchmarking work is undertaken to consider alternatives including opportunities for partnership working e.g. with St Helens, to deliver the deaf/blind service.
- iv) Revised service specification be drawn up with Deafness Support Network that will lead to improved performance in areas highlighted in this report and that will capture evidence of outcomes for individuals.

**Vision support**

- v) Agreement be sought from the PCT for the Council to lead on commissioning services from Vision Support and a revised service specification incorporating both funding streams be agreed.
- vi) Further work be undertaken to examine the strategic vision of the Visual Impairment Rehabilitation Workers role, currently sited in the Assessment and Care Management Team and where this should be located in future.

## Appendix 2

**HALTON BOROUGH COUNCIL – PROJECT MANAGEMENT DOCUMENTATION****PROJECT BRIEF**

<b>Project Name:</b>	Scrutiny Review of Physical and Sensory Disability Services		
<b>Project Description:</b>	To review the provision of services for people physical and sensory disabilities currently (PSD) delivered through contracts with three voluntary sector organisations.		
<b>Project Number:</b>		<b>Document / Issue No.:</b>	
<b>Project Sponsor:</b>	Audrey Williamson/SMT	<b>Project Manager:</b>	Marie Mahmood

Distribution: This document has been distributed to SMT, the Project Team and the Reference Group.

Name	Title	Date of Issue

**SECTION 1 – WHY IS THE PROJECT TAKING PLACE?****Project Aims:**

- To ensure services provided to people with a physical and sensory disability are effective, appropriate and demonstrate value for money.
- To predict future needs to ensure services continue to meet expectations and are developed appropriately.
- To develop a methodology for identifying best practice which will be beneficial to other service reviews.
- To enhance collaborative arrangements between key services thus ensuring effective and efficient use of combined resources.

**Business Case: (An evaluation of the likely costs versus the expected benefits)**

Resources to deliver the scrutiny review will largely be staff time with some limited travel costs arising from visiting projects of interest.

Benefits arising from project:

- Identification of best practice.
- Clarity as to the expectations and experiences of key stakeholders.
- Clarity as to the nature of current and future need in Halton especially in relations to deafness and blindness.
- Gaps in service provision addressed.
- Clarity as to what will be expected of future service provision for people with physical and sensory disabilities.
- Innovative practice leading to improved public perceptions of Halton Borough Council

Achievements to be measured by the successful delivery of the project aims above.

**Project Scope:**

This scrutiny review covers services provided by the Health and Community Directorate for people with physical and sensory disabilities.

**Project Priority:**

- High. To ensure services for people with physical and sensory disabilities are in line with legislation and policy guidelines, and deliver more outcome focussed services.

**SECTION 2 – WHAT WILL THE PROJECT DELIVER?**

**Project Deliverables:**

The scrutiny review process

This scrutiny review will gather evidence from the ongoing quality and monitoring process as well as focusing on whether the services are meeting key strategic priorities.

The process will be documented to ensure there is a clear robust audit trail. There are four stages to the review process, although not all services will have to go through each stage. The assessment at each stage must be evidence based.

These stages are summarised as follows:

**Stage 1 – Strategic review**

There are two aspects to the strategic level of the review. These are:

- strategic relevance of the service; and
- demand for the service.

Before considering other elements of the review process, HBC should be satisfied that a service is strategically relevant and that there is a demand for the service.

The first of these is a desktop exercise drawing upon evidence from providers, as well as assessing the extent to which the service contributes to the strategic priorities set out in other preventative strategies. It is important that in taking decisions on the strategic relevance and demand for a service, as with all other elements of the review process, a consistent and transparent process is followed. The key questions that will need to be asked in relation to strategic relevance are:

- To what extent do the needs being met by the service reflect corporate priorities?
- Does the service contribute to the Authority's agenda on homelessness/drug and alcohol/crime reduction/health improvement/domestic violence?
- Does the service contribute to the Authority's preventative agenda (i.e. by reducing or delaying the need for more costly services)?
- Does the service contribute to the strategic objectives of other stakeholders?

Where the service is clearly not of strategic relevance then HBC will need to explore, in discussion with the provider, whether the service can be changed. Where a service is strategically relevant, the review will need to assess the demand for the service.

The demand for a service will be assessed as a desktop exercise, primarily using information that is available to the programme, including the Supporting People strategic plan and performance and management information. The process should adopt a broad assessment of the demand for the type of service, as well as examine demand for the specific service being reviewed.

The following are sources of information that can be used to assess the demand:



- Information on existing and future needs:
  - a needs mapping exercise;
  - data on the needs of BME communities;
  - research studies;
  - demographic data;
  - people awaiting hospital discharge;
  - data from voluntary agencies.
  
- Supply data
- Performance data, such as:
  - trends in utilisation rates for the service; and
  - management data on reasons for service users leaving a service.
  
- Other relevant data, such as:
  - referrals and waiting list data

Where there is insufficient demand the service may need to be changed or decommissioned. It is possible that apparent low demand may be related to other factors such as a cumbersome referral process or criteria that excludes particular types of referrals. Some of these issues may already have been picked up through on going monitoring and these findings should be reported to a service review.

#### Further in-depth investigation

Where services are not strategically relevant, or where there are concerns over demand, it is essential to explore how the service can be changed or remodelled to be more relevant. In particular, contact should be made with providers to gain a better understanding of how the service can be made more relevant or demand increased. Contact with other stakeholders will also be important as they may have a view on how the service can be made more relevant.

Where the investigation finds that the concerns can be addressed through minor changes, e.g. a more open referral process, then discussions should take place with providers about making such changes. Where there is agreement over the introduction of these changes the review process can move to *Stage 2*.

Where the strategic review concludes that the service requires remodelling this will need to be specified precisely what is required in consultation with the provider and stakeholders. Remodelling can be implemented relatively quickly where the support service needs to be changed, but can take a number of years where new capital investment is involved.

In a few instances, the Authority may conclude that the service needs to be closed. Where this is the case the Authority should ensure that it has fully consulted the provider, service users and other stakeholders.

#### Outcome

Where the service is strategically relevant and there is a demand for it, the review process should move to *Stage 2* to assess quality, performance and cost-effectiveness.

Where the service is not strategically relevant, or where lack of demand is unlikely to be rectified, then the review of the service should move to *Stage 4*. Where a review moves to *Stage 4* HBC will need to recommend a course of action, such as remodelling or closure.

## **Stage 2 - Desktop review of quality, performance and cost effectiveness**

Once a service has been assessed as meeting the strategic review requirements, this will be followed by a desktop review of the service. This should cover the following:

- the quality of the service;
- the performance of the service; and
- the cost effectiveness of the service

### **Quality Of The Service**

HBC will need to obtain feedback from stakeholders and service users where possible. Sending stakeholders a simple questionnaire is one approach that can be adopted.

Service providers will need to complete annual self-assessments for each of the core service objectives. These self-assessment summaries will be fed into the desktop assessment of the service. This will enable HBC to establish whether there has been continuous improvement in the service and the most current level of quality assessed by the provider.

### **The Performance Of The Service**

The KPIs are intended to provide an indication of the performance of different types of services. A considerable amount of management information will be available to HBC as a result of collecting performance information. The KPIs will provide valuable management information on outcomes at a service level.

### **Cost effectiveness**

HBC will have information on the contract price of each service, which is effectively the cost of the service to HBC. A weekly unit cost of the service can be calculated and authorities should use this information when assessing cost effectiveness.

### **Recommendation**

*Stage 2* of the service review process will result in a recommendation to re-commission or to investigate further. Where a *Stage 2* review results in a recommendation to re-commission a service then the service review process should move to *Stage 4*, taking account of any minor changes that may have been agreed with the provider. Where the desk top review recommends a further in depth examination then *Stage 3* of the review process will be triggered.

### **Stage 3 – Further evidence/service review investigation**

*Stage 3* of the review process will involve a more detailed assessment of the quality, performance and cost-effectiveness of the service, where information gathered at *Stage 2* of the review process has not been sufficient to inform whether the service should be re-commissioned.

It may not always be appropriate for the review process to move to *Stage 3* as minor changes to a service can be recommended at *Stage 2* of the review process, without the need to gather more detailed evidence or to meet providers, service users and stakeholders. Furthermore, it is important to note that concerns about a service may already have been dealt with through the contract monitoring process. If this is the case,

and an action plan is in place, the service review will need to proceed to the next stage (*Stage 4*).

The following are possible reasons for a *Stage 3* review:

- Visits have highlighted serious concerns e.g. concerns about health and safety that cannot be resolved immediately;
- There are concerns about the performance of the service e.g. very low staffing levels;
- The desktop feedback from stakeholders highlights issues that need further investigation.

The most appropriate course of action should be taken to resolve the concerns that have been identified. This may only require applying one, or a combination, of the following options:

- Meetings with the provider
- Meetings with stakeholders
- Carrying out an service review investigation visit to assess the concerns raised about quality and performance (this may or may not involve meetings with service users)

#### Meetings with the provider

It may be necessary to meet the provider to discuss issues arising from *Stage 2* of the review process.

Some of these issues could be resolved almost immediately, with the provider undertaking to implement changes to the service or addressing the concerns in some other way. Other concerns may take time to address and will need to form part of an action plan with a clear timetable for delivery.

Where there are serious concerns about the provider's ability to achieve minimum standards, HBC need to consider what course of action should be taken. In the first instance this should involve working with the provider to improve practice but could also involve closure of the service or its transfer to another provider.

#### Meetings with stakeholders

Meetings may be required with stakeholders where there are concerns relating to the quality, performance or cost-effectiveness of the service.

Stakeholders may include the following:

- other funders e.g. a Health Authority providing Section 28a funding;
- referral agencies e.g. housing advice centre, voluntary agencies;
- relevant agencies represented on the Commissioning Body e.g. the health service; and
- service user representative bodies.

Although *Stage 2* of the review process will include feedback from stakeholders about the quality and effectiveness of the service, at *Stage 3* it may be necessary to meet with stakeholders to discuss how to improve services or to obtain a more detailed

understanding of any concerns.

#### Service review investigation visit

A service review investigation visit may be required to visit the service and investigate concerns. A service review investigation visit investigates specific issues of concern and, where necessary, verifies any information provided. A visit may involve talking to service users.

#### Outcome

*Stage 3* of the review process will result in recommendations being made for *Stage 4*. These recommendations could involve a number of possible outcomes including:

- re-commissioning the service in its current form, where concerns can be addressed;
- renew contact with an action plan to improve or change the service;
- temporary extension to the contact with an action plan;
- change of provider;
- remodelling the service (i.e. major changes); or
- decommissioning the service.

#### Stage 4 - Outcome of a Service Review

*Stage 4* is the outcome of the service review process and involves taking the recommendations forward that have arisen out of *Stages 1, 2* and *3*. In particular the HBC will need to place these recommendations within a broader context, inform the Commissioning Body and report to elected members, where appropriate.

At *Stage 4* authorities should assess the outcome of a service review within a strategic context, as changes to an individual service should not be implemented in isolation. For instance a review may conclude that a service should be closed because of poor performance. However, monitoring data may indicate that other similar services may be performing less effectively. This may result in a decision to agree a short-term contract for the service to allow the other services to be reviewed, before a final decision is made.

*Stage 4* of the service review process will need to balance a number of issues. In considering possible outcomes the service review needs to consider the following:

- the diversity of providers (both in size and in the nature of the services offered);
- the needs of BME service users and
- re-commissioning high-risk services.

Finally, authorities should ensure that where providers need to be re-accredited that they have been assessed against the accreditation criteria. Where a provider does not meet the accreditation criteria, it should be given an opportunity to achieve the required standards within a year. A short-term extension to the contract can be made, or a notice period served on the provider. Providers should be notified as soon as possible of the outcome of a service review and receive feedback about any actions that may be needed to improve services.

#### Outcomes

The following are possible outcomes to a service review:

- Re-commissioning the existing service with no changes.
- Re-new contract with changes to a service.
- Re-new contract with action plan (possibly linked to short-term contact).
- Major changes or remodelling of a service.
- Transfer the service to another provider.
- Decommissioning a service.
- Re-providing of services.

Each of these outcomes will require HBC to carry out a number of tasks to implement the decision of the service review, for instance:

- negotiation of a new contract;
- action plan to implement and monitor changes against a timetable;
- assessing the implications of remodelling, and monitoring a remodelling plan; or
- assessing the implications of closure, and monitoring a closure plan.

#### Risk assessment

The outcome of the service review process should involve categorising a service according to risk i.e. high, medium or low risk. This does not mean that high-risk services should not be commissioned. However where high-risk services are re-commissioned or commissioned, the risks should be evaluated and managed through regular monitoring.

The risk assessment process is intended to identify those services where risk is greatest. This could be because:

- the service is provided by a new organisation;
- the processes for quality management are not in place;
- there is a volatile income stream;
- the services are provided in an innovative and as yet unproven way;
- the services are catering for new needs; or
- the way in which the service is provided can expose service users to risk.

#### Quality Criteria:

- Any changes in service provision will be in line with Government legislation, guidance and good practice, e.g., National Service Frameworks, Our Health, Our Care, Our Say White Paper.
- Measured through an evaluation of the project.

#### Other related work:

##### Involvement of providers

HBC should have contact with providers during each of stage of the service review process. This will ensure that providers have an opportunity to clarify any information that they submit, as well as create opportunities for authorities to have more in-depth discussions, should these become necessary. Authorities should always discuss any recommendations for major changes or decommissioning with providers before these are put to the Commissioning Body.

##### Involvement of stakeholders

Stakeholders should also be involved throughout the review process. Their involvement will depend on the extent to which the service receives a more in depth review, both at the strategic review stage as well as at the quality and performance stage.

HBC will need to gather feedback from stakeholders about the strategic relevance of the service, as well as feedback on quality and performance. This approach can simply involve the Authority

sending other stakeholders a questionnaire or, where a more in-depth review is required, meetings about the service.

Involvement of service users

Service user feedback will be an important part of the service review process. Some evidence of how providers involve service users may also need to be obtained. HBC is required to provide service users with copies of their published procedures and criteria for service reviews, as well ensure that there is an opportunity for service users to contribute to a review and to take account of their views.

**Constraints:**

- Staff capacity to deliver the project, i.e., complete the review, within timescale which is currently set for completion by March 2008.

**Assumptions:**

- That the core group will devote time to the project, including the development of appropriate service responses within their own service areas.
- That any changes to systems can be readily implemented.

**Known Risks:**

- None identified at this stage.

**SECTION 3 - PROJECT ORGANISATION**

Project Sponsors: Audrey Williamson, Health and Community SMT

Project Manager: Marie Mahmood, Divisional Manager Integrated Care, Learning Disability Assessment Services

Project Team: Cllr. Ellen Cargill  
 Cllr. Kath Loftus  
 Cllr. Bob Gilligan  
 Cllr. Chris Inch  
 Cllr. Pamela Wallace  
 Cllr. Joan Lowe  
 Marie Mahmood, Divisional Manager, Learning Disability Assessment Services  
 Liz Gladwin, Joint Commissioning Manager.  
 Martin Loughna, Service Development Officer (Health), Service Planning

Reference Group: Project Team members (as above)  
 Angela McNamara, Divisional Manager, Health & Partnerships.  
 Donna Ryan, Contracts, Planning & Commissioning.  
 Mark Holt, Programme Officer, Vulnerable Adults Task Force.  
 Amanda Lewis/Katy Pryce, Performance Management  
 Halton PCT  
 Halton Disability Service  
 Halton Voluntary Action  
 Age Concern

**Roles:** The Project Manager and Project Team will be responsible for delivering the project aims.  
 The Reference Group will individually or collectively be consulted by the Project Manager or Team at various stages within the project delivery and advised of progress through a series of meetings.

**Sign off:**

<b>Role:</b>	<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Project Manager</b>	Marie Mahmood		
<b>Project Sponsor</b>	Audrey Williamson, Health and Community SMT.		

## Appendix 3

### Deafness Support Network – Performance Interpretation Notes

#### **PAF D40 – Adults and Older Clients Receiving a Review**

##### **Rationale**

The rationale for this measure is that good performance management ensures that people's needs are monitored and reviewed, within six weeks of the start of a new care package and at least annually thereafter.

##### **Performance**

DSN have 5 existing clients receiving a service that should therefore receive a review at least annually.

DSN have however reviewed 36 clients. The reason being that the team is reviewing/re-assessing clients who are open to other Social Work Teams, to determine their needs for deafness support services.

#### **PAF D39 – Percentage of Adults and Older People Receiving a Statement of their Needs and How they will be met**

##### **Rationale**

The rationale for this indicator is that all clients should be provided with written statements of their need and the services to be provided, giving a clear expectation of what will be delivered.

##### **Performance**

All DSN clients in receipt of a copy of their care plan.

#### **PAF D55 part 1- Waiting Time for New Clients from Referral to First Contact with the Client**

##### **Rationale**

Users and Carers should receive practical help soon after they have been referred to Social Services so that support can be provided in a timely manner. The first part of this joint PI seeks to measure the time between referral and the first contact with the client – e.g. telephone call, which should be within 48 hours.

##### **Performance**

DSN have assessed 46 new clients aged 18+ since April 2007. All of whom had their assessment started within the 48 hour timescale. 33 of those clients were aged 65+.

#### **PAF D55 part 2 - Waiting Time from Referral to End of Assessment –**



**Rationale**

The second part of this joint indicator seeks to measure the time between referral and completion of assessment, which should be within 28 days.

**Performance**

Out of the 46 clients, 10 of those clients were not assessed within the 28 day timescale. 6 of those 10 clients were aged 65+.

This demonstrates a need for improvement in the timescales from referral to completion of assessment, as a significant proportion are not meeting the national target of 28 days.

**PAF E82 – Assessments of Adults and Older People Leading to Provision of Service**

**Rationale**

This PI measures the number of assessments leading to the provision of a service. In order to access services someone must be assessed and then determined as eligible for receiving services.

**Performance**

Of the 46 new clients assessed since April 2007, only one assessment has led to a service.

However, caution is required when interpreting this measure. Firstly, performance for DSN for this measure will be low and this is due to the provision of equipment. DSN clients often receive equipment, which does not meet the criteria to be recorded in service package. Services are defined as having an ongoing cost.

Therefore this measure needs to be interpreted in conjunction with PAF D54, which demonstrates the level of equipment provided.

**Assessments of New Clients Aged 65+**

**Rationale**

This PI measures the number of assessments for older people as a percentage of the local population 65+, to determine if there is a fair distribution of assessments throughout the local area. A low figure may indicate a problem with referral processes for example.

**Performance**

33 new older Clients have been assessed by DSN, this represents 2.01% of the older people's population (16,450) for Halton and represents an increase in the performance of this measure in comparison with the position at September 2006. It is important that the DSN performance is considered as a contributory figure in the overall number of assessments 65+ undertaken for the borough.

**PAF D56 - Waiting Time for New Clients from Completion of Assessment to all services Fully Provisioned**

**Rationale**

Users and Carers should expect practical help soon after assessment, which should be within 28 days

**Performance**

There are no clients receiving a service following assessment. Caution is required when interpreting this measure. As previously stated, performance for DSN for this measure will be low and this is due to the provision of equipment. DSN clients often receive equipment, which does not meet the criteria to be recorded in service package. Services are defined as having an ongoing cost.

Therefore this measure needs to be interpreted in conjunction with PAF D54, which demonstrates the level of equipment provided.

**PAF D54 – Delivery of Equipment under £1000**

**Rationale**

Small items of equipment can make a tremendous difference to the quality of life of service users and may make it possible for service users to remain at home. The timeliness of the delivery of these items is an important factor and the target timescales for the provision is within 7 working days

**Performance**

This measure combines the delivery of equipment for Deafness Support Network and the Visual Impairment service. There were 59 pieces of equipment delivered in total for DSN/VI between April 07 and September 07 and all of these items of equipment were delivered within the 7 day timescale, demonstrating good performance in the timeliness of delivery.

**Carer Assessments/Services**

**Rationale**

Carers may need support and short breaks as a result of the care they provide. The number of carers receiving an assessment can indicate the extent to which councils are working with and for carers.

**Performance**

DSN has undertaken 0 separate carer assessments and 3 joint assessments since April 2007. The team has 5 existing clients in receipt of a service so we would expect all 5 carers to have had an assessment and this therefore suggests room for improvement. Carers who have declined an assessment are recorded, and there are 0 for DSN.

**PSD WORK TOPIC - VOLUNTARY SECTOR CONTRACTS**  
**BENCHMARKING**

**HOW OTHER AUTHORITIES PROVIDE SUPPORT FOR THE DEAF AND**  
**BLIND**

1.0 HALTON

1.1 Deaf/Hearing Impaired

Deafness Support Network (DSN) provides a range of services to children and adults who are deaf and is contracted by the Council to provide Social Work intervention by a qualified Social Worker with the relevant experience for the identified user group.

DSN undertake community care assessments for equipment to enable individuals to remain independent despite their hearing impairment, provide training in the use of equipment and ongoing evaluation and monitoring of service provision. Once a need for a service is established which meets FACS eligibility criteria, a statutory duty falls on the Council to meet this. Halton Integrated Community Equipment Service supply the equipment and DSN technical officers then deliver and set up the equipment and demonstrate correct use.

DSN also provide general information on services for the deaf, signposting as required and low level advocacy. They also provide a 24hr supported living service and day activities, however, this work topic is only concerned with reviewing the assessment and equipment service.

1.2 Blind/Visually Impaired

Contract with Vision Support who provide support for the visually impaired.

Vision Support do not undertake any community care assessments, 2 rehab workers within PSD Care Management perform this function. Those who are assessed as having a low level need are referred to Vision Support, who also take referrals from other voluntary organisations such as Age Concern and Action for the Blind.

They are based at the ILC and service provision includes a signposting service, rehab assistance, advice on and provision of equipment, welfare benefits checks, visual impairment courses, a Braille Group, IT training/specialist computer packages, low level advocacy (which is not recorded as advocacy), support people into DPs and on one off shopping trips for clothes, etc, via employed rehab officers and volunteers.

1.3 Deafblind

A deafblind service for those with dual sensory loss is included in the contract Halton has with DSN who employ a specialist worker as part of a tripartite agreement, working across the Cheshire, Halton and Warrington. Halton is the smallest partner accessing 16% of the service

## 2.0 KNOWSLEY

Messages left for Kevin O'Neill 3.4.08, 7.4.08 & 10.4.08. Limited information below has been obtained from Knowsley's website.

### 2.1 Deaf/Hearing Impaired

Assessments are carried out by Social Workers. Support is provided in conjunction with Knowsley Deaf Association. 2 drop in sessions are held per week – one at Huyton One Stop Shop, one at Kirkby One Stop Shop.

### 2.2 Blind/Visually Impaired

Christopher Grange training centre provides advice and training in all areas of sight loss. Access to the services is gained through a care management assessment.

### 2.3 Deafblind

?

### 2.4 Other Known Providers

Deaf/hearing impaired:

- Knowsley Deaf Association

## 3.0 ST HELENS

### 3.1 Deaf/Hearing Impaired

St Helens give a grant to the Deafness Resource Centre, which covers the cost of an interpreter and equipment provision. The Centre is not LA owned, therefore, also seeks funding from elsewhere. Initial assessments are done by a dedicated LA Social Worker who then refers the client to the Equipment Officer based at Centre for equipment needs. The Social Worker also provides a drop in service at the Centre one afternoon per week. The Centre also provides information, advice and an advocacy service.

### 3.2 Blind/Visually Impaired

St Helens have a Resource Centre for the visually impaired, which is part of the Millennium Centre owned by the LA. Two Rehab Officers, a Social Work Assistant and admin employed by the LA are based at the Centre, therefore, this service is provided in-house. The team provide a full service -

assessments, provision of equipment, training on correct use of equipment, etc.

### 3.3 Deafblind

Specialist assessments for those who are deafblind are spot purchased from Deaf Blind UK. There are 4 known people with dual sensory loss in St Helens.

### 3.4 Other Known Providers

Blind/visually impaired:

- Henshaws Society for Blind People – provide care and support across Greater Manchester and Merseyside.

## 4.0 LIVERPOOL

### 4.1 Deaf/Hearing Impaired

Similar set up to Halton. Liverpool have a contract with Merseyside Society for Deaf People (MSDP). MSDP employ 2 and a half Social Workers to carry out assessments. Equipment is provided by the LA's equipment service. Sefton, Wirral and Liverpool have a tripartite agreement with MSDP. MSDP also provide general information, signposting, advice on equipment and benefits advice.

### 4.2 Blind/Visually Impaired

Assessments are undertaken in-house for the visually impaired, however, equipment is provided via Bradbury Fields (local organisation providing services for the blind and partially sighted across Liverpool and Knowsley) who have a rehab unit.

### 4.3 Deafblind

Services for the deaf/blind are spot purchased from Deaf Blind UK.

### 4.4 Other Known Providers

Blind/visually impaired:

- Henshaws Society for Blind People – provide care and support across Greater Manchester and Merseyside.

## 5.0 CHESHIRE

### 5.1 Deaf/Hearing Impaired

Have a contract with DSN for social work assessments and technical services.

It is likely that Cheshire will continue to use DSN when the LA splits into 2. They are switching to a prescription model of equipment provision, which the Dept of Health promotes as the way forward. This involves an assessment being carried out by DSN and the issuing of a prescription to the individual for their equipment. This prescription can then be taken to any high street retailer and used to obtain the equipment prescribed. Cheshire anticipate DSN coming on board with this in 2008/09 and moving away from using a LA equipment service.

## 5.2 Blind/Visually Impaired

Cheshire provide a full in-house service for the blind/visually impaired via rehab officers who carry out assessments, issue equipment (from the LA's equipment service) and train clients on the correct use of equipment. The service is small and comprises of 9 staff decentralised across Cheshire. Provision includes advice, guidance, information, teaching communication skills and advice and training on all aspects of independent living.

## 5.3 Deafblind

Service provision is included in the contract with DSN and is a tripartite agreement with Warrington and Halton(see para. 1.3 for more details).

## 5.4 Other Known Providers

Blind/visually impaired:

- Guide Dogs for the Blind Association have previously been used by Cheshire to provide professional supervision to staff in the visually impaired team.
- IRIS Vision Resource Centre in Crewe (equivalent of Vision Support) – small local organisation, not funded by the Council but used for low level support.
- Macclesfield Eye Society in Macclesfield – small local organisation, not funded by the Council but used for low level support.

Tend not to use Vision Support.

## 6.0 WARRINGTON

### 6.1 Deaf/Hearing Impaired

Have a contract with DSN for social work assessments and technical services.

### 6.2 Blind/Visually Impaired

Sensory Support Team - provision is in-house. Assessments are carried out by a Social Worker; 2 rehab officers provide mobility training, training on daily living skills, etc. Warrington has an SLA with the Blind Society in Warrington who provide low level support – advice, information, social inclusion.

A suggestion was made by Warrington to have a joint rehab service across Warrington and Halton as the rehab officers are under used in Warrington and they are looking to review the service. Dependent on the take up of service in Halton, the suggestion was to have 3 rehab officers covering both areas if Halton was in a similar position.

### 6.3 Deafblind

Service provision is included in the contract with DSN and is a tripartite agreement with Cheshire and Halton (see para. 1.3 for more details).

Warrington has 3 people with dual sensory loss and are looking at whether that aspect of the contract with DSN is value for money.

### 6.4 Other Known Providers

Blind/visually impaired:

- Guide Dogs for the Blind Association – some LAs purchase a rehab service from them, which includes including training on daily living skills, communication skills and mobility training.

Deaf/hearing impaired:

- Royal National Institute for the Deaf (RNID) – provision of social work services and interpreter services.

## 7.0 TRAFFORD

### 7.1 Deaf/Hearing Impaired

Deaf and Hard of Hearing Service - provision is in-house and includes social work support, assessment and care management, advice, information, guidance and advocacy. The team includes a Social Worker who carries out assessments and an Equipment Officer who provides equipment to individuals, fits it and trains on correct use. All staff have BSL skills, however, Trafford also have a contract with RNID to provide BSL interpreting services for those who need to communicate with Social Services teams.

They also have close links with the deaf community – the Social Worker will attend evening sessions with the Deaf Club and holds a weekly drop in session at the Resource Centre.

### 7.2 Blind/Visually Impaired

Visual Impairment Service - provision is in-house and includes Rehab Officers and a Technical Officer. Provision includes information and advice, specialist assessments, help to develop independent living skills, mobility/orientation training, issue of equipment, referral to Talking Book Service and referral to Wireless for the Blind.

### 7.3 Deafblind

Provision is in-house via a Social Worker. Provision includes social work support, assessment and care management, specialist rehab assessments, advice, guidance and assistance leading to independent living and deafblind awareness to staff and relatives.

Reviewing Officers will undertake reviews for all of the above. Social Workers will carry out hearing and sight loss assessments for children, adults and older people.

#### 7.4 Other Known Providers

Blind/visually impaired:

- Henshaws Society for Blind People – Individuals identified as needing specific equipment can be taken to Henshaws to try the equipment out first. Henshaws also provide awareness training on behalf of the LA to those who are newly blind.

Deaf/hearing impaired:

- Fire Service – Trafford have set up a joint fund with the Fire Service to pay for deaf alerters in people's homes. The LA makes referrals to them, they pay for half the cost and fit them.
- United Response - provide care in 4 supported living flats in Trafford designed for those with visual or hearing impairments.
- RNID – provision of BSL interpreting services.



**REPORT TO:** Healthy Halton Policy and Performance Board

**DATE:** 16 September 2008

**REPORTING OFFICER:** Strategic Director, Health and Community

**SUBJECT:** Safeguarding Vulnerable Adults – Scrutiny Review

**WARD(S):** Boroughwide

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

1.1 To introduce the draft report of the Scrutiny Review of Safeguarding Vulnerable Adults for consideration by the Board.

### **2.0 RECOMMENDATION: That**

- (1) the Board comment of the findings of the Scrutiny Review; and**
- (2) the Board endorse the Scrutiny Review, and its recommendations as set out in Paragraph 5.0 of the attached review.**

### **3.0 SUPPORTING INFORMATION**

- 3.1 The Report (attached as Appendix 1) was commissioned by the Safer Halton and Healthy Halton, Policy and Performance Boards. A joint scrutiny working group with members from both PPB's was formed.
- 3.2 The Report was commissioned because referrals of alleged abuse of vulnerable adults in the category of "older people" received by Halton Borough Council have risen year on year, with Halton having the highest level of referrals in the North-West. The Boards wished to understand the reasons for this and consider if appropriate procedures were in place to safeguard vulnerable adults.

### **4.0 POLICY IMPLICATIONS**

4.1 None. Existing policies are endorsed by the report.

### **5.0 OTHER IMPLICATIONS**

5.1 The report makes a series of recommendations which, if endorsed, can be implemented within current procedures and resources.

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

6.1 **A Healthy Halton**

The safeguarding of vulnerable adults is fundamental to their health and well-being.

**6.2 A Safer Halton**

The report examines the effectiveness of Adult Protection policies; physical, emotional and economic to make Halton a safe place of residence for vulnerable adults.

**7.0 RISK ANALYSIS**

7.1 The report makes recommendations to mitigate risks for vulnerable adults in Halton.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 None identified by the report.

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

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



*Scrutiny Review of Safeguarding Vulnerable  
Adults*

Draft Report  
*August 2008*

**CONTENTS**

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## 1.0 Purpose of the Report

The purpose of the report, as outlined in the initial topic brief, is to:

- Form an understanding of the local data and information as to what that signifies about Halton;
- Examine the effectiveness of the local Adult Protection policies, procedures and processes, including multi-agency working;
- Form an understanding of the outcomes for vulnerable adults following investigations;
- Consider national best practice and research;
- Consider the resources available;
- Agree a set of recommendations for consideration by the Halton Safeguarding Vulnerable Adults Partnership Board;
- Consider the Respect and Dignity in Care policy initiatives in relation to adult protection

## 2.0 Structure of the Report

This report is structured with the introduction, a brief summary of the methodology followed by evidence, analysis with findings/conclusions and recommendations. The annexes include; topic brief and methodology detail.

## 3.0 Introduction

### 3.1 Reason the report was commissioned

3.1.1 Referrals of alleged abuse of vulnerable adults in the category of “older people” received by Halton Borough Council (HBC) have risen year on year. Halton has the highest level of referrals out of all North West authorities, and is among the highest in the UK. Without further investigation, this rise in referrals could be a cause for significant concern; therefore the scrutiny review was commissioned. The *Topic Brief* contains further statistical data and general information and can be found at *Annex 1*.

3.1.2 During quarter one of 2007/08, Halton Adult Social Services had 3909 service users with an open package, with 128 referrals of alleged abuse. This equates to 3.65%. This is a 59% rise in referrals over the same period during 2006/07. These figures are also higher than comparator authorities.

### 3.2 Policy and Performance Boards

This report was commissioned as a joint scrutiny working group between the Safer Halton and Healthy Halton Policy and Performance Boards.

### 3.3 Membership of the Topic Team

Membership of the Topic Team included:

Members	Officers
Cllr Shaun Osborne – Chair Cllr Pamela Wallace Cllr Ellen Cargill Cllr Peter Murray Cllr Linda Redhead Cllr Kath Loftus	Howard Cockcroft – Operational Director for Culture and Leisure Services Peter Barron – Operational Director for Older People Services Emma Mookerji – Service Development Officer HR

### 4.0 Methodology Summary

This scrutiny review was conducted through a number of means:

- Monthly meetings of the scrutiny review topic group;
- Interviews with various key members of staff (detail can be found in *Annex 2*);
- Interviews with officers from other organisations who work closely with Halton Borough Council on safeguarding vulnerable adults;
- Documentation and statistical information from internal and national sources (detail can be found in *Annex 2*); and
- Findings from a research project undertaken by the University of Liverpool on “The investigation process into an allegation of abuse from the viewpoint of the service user and/or carer”.

### 5.0 Evidence (summary of evidence gathered) and Analysis with findings/conclusions

#### 5.1 Performance Monitoring (Statistical data)

- 5.1.1 The interpretation of definitions of referrals of alleged abuse in respect of data collection varies considerably across the country. There is no standard system to record referrals. Halton has a ‘low threshold’ in its interpretation and is diligent with its collection and recording of referrals in general and in terms of categories that other authorities do not record, for example mal-administration of medicines and referrals from

care homes (the category with the highest number of referrals). Numbers also include referrals that, when investigated, show there is no case to answer. Due to this, it was concluded that comparisons across all agencies could not be relied upon to be accurate comparisons.

- 5.1.2 Within the Public Protection Unit (PPU) of Cheshire Police it was noted that in the categories for crime reporting there is no specific category for vulnerable adult abuse (Domestic Violence has it's own category so is recorded separately). There have been 32 cases investigated over the past 12 months, but only 6 that went forward to CPS for advice, mainly due to the lack of sufficient evidence. The PPU only investigate financial abuse cases where the amount in question is over £5,000 (unless it is persistent abuse). The PPU are in the process of developing a more robust Quality Assurance process and safeguards to monitor the outcome of their investigations to seek improvements to the overall outcomes for victims of alleged abuse.
- 5.1.3 Age Concern reiterated that the recording of information across all agencies, both locally and nationally is extremely inconsistent, especially in cases involving older people who may not want to report cases when family members are involved in the abuse. To aid this process, it was suggested that specialists in the form of advocates could be identified to support victims through the process.

### **Conclusion**

The group concluded that although the Halton figure for referrals seemed high in comparison to other local authorities, this could not be relied upon as a true like-with-like comparison and therefore could not be validated. No evidence was found to suggest that levels of abuse are higher in Halton than in other areas.

### ***Recommendations:***

- (i) To support the implementation of a national data collection/recording system for all agencies to use and more legislation in place to ensure procedures are compulsory for all agencies involved in safeguarding vulnerable adults;***
- (ii) The Police to complete the development of a Quality Assurance process monitoring the outcomes of their investigations; and***
- (iii) Advocacy support to be considered internally to support victims of alleged abuse through the process.***

## **5.2 Publicity**

- 5.2.1 HBC distributed two publicity leaflets during 2007, in parallel with the basic awareness training that was delivered; "No Secrets – Don't Turn Your Back on Abuse" for the general public and "What to do if you

Suspect Abuse” for workers in the community (the basic awareness training runs every six weeks). The leaflets were distributed to all staff within HBC, along with all provider services. Following this publicity, the referrals rate increased, in particular in older people from within care homes.

- 5.2.2 Halton has had an active policy of encouraging referrals and publicises all the available trigger mechanisms as widely as possible – raising awareness of vulnerable adult abuse and procedures to follow to report allegations.

### **Conclusion**

The group concluded that the timing of the publicity correlated with the increase in referrals for older people and that raising awareness of the procedures had encouraged people to look out for the signs of abuse and report their concerns, which the group highlighted as very positive. The leaflet is a simple, but effective way to create an accessible trigger mechanism for all to use.

### **Recommendations:**

- (i) ***To ensure there are trigger mechanisms in place, regularly distribute the promotional leaflet (in particular to domiciliary agencies) explaining what to look out for in terms of abuse and what steps can then be taken; and***
- (ii) ***Launch and promote the findings from the scrutiny review, including an article in Inside Halton and on the website.***

## **5.3 Training**

- 5.3.1 Basic awareness training in safeguarding vulnerable adults is co-ordinated by Halton social care on a regular rolling programme of training and offered freely to all providers, both domiciliary and residential. The training is delivered in conjunction with the Police. Following the training during 2007, the number of referrals increased. The table below shows which agencies attended from 2006 to 2008.

<b>Attendees 2006 – 07</b>	<b>Attendees 2007 – 08</b>
<b>Halton &amp; District Women’s Aid</b>	<b>Woodcroft</b>
<b>Inglenook (CIC)</b>	<b>Smithy Forge</b>
<b>Creative Support</b>	<b>Creative Support</b>
<b>CIC (Various Locations)</b>	<b>Ferndale Mews</b>
	<b>Ferndale Court</b>
	<b>1<sup>st</sup> Choice Support Services</b>
	<b>Cartref</b>
	<b>Trewan House</b>
	<b>The Croft</b>
	<b>Beechcroft</b>
	<b>M-Power</b>



	<b>Holly Crest</b>
	<b>Norton Lodge</b>
	<b>William Sutton Homes</b>
	<b>Caring Hands</b>
	<b>Dh Homecare</b>

5.3.2 Currently the delivery of the training only involves HBC and the Police, but it is offered out on a multi-agency basis. To assist with linking up with other agencies in the whole process discussions took place regarding the involvement of Age Concern within the delivery of the training, or other agencies that work closely with HBC.

### **Conclusion**

As with the publicity above, the group concluded that the timing of the training that was directed at provider services correlated with the increase in referrals for older people (in particular from care homes) and that raising awareness of the procedures had encouraged staff to look out for the signs of abuse and report their concerns, which the group highlighted as very positive.

### **Recommendations:**

- (i) ***HBC to continue providing/co-ordinating a rolling programme of basic awareness training in safeguarding vulnerable adults involving both the Police and Age Concern for all agencies and monitoring this training on a regular basis; and***
- (ii) ***HBC to organise specific safeguarding vulnerable adults training for Members through a Seminar Day during 2008/09.***

## **5.4 Vetting Procedures in Provider Services**

5.4.1 Through the monitoring of contracts within the Contracts and Supporting People Team of HBC, specifically in terms of recruitment, evidence of certain documentation is required from independent providers of residential and domiciliary care and processes need to be in place. Within the documentation items such as CRB disclosure, proof of ID, references, etc. are required. When providers use agency workers, these are generally required at short notice, but are still covered under the contract. As well as checking the relevant documentation, the provider also has to be confident about the agency worker going into the home to provide care. The Commission for Social Care Inspection (CSCI) also inspect the agencies and other bodies regulate them (unless HBC have concerns about an agency, then a spot check would be undertaken).

5.4.2 The contracts team also monitor the level of risk. Monitoring takes place annually, is robust and focuses on areas that may have required

improvements from the previous year. Intelligence is also gathered from family members, Regulation 37 forms and from staff within the home. There are strong links with families and service-users and procedures in place within homes to encourage concerns to be raised in various different ways.

- 5.4.3 The standard contract was last reviewed during 2004 and had specific amendments made in terms of adult protection/safeguarding. The contract is regularly reviewed and updated and is next due to be reviewed during 2009. Safer Recruitment will again be a key feature and procedures will be made more robust.

### **Conclusion**

Having trigger mechanisms readily available within independent care homes, along with robust contract monitoring procedures and documentation checks is very positive in terms of protecting vulnerable adults. Some members of the topic group felt that Members carrying out lay-assessments within residential and nursing homes would be advantageous and assist with the contract monitoring procedures.

### **Recommendations:**

- (i) Lay-assessment of residential and nursing homes by Members be considered, taking into account the necessary protocols, training and resource issues that would arise; and**
- (ii) Ensure the standard contract continues to be regularly reviewed, taking particular note of standards affecting safeguarding of vulnerable adults.**

## **5.5 Police Protocol**

- 5.5.1 Since their establishment at the end of 2006, operational management meetings take place quarterly between HBC and the Police. Through this arrangement, initially a letter of understanding was agreed, setting out the roles and responsibilities of both parties in terms of safeguarding vulnerable adults, which has subsequently been developed into a joint protocol. This has greatly improved communication and joint working, although the Police are extremely keen to work much closer with HBC, but they are limited with their resources with only 1 ½ people dealing with safeguarding vulnerable adults.

- 5.5.2 HBC have also developed a similar protocol with four NHS Trusts, along with a regular meeting forum.

### **Conclusion**

Since the creation of the regular joint meetings with the Police and the development of the joint protocol, good progress with joint working and communication have been made. This is a positive step forward for the

authority, but at times can be frustrated by the limitations of the Police resources resulting in meetings not having Police representation. This could be an area to investigate further in the future.

***Recommendation:***

- (i) Continue with the regular quarterly operational management meetings, reviewing the Police Protocol on an ongoing and annual basis.***
- (ii) Review the current resource allocation within the Police focussing on safeguarding vulnerable adults.***

## **5.6 Member Representation on Safeguarding Board**

- 5.6.1 The Safeguarding Board is a multi-agency board that meets on a quarterly basis. There is currently no Member representation on the board.

**Conclusion**

The topic group felt that Member representation was important on a group such as this, especially in light of this scrutiny review.

***Recommendation:***

- (i) Full Council to consider if Member representation on the Safeguarding Board would be appropriate.***

## **5.7 Role of Adult Protection Co-ordinator**

- 5.7.1 All involved in the scrutiny review valued the role of the adult protection co-ordinator, and felt that this role was paramount to many aspects of safeguarding vulnerable adults including the continued improvement of communications across agencies.

**Conclusion**

In an ideal world the scrutiny review group felt that the role of co-ordinator could be enhanced further.

***Recommendation***

- (i) Consider how the staffing structure for safeguarding vulnerable adults could be enhanced at HBC.***

## **5.8 Dignity in Care**

- 5.8.1 During a meeting where the topic group interviewed the Contracts Officer discussions ensued around dignity in care within provider services and how certain situations can cross over into “abuse”. All agreed the vital importance of ensuring the dignity in care agenda was implemented consistently across Halton.

- 5.8.2 The HBC Dignity Board was established during 2008 chaired by Doreen Shotton (first meeting took place on 10<sup>th</sup> June) and is linked to the Older People's Champion Group.

**Conclusion**

Dignity in care must be high on the agenda at all times, and it is paramount that it is implemented consistently across all agencies within Halton.

**Recommendation**

- (i) Monitor the work/success of the Dignity Board.*

**5.9 Research Project**

- 5.9.1 The University of Liverpool undertook an independent research study on behalf of Halton Borough Council (adult social care) to establish the views and opinions of service users/carers involved in an investigation of alleged abuse and their perspective of the processes used.

- 5.9.2 The group read the executive summary of the research project, along with responses from both HBC and the Police, and noted a number of similarities with the findings of the scrutiny review emerging from the report. For example, in a significant number of interviews the interviewees had stated that advocacy would have been beneficial if it had been available and offered; the training provided by Halton social care is free and judged to be of a very high standard by those receiving it; many service-users, carers and relatives involved in the investigation process frequently had an unrealistic perception of the role, responsibilities and parameters of the Police in the field of Safeguarding Adults, connected with the fact that there is no specific legislative framework in place for vulnerable adults (unlike Child Protection) often makes their task much more difficult.

**Conclusion**

The similarities within the research report strengthen some of the points highlighted within the scrutiny review report. Having first hand feedback from service-users who have been involved in investigations of allegations of abuse is extraordinary, giving the very sensitive nature of the situations. Halton has been fortunate to have gained this valuable information and must ensure that the recommendations from the research are given full consideration.

**Recommendations:**

- (i) Support the recommendations within the research project.*

## **6.0 Financial Implications**

- 6.0.1 There will be some financial implications to the implementation of all recommendations within this scrutiny review report. A number of recommendations are for services to continue, such as the basic awareness training, distribution of the leaflets, and these will already be budgeted for.
- 6.0.2 Other recommendations, such as the implementation of internal advocacy support and exploring a different staffing structure, would require further investigation, including projected costs, responsibilities, etc.
- 6.0.3 The recommendation in 5.4 for Members to be involved in the lay-assessment of residential and nursing homes would have financial and resource implications for the development of remit, protocols, roles and responsibilities, training for Members, awareness training for all providers so they understood the function/role, etc. If agreed, further work would be required to set out the implications in detail.

## Topic Brief

**TOPIC TITLE ...ADULT PROTECTION IN HALTON**

**PPB(s) responsible: ...Safer Halton and Healthy Halton**

**Officer Leads: Peter Barron - Tel: 3507 and Howard Cockcroft - Tel: 4031**

**Planned start/end dates September 2007 / March 2008**

**Target PPB meeting April 2008**

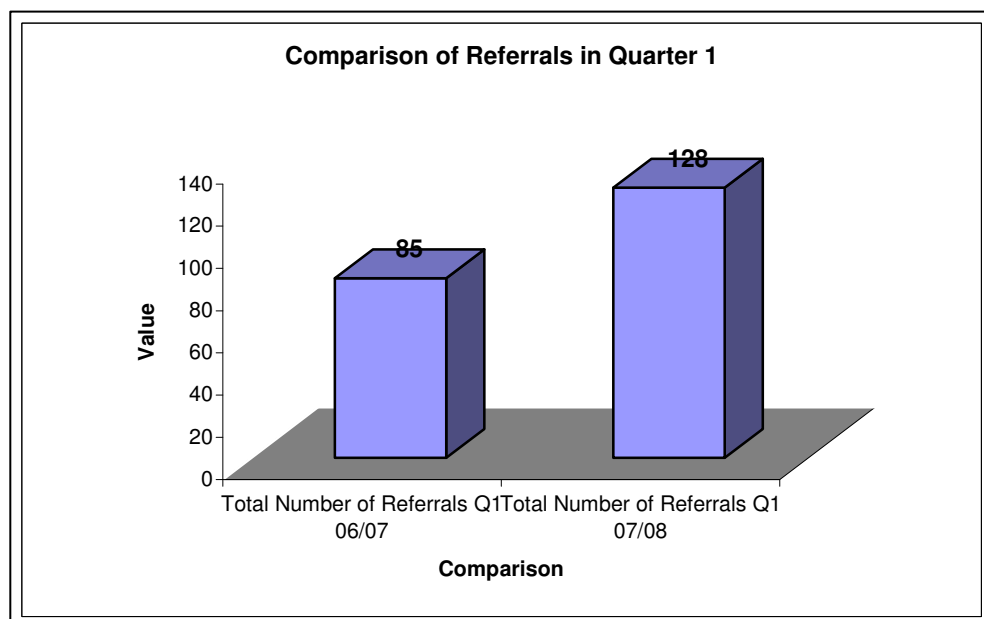
*Part I of this template should be completed for ALL topics. Completion and agreement of this brief is designed to ensure that the PPB and the Members and/or officers commissioned to work on the topic are clear from the outset about the issue(s) to be examined, the nature/timing of expected outcomes, and the approach to be taken.*

*An initial project plan will also be required where an in-depth look at more complex topics requires a project management approach (see Part II). A guidance note is provided.*

**Topic description and scope**

The Health Select Committee Inquiry into elder abuse noted that most abuse remains unreported, as people are 'too frightened, ashamed or embarrassed to speak out'.

Referrals of alleged abuse of vulnerable adults received by Halton Social Services have again risen, a trend that has continued year on year. Quarter 1 of the current fiscal year saw a 59% rise over the same period last year, as follows



3909 service users had an open service package with Halton Adult Social Services during this period, of which the 128 abuse allegation referrals would constitute 3.65%. National prevalence figures suggest a likely rate of 4%, however Halton has the highest level of referrals out of any other North West Local Authority, and is among the highest in the UK.

On the face of it this rise in referrals could be a cause for significant concern. Of course it is not good that there is abuse, but comparable information from the development of child protection, which is several years ahead of the adult agenda, shows that high reporting levels do not necessarily mean higher prevalence and is more a reflection of local action on raising the profile.

Social services have a lead coordination role, but the system is multi-agency and dependent on effective communication and shared understanding as outlined in No Secrets. All agencies retain their own statutory responsibilities.

## TARGETS

### **Why this topic was chosen**

The rates of referral in Halton are higher than comparator authorities, in so far as direct comparisons can be made. It is important to understand what this means about either the level of abuse in Halton or the operation of Adult Protection policies and procedures.

### **Key outputs and outcomes sought**

- An understanding of the local data and information as to what that signifies about Halton;
- To examine the effectiveness of the local Adult Protection policies; procedures, and processes, including multi-agency working;
- An understanding of the outcomes for vulnerable adults following investigations;
- Consider national best practice and research;
- Consider the resources available;
- An agreed set of recommendations for consideration by the Halton Safeguarding Vulnerable Adults Partnership Board.
- To consider the Respect and Dignity in Care policy initiatives in relation to adult protection.

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

#### *Safer Halton*

- Key Objective A: To investigate and tackle the underlying causes of crime and disorder and respond effectively to public concern by reducing crime levels

- Key Objective B: To create and sustain better neighbourhoods that are well designed, well built, well maintained, safe and valued by the people who live in them, reflecting the priorities of residents
- Key Objective D: To understand and tackle the problem of domestic abuse in all its forms

*Healthy Halton*

- Key Objective C: To promote a healthy living environment and lifestyles to protect the health of the public, sustain individual good health and well-being, and help prevent and efficiently manage illness

*Children and Young People*

- Key Objective B: To ensure all children and young people in Halton grow up and thrive in safe environments, communities, homes and families

**Nature of expected/desired PPB input**

Scrutinise service.

**Preferred mode of operation**

Joint Scrutiny Working Group between Safer Halton and Healthy Halton PPB, involving secondees from partner agencies and hearing evidence from relevant professionals.

**Media/communication implications**

There is likely to be some media interest in this topic.

**Agreed and signed by:**

**PPB Chair** ..... **Officer** .....

**Date:**..... **Date:**.....



**Methodology Detail****a) Interviews Conducted**

The following officers were interviewed as part of this scrutiny review:

Sally Clarke	Domestic Violence Co-ordinator, Integration team, Halton Borough Council
John Downes	Divisional Manager Consumer Protection, Halton Borough Council
Peter Barron	Chair of Halton's Safeguarding Vulnerable Adults Partnership Board and Operational Director Older People Services, Halton Borough Council
Julie Hunt	Adult Protection Co-ordinator, Halton Borough Council
Dwayne Johnson	Chair of the multi-agency Safeguarding Adults National Reference Group, Lead Director for the Association of Directors of Adults Social Services (ADASS) Protection of Vulnerable Adults Committee, and Strategic Director Health and Community Directorate
Mike Andrews	Community Safety Co-ordinator, Community Safety Team, Halton Borough Council
Dawn Kenwright	Halton Age Concern
Benitta Kay	Contracts Officer, Halton Borough Council
Simon Blackwell	Cheshire Police
Nigel Wenham	Detective Inspector, Northern Area Public Protection Unit, Cheshire Police

**b) Documents considered and established groups**

Current legislation in relation to Safeguarding Vulnerable Adults that has been referred to includes:

- Safeguarding Vulnerable Groups Act 2006
- “Safeguarding Adults” – National framework of standards for good practice and outcomes in Adult Protection
- “No Secrets” March 2000 – Department of Health and Home Office
- “Better Safe than Sorry – Improving the system that safeguards adults living in care homes” – a bulletin published by the Commission for Social Care Inspection (CSCI).
- “Working Together to Safeguard Children” – Department of Health, Home Office, DfES 1999.

Local Policies and Procedures include:

- Adult Protection in Halton – Inter-agency Policy, Procedure and Guidance (currently being updated)
- Safeguarding Vulnerable Adults Protocol between Halton Borough Council, North Cheshire Hospital NHS Trust, St Helens and Knowsley Hospitals NHS Trust, Halton and St Helens PCT and 5 Boroughs Partnership NHS Trust, December 2007
- Protection Of Vulnerable Adults Scheme (PoVA) - Referring Current And Ex-Employees For Inclusion Onto The PoVA List (Health and Community Directorate), January 2007

Research

- Safeguarding Adults Research Project – Liverpool University, July 2008
- Cheshire Police response to the above
- HBC response to the above

Established Groups

- Safeguarding Vulnerable Adults Partnership Board (SVAPB)
- Multi-agency Practitioner’s Group
- Various sub-groups and task groups for specific purposes.

**REPORT TO:** Healthy Halton Policy and Performance Board

**DATE:** 16 September 2008

**REPORTING OFFICER:** Strategic Director, Health and Community

**SUBJECT:** The relationship between HHPPB and Halton's Local Involvement Network (LINK)

**WARDS:** Boroughwide

## **1.0 PURPOSE OF THE REPORT**

1.1 To identify the implications of the LINKs' powers for Overview and Scrutiny Committees.

## **2.0 RECOMMENDATION: That**

**(1) the Executive Board and Full Council be requested to agree the appointment of a LINK representative (name to be confirmed once LINK formalised), as a non-voting co-optee on the Policy and Performance Board for a period of one year, commencing from the date approval is given.**

## **3.0 SUPPORTING INFORMATION**

### **Why are LINKs being set up?**

3.1 There have been many different ways for people to have a say in health services over the years. Recent work, however, undertaken by the Department of Health suggested that people should have 'more choice and a louder voice' in local health and social care systems. The 'Local Government and Public Involvement in Health Act' in 2007, therefore, placed a statutory duty on all local authorities with social care responsibilities to contract a Host organisation to establish a LINK.

### **Key characteristics of Local Involvement Networks (LINKs)**

3.2 LINKs have been designed to involve a diverse and inclusive body of people in shaping the services and priorities of health and social care bodies in their areas. Their main functions are as follows: -

- To collate the views and experiences of patients and the public with a view to influencing commissioning, provision, monitoring and regulation. This will include identifying gaps in service provision as well as whether services are effectively addressing need.
- Operating as an independent network they will seek to bring together a broad range of people from interested individuals, local user groups, advocacy groups and voluntary and community sector

(VCS) organisations. Their structure and function will develop in accordance with the needs and characteristics of Halton.

- Anyone can be part of a LINK and the LINK should represent everyone in the local community. The LINK will need to be inclusive, flexible and participative, with its members drawn from as broad a range of the local population as possible, and with a particular emphasis on including unheard voices and vulnerable groups.

### **What relationship will the LINK have with HHPPB?**

- 3.3 The LINK will be able to refer on to the HHPPB any matter that it considers should be drawn to the HHPPB's attention for further scrutiny. The HHPPB will have a duty to acknowledge the referral and respond within 20 days. If the HHPPB decides to exercise its powers on the matter it should state clearly in its response, taking into account the information supplied by the LINK, what action it will take and why. The LINK should be kept informed of progress. Clearly it would be beneficial for both bodies that the HHPPB and the LINK work in parallel and to this end the Host of the LINK will be expected to avoid duplication of work streams. The guidance 'Changing for the better' will provide a common framework across the Halton LINK and HHPPB for ensuring service developments are appropriate and effective.

### **4.0 POLICY IMPLICATIONS**

- 4.1 Legislation establishing LINKs falls under The Local Government and Public Involvement In Health Act 2007. This Act is part of a much broader range of policy initiatives designed to devolve more power to local government and from local government to local communities. Realising this agenda will entail a significant shift towards a more robust, inclusive and comprehensive approach to public engagement as well as greater status and influence being given to scrutiny.

### **5.0 OTHER IMPLICATIONS**

- 5.1 None applicable.

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

#### **Children and Young People in Halton**

- 6.1 None applicable.

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

- 6.2 None applicable.

#### **A Healthy Halton**

- 6.3 Establishing a formal relationship between LINK and Healthy Halton PPB will strengthen the Council's ability to monitor and review progress on reducing health inequalities.

**A Safer Halton**

- 6.4 None applicable.

**Halton's Urban Renewal**

- 6.5 None applicable.

**7.0 RISK ANALYSIS**

- 7.1 Failure to respond appropriately to requests for information and referrals would result in the HPPB contravening current legislation.

**8.0 EQUALITY AND DIVERSITY ISSUES**

- 8.1 The procedures and processes described in this report will enable a much broader range of people to contribute and influence scrutiny and commissioning decisions.

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

- 9.1 There are no background papers under the meaning of the Act.

**REPORT TO:** Healthy Halton Policy & Performance Board

**DATE:** 19 September 2008

**REPORTING OFFICER:** Strategic Director, Health and Community

**SUBJECT:** Changing for the better

**WARDS:** Boroughwide

## **1.0 PURPOSE OF THE REPORT**

1.1 To brief the Board on the policy context for guidance when undertaking major changes to NHS Services.

## **2.0 RECOMMENDATION: That**

- (1) the report be noted; and**
- (2) the implications of the guidance are discussed with Halton & St Helens PCT to ensure they are clear of requirements for early involvement of HHPPB.**

## **3.0 SUPPORTING INFORMATION**

- 3.1 There is a strong perception amongst the public and professionals that the NHS is constantly changing and the pace seems to be ever increasing. One reason for this change is because people expect a much higher standard of medical care, including when and where they are treated, compared with, say, 20 years ago. Given this context and the fact that modern medicine can now prolong the life of people with previously fatal diseases, means that the average person will have far more care and treatment from doctors and nurses in their lifetime than ever before.
- 3.2 'Changing for the better' has therefore been produced to provide clear guidance for patients, the public and NHS staff on the processes underpinning changes to acute NHS services. The guidance has been developed by clinicians and staff working in the NHS as well as patient group representatives. It draws heavily on their experiences of major service change, offers a guide for action to all local health services, and sets out a total of 15 recommendations that will help ensure the process is more open, transparent and fair.
- 3.3 In implementing this guidance, key to success will be the involvement of public and staff in the planning, development and decisions for service change rather than simply being asked for comments during a formal consultation exercise. Furthermore, this best practice has been enshrined in legislation (Section 242 of the NHS Act 2006). In addition to this requirement for full engagement the guidance also emphasises the importance of clinical evidence and available resources.

3.4 In future all major service change will be based on the following key principles:-

- Change will always be to the benefit of patients.
- Change will be clinically driven.
- Change will be locally led.
- Local people will be involved.
- Patients will see the difference before existing services are withdrawn.

3.5 To ensure the principles are delivered appropriately and effectively Primary Care Trusts will be responsible for local coordination. The key barriers to the ongoing change process are the same as for any large scale organisation, i.e. communication, culture and self-interest. To ensure these principles are adhered to, it would be prudent for HHPPB to be mindful of these when reviewing any service development in the NHS as well as being informed of any associated guidance. A key source of information in this respect will be the Halton LINK (see report on the relationship between HHPPB and LINKs).

3.6 A current initiative closely related to this guidance is the Darzi Review, 'High Quality Care for All' and the associated additional documents. Proposals fall under four broad themes:-

- People shaping services.
- Promoting healthy lives.
- Continuously improving quality.
- Leading local change.

3.7 The key implications for local government arising from the Darzi Review include the need for stronger partnership working especially with respect to designing services around the needs of individuals and local communities, investment in 'upstream' initiatives and ensuring complementarity with the 'Putting People First' Protocol.

#### **4.0 POLICY IMPLICATIONS**

4.1 The Guidance makes specific reference to PCTs holding early and ongoing discussions with local authority Overview and Scrutiny Committees (OSCs) so that councillors are involved in, and briefed about, emerging service models. It also states that the outcome of a consultation is subject to scrutiny by the OSCs or, where a proposal impacts a number of local authority areas, a Joint OSC (JOSC).

4.2 In the event the committee is not satisfied with the content of the consultation, or that the proposal is in the interests of the health service in its area, it has powers to refer these issues to the Secretary of State for Health.

#### **5.0 OTHER IMPLICATIONS**

5.1 None applicable.

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

**6.1 Children and Young People in Halton**

Given the guidance affects all service developments in the NHS, it equally impact on children's services. It would therefore be prudent for the Children & Young People Policy and Performance Board to be informed of this guidance.

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

None identified.

**6.3 A Healthy Halton**

Engaging with the NHS at the earliest possible stage of significant changes to provision will enable the Council to exert appropriate influence to secure the best possible outcomes for Halton's residents.

**6.4 A Safer Halton**

None identified.

**6.5 Halton's Urban Renewal**

None identified.

**7.0 RISK ANALYSIS**

7.1 Operational Directors should be kept informed of key local changes and milestones to ensure these complement parallel HBC service developments.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 In keeping with the 'White Paper: Our Health, Our Care Say' all service developments need to ensure that provision is improved for those most in need and that provision is tailored to need. Given the same requirement is required of local authorities, this will help address inequities in terms of who receives services and where they are situated.

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

9.1 There are no background documents under the meaning of this Act.



**REPORT TO:** Healthy Halton Policy and Performance Board

**DATE:** 16 September 2008

**REPORTING OFFICER:** Strategic Director – Health & Community  
Directorate, Halton Borough Council

**SUBJECT:** Safeguarding Vulnerable Adults

**WARD(S)** Boroughwide

## 1.0 PURPOSE OF REPORT

1.1 To present the Annual Report of Halton's Safeguarding Vulnerable Adults Partnership Board, for the year 2007/08, and to brief the PPB on key issues and progression of the agenda for Safeguarding Vulnerable Adults.

**2.0 RECOMMENDATION: That the PPB note and comment on the content of the Annual Report of the Safeguarding Vulnerable Adults Partnership Board 2007/08 and recent/current key issues.**

## 3.0 SUPPORTING INFORMATION

### 3.1 Annual Report of the Safeguarding Vulnerable Adults Partnership Board (SVAPB)

The Annual Report outlines the operation of the multi-agency arrangements for safeguarding vulnerable adults in Halton, providing details of the work undertaken from April 2007 to March 2008 (including referral rate data) and summarising planned activity for the year April 2008 to March 2009. The report is made available on Halton Borough Council's website and is sent to lead officers and senior managers in partner agencies.

The production of the Annual Report is prioritised along with other items in the SVAPB work plan and is influenced by available resources. The Adult Protection Coordinator drafts the report for the SVAPB and was off work for several months during 2007-08, returning on a part time basis during which time other work took some precedence. Slippage has largely been recovered and the Coordinator has subsequently returned to full time work.

### 3.2 Up-date

Since April 2008, key issues to report are:

#### 3.2.1 Locally:

- The joint all party scrutiny group of Elected Members, which was commissioned by the Healthy Halton and Safer Halton Policy and Performance Boards, is (at the time of writing this report to the SHP), drafting its report and recommendations.

- Representatives from Adult Social Services have joined a Safer Recruitment sub-group of the Halton Safeguarding Children Board, to prepare for implementation of the Safeguarding Vulnerable Groups Act 2006. This legislation will have implications for some of the partner agencies represented on the Safer Halton Partnership, as it extends current vetting and barring arrangements.
- A Safeguarding Vulnerable Adults conference was held in July and was well received by those attending. Its primary purpose was to feed back the findings of research undertaken by the University of Liverpool, into service users' and carers' experience of Halton's multi-agency adult protection/safeguarding service, and Halton's response to the research. All participants in the research were invited, along with key people from partner agencies. Plans are underway to publish, nationally, learning points from the report.
- Halton's framework for operation of the service, 'Adult Protection in Halton – Inter-agency Policy, Procedures and Guidance', has been comprehensively revised and distributed. The distribution group has been extended to include, for example, all GP practices, libraries, community centres and the fire service.
- Managers are looking at options for making best use of resources available for operating the safeguarding service.
- In a positive response to a request for funding, partner agencies have committed the following contributions to the budget:

<b>Agency</b>	<b>Share (%) REQUESTED</b>	<b>Training (£) 2007/08</b>	<b>Adult Protection Co-ordinator post (£) 2007/08</b>	<b>Total committed (£) 2008/09</b>
North Cheshire Hospitals NHS Trust	5	238	2,295	2,533
Halton & St Helens Primary Care NHS Trust	25	1,190	11,475	12,665
5 Boroughs Partnership NHS Trust	5	238		238

### 3.2.2 Nationally:

- Halton participated in the first phase of a national review of 'No Secrets' (DH & Home Office 2000). Further consultation is due in Autumn 2008.
- A number of localities are participating in a pilot of draft national data reporting standards. Halton Borough Council is not participating in the pilot, as the current priority locally is to improve the standard of data collection and reporting.

**4.0 POLICY, LEGAL AND FINANCIAL IMPLICATIONS**

4.1 There are no legal, policy or resource implications in endorsing the Annual Report or in this report to the PPB.

All agencies supporting the multi-agency arrangements retain their separate statutory responsibilities in respect of safeguarding vulnerable adults and adult protection, whilst Halton Borough Council's Health and Community Directorate has a lead responsibility for coordination of the arrangements.

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

**6.1 Children and Young People in Halton**

Not applicable

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

Not applicable

**6.3 A Healthy Halton**

Not applicable

**6.4 A Safer Halton**

Not applicable

**6.5 Halton's Urban Renewal**

Not applicable

**7.0 RISK ANALYSIS**

7.1 Not applicable

**6.0 EQUALITY AND DIVERSITY ISSUES**

6.1 Not applicable

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

7.1 Not applicable

# *no* secrets



## Annual Report of Halton's Multi-Agency Safeguarding Vulnerable Adults Partnership Board 2007/08



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## **1. Introduction and Forewords from the Chair and Lead Managers**

### **1.1 Chair of the Safeguarding Vulnerable Adults Partnership Board**

I am pleased to be able to present this Annual Report of Halton's multi-agency Safeguarding Vulnerable Adults Partnership Board, which describes how organizations, agencies and committed individuals are working together:

- To support vulnerable people who find themselves in abusive situations
- To uncover hidden abuse and encourage reporting by people who may, for a number of reasons, be reluctant to tell anyone about it, and
- To prevent abuse from happening and empower vulnerable people.

The Board is responsible for promoting and supporting an effective inter-agency framework, aimed at safeguarding vulnerable adults in Halton, and is made up of lead officers and key representatives from all sectors. Its current terms of reference and membership are attached as Appendices 2 and 3 to this Annual Report.

This has been an eventful and productive year for the Board. The annual report provides a summary and details of achievements and work undertaken in the past year (1<sup>st</sup> April 2007 to 31<sup>st</sup> March 2008) and activities planned for the next 18 months.

Central to all of this is the individuals whose continued commitment, hard work and support is pivotal to our local arrangements for safeguarding some of the most vulnerable people in society. I want to acknowledge those individuals and organizations that continue to drive forward and sustain both the adult protection and safeguarding agenda.

Particular thanks are due to Superintendent David Bertenshaw, as Co-chair of Safer Halton Partnership, who has will be leaving the Northern Public Protection Unit and moving to Constabulary Headquarters, in the near future; Dwayne Johnson, Strategic Director (Health and Community services) for Halton Borough Council, who has continued in his role as Chair of the multi-agency Safeguarding Adults National Reference Group and Lead Director for the Association of Directors of Adult Social Services (ADASS)

Protection of Vulnerable Adults Committee; Julie Hunt as our local coordinator who has worked tirelessly in supporting the partnership; and carers, volunteers and staff who continue to safeguard the well-being and interests of vulnerable adults, on a day by day basis.

I also want to thank the University of Liverpool for undertaking some groundbreaking research in Halton, which has given us a unique opportunity to learn from the people at the centre of our work and, crucially, to develop our services our services in light of their experience and comments. Crucial to the success of the research project were Joan Darwin and Lisa Pickering (research fellows) and Professor Ken Wilson of the University, and most of all, the people who gave of themselves and their time and to participate in the research and provide us with the benefit of their experience, at what is likely to have been a difficult time for them.

I am looking forward to another productive year, working together both locally and nationally with all our partners, to deliver real improvements in the lives of some of the most vulnerable people in Halton.

**Peter Barron**

***Chair of Halton's Adult Protection Committee and  
Operational Director (Older Peoples Services) for Halton  
Borough Council (Health and Community Directorate)***

## **1.2 St Helens & Knowsley Teaching Hospitals NHS Trust**

St Helens and Knowsley Teaching Hospitals NHS Trust would like to acknowledge the enormous support from the individual agencies over the last year.

The Trust's Safeguarding Adults Committee had a busy year and continues to take positive steps to promote the Safeguarding Adult Agenda.

Over the past year the Trust have made developments in the following areas:

- Development of a database to log all recorded incidents
- Safeguarding Adult Guidelines revised and updated
- Dignity in Care Challenges reviewed
- Safeguarding Adult Awareness sessions x 2 provided by AftaThought
- Clinical Governance Audit carried out on thirteen patient records with safeguarding concerns
- First Safeguarding annual report submitted to the Trust Board

The Trust look forward to another year of Safeguarding developments and are planning to:

- Look to developing an electronic training package enabling all staff to have basic safeguarding Adult training
- Look at areas where partnership working can be developed with local Authorities
- Produce a Safeguarding Adult Alert/Body chart to be placed in the relevant patients records alerting staff of a potential Safeguarding issue

We look forward to another year and an opportunity to continue to protect vulnerable adults in our care

***Tina Cavendish***

***Senior Nurse***

***Quality/Clinical Standards/ Safeguarding Adult Lead***

***St Helens and Knowsley Teaching Hospitals NHS Trust***



### **1.3 North Cheshire Hospitals NHS Trust**

North Cheshire Hospitals have been actively involved in vulnerable adults and safeguarding activities with Halton in the past year. During this time, the Safeguarding policy has been updated in line with Halton's inter-agency document and joint training initiatives have been undertaken.

Considerable reconfiguration has been undertaken on the part of the Hospital Trust and Safeguarding is now part of the Governance agenda, with representation from both the Head of Governance and clinical practitioners attending all multidisciplinary meetings.

Expansion of joint initiatives is anticipated in the forthcoming year and improved liaison with the Accident & Emergency department as well as risk assessment review for admitted patients will be major areas of work planned.

***Helen Crombie  
Head of Governance and Quality  
North Cheshire Hospitals NHS Trust***

#### **1.4 Five Boroughs Partnership NHS Trust**

The 5 Boroughs Partnership NHS Trust provides services to children and adults who have a range of psychological and psychiatric problems. As a result, many of the service users the 5 Boroughs Partnership works with are vulnerable.

The 5 Boroughs Partnership is committed to working with the Halton Safeguarding Vulnerable Adults Partnership Board, to ensure that vulnerable adults are protected from harm and supported during periods in their lives when they may be facing a number of challenges.

- During 2007/08, the 5 Boroughs Partnership NHS Trust has recruited a Lead Nurse for Adult Safeguarding.
- The Lead Nurse will work with the Halton Safeguarding Vulnerable Adults Partnership Board, to ensure that all vulnerable adults who have contact with services provided by the 5 Boroughs Partnership NHS Trust are supported and protected from abuse.

***John Kelly***

***Director of Operations for Adult and Children Services  
Halton, Knowsley and St Helens  
Five Boroughs Partnership NHS Trust***

## **1.5 Cheshire Constabulary and Co-Chair of the Safer Halton Partnership**

Cheshire Police and the Safer Halton Partnership are committed to reducing violent crime, safeguarding the most vulnerable members of our society and bringing offenders to justice. Unfortunately, violence is a pervasive and unacceptable facet of modern living that frequently leads to tragic consequences for both the victim, perpetrator and their families. Nowhere is this situation more acute than when it affects of the most vulnerable members of our society and we must all work together to minimise this potential.

The work of the Safeguarding Vulnerable Adults Partnership Board directly addresses this need and the Board's bold and ambitious plans, combined with effective partnership working and service delivery, are delivering that meaningful contribution.

Cheshire Police is continuing to develop its service and procedures relating to the safeguarding of vulnerable adults. Halton has a Vulnerable Adult Liaison Officer dedicated to this area of work located within the Public Protection Unit (PPU) at Runcorn. The Force has recently reviewed its Vulnerable Adult Policy and Procedures ensuring they are 'fit for purpose' and continue to ensure that safeguarding vulnerable adults remains a key priority for Cheshire Police.

Halton now has a MARAC (Multi Agency Risk Assessment Conference) process firmly embedded within its domestic abuse strategy. The MARAC is held monthly and is contributing towards safeguarding vulnerable adults through a range of multi agency interventions.

Cheshire Police together with the Local Criminal Justice Board (LCJB) have recently launched an Intermediary Scheme. A registered intermediary is a neutral and impartial person who facilitates communication between the police, the prosecution, defence legal teams and the court. They provide a voice for persons who would otherwise have great difficulty in providing evidence. This scheme will significantly enhance the opportunities to ensure that vulnerable adults receive proper access to the criminal justice system and improve confidence and satisfaction in the overall criminal justice process.

We all have a duty of care to protect vulnerable adults from harm and we are resolute in our commitment to review, develop and wherever possible improve our safeguarding services in partnership with other key stakeholders over the coming year.

I would like to thank all those people who are involved in the area of safeguarding vulnerable adults for their professionalism, dedication, commitment support and hard work in making the people of Cheshire, Halton and Warrington safe and feel safe.

**Gary Finchett**  
**Chief Superintendent**  
**Northern Area BCU Commander - Cheshire Constabulary**  
**Co-chair of Safer Halton Partnership**

## **1.6 Age Concern**

Age Concern Halton & St Helens fully support the work undertaken by all agencies in striving to safeguard vulnerable adults. We are pleased to have contributed in the development, implementation and review of safeguarding activities and would encourage other voluntary agencies within the Halton area to join with us in this important and essential work.

**Philip Longworth, Chief Executive, Age Concern Halton & St Helens**

## 2. Vision

As a Board, our vision for adults who are vulnerable to abuse is encompassed in the following statements:

- ✓ *"A Halton where vulnerable people are safe from abuse/harm; empowered to make their own choices and to choose risks; where the professionals are supported and developed to deliver this."*
- ✓ *"The Safeguarding Vulnerable Adults Partnership Board will lead and co-ordinate multi-agency strategy and direction, with energy and commitment, to achieve our shared vision."*
- ✓ *"By working together with top-level commitment from all agencies, the Board will raise awareness and inspire positive changes in people's lives."*

### **3. Summary of Achievements and Actions Planned**

#### 3.1 The main areas of achievement during 2007/08 were:

- Strength of individual and agency commitment and participation continued to be demonstrated and supported through Adult Protection Committee/Safeguarding Vulnerable Adults Partnership Board and sub-groups. A sound programme and plans for development were progressed through a developing framework of inter-agency forums
- Raised awareness and profile of safeguarding/adult protection.
- Supported developments in partner agencies
- Concluded development of inter-agency protocols and set up monitoring arrangements
- Developed protocols and joint procedures and strengthened working together arrangements, including arrangements for dealing with high risk cases and 'low level' abuse
- Strengthened links with related services and agencies
- Reviewed and revised Practitioners Group terms of reference, strengthening the role and focus
- Publicity distribution and ongoing updating of website, including posting new and revised documents
- Provided good information flow in terms of national and local developments, research and new legislation
- Researched service user experience; began arrangements to publish findings and feed back to participants; actions taken in response to findings
- Utilized learning opportunities from a number of sources, to inform developments and practice
- Developed a number of opportunities to monitor, evaluate and improve quality of service
- Delivered, reviewed, evaluated and extended the training programme and took steps to further improve attendance and extend the programme

- Comprehensively revised and began evaluation of data collection arrangements to support better quality of information
- Supported the implementation of new legislation and national guidance
- Further progressed implementation of the Mental Capacity Act and Mental Health Act amendment, secondary legislation and guidance
- Developed policies, procedures and guidance, including full revision of inter-agency procedures
- Reviewed processes for referral between Police and Council, introduced secure email facility and began work on providing further definition criteria for managers assessing referrals
- Introduced services aimed at preventing, reducing and tackling abuse

### 3.2 Developments planned over the next 12-18 months include:

- Continue to raise awareness and profile across Halton, including consolidation of the 'safeguarding' terminology
- Further support developments with and within partner agencies, including lead roles, training, policies, procedures and practice, and data collection, analysis and reporting
- Participate in regional and national consultation on review and implementation of national standards
- Complete distribution and publication of revised inter-agency adult protection procedures
- Complete the evaluation of data collection and reporting mechanisms and action changes required to refine the system; develop IT systems that support the improved system, making best use of resources;
- Analyse data to inform performance, quality and service developments
- Further develop and consolidate quality and scrutiny mechanisms, linking with customer care services and capturing learning opportunities, implementing a supportive infrastructure and action plans to improve service provision
- Receive recommendations of local scrutiny review group of elected members, so that actions can be agreed and inform the future work-plan.
- Support use of findings of local and other research and other opportunities for learning, to inform development of the service
- Support and influence the development of the Dignity in Care campaign in Halton, which will look at the quality of experience in the whole range of health and social care settings
- Review arrangements for consultation with people who use/experience the service, and carers
- Start to consider the impact of the personalisation 'agenda' on safeguarding vulnerable adults
- Strengthen safeguarding arrangements in the commissioning of services, as part of the Commissioning Plan



- Keep protocols under review and embed in practice through on-going liaison and communication mechanisms
- Support publication and feedback of local research findings and agency responses; monitor implementation of actions arising
- Develop further supporting policies, procedures and practice guidance
- Further develop and extend the training programme including a wider range of staff from all organisations who may have contact with vulnerable adults, evaluate quality of delivery, take steps to encourage attendance, address non-attendance and extend system of recording and monitoring training needed and undertaken
- Support appropriate staff conduct through information on good and acceptable practice
- Continue to support implementation of new legislation, including the Mental Health Act 2007, Mental Capacity Act Amendment and Safeguarding Vulnerable Groups Act 2006
- Continue to strengthen links between related services and partner agencies, for example Adult Social Care, Health, Police, Probation, Independent Sector, Community Safety, Multi-Agency Public Protection Arrangements (MAPPA), Domestic Abuse, Drug & Alcohol Services and Safeguarding Children
- Provide further detailed criteria/guidance for Police, PCT, HBC managers screening possible safeguarding referrals
- Set up a conduit for referral from Police to Health & Drug & Alcohol Services, in consultation with partner agencies
- Ensure people with a learning disability receiving services know how to raise concerns, through review and revision of existing available information in consultation with stakeholders

## 4. Working Together

At the centre of local developments is Halton's multi-agency strategic decision-making body, the Safeguarding Vulnerable Adults Partnership Board (SVAPB), formerly known as the Adult Protection Committee (APC), and its sub-groups. The structure and reporting mechanisms, SVAPB Terms of Reference, SVAPB and Practitioners Group membership, and list of people SVAPB minutes are circulated to, appear in Appendices 1 – 4 of this annual report. Sub-groups are multi-agency and membership, terms of reference and work plans are available on request to the Adult Protection Coordinator (Tel: 01928 704523).

SVAPB and sub-group members' attendance and contributions in meetings continue to be invaluable. Meetings provide a dynamic arena for developing Halton's safeguarding arrangements, and the consultation and decision-making involved in moving forward our challenging agenda to combat abuse. It is important to recognise and acknowledge that this is underpinned by a sound, ongoing commitment to effective inter-agency working and the vital contribution made by organisations and individual staff and volunteers in all sectors.

### 4.1 Achievements this year included the following:

- Further multi-agency sub-groups and task groups set up for specific purposes, including:
  - Implementation of the Mental Health Act 2007 and Mental Capacity Act 2005 Amendment
  - Working arrangements between four local NHS Trusts and Halton Borough Council (HBC)
  - Scrutiny, evaluation and development of service quality and performance
- Terms of reference – existing ones reviewed and revised, further ones developed
- Terminology used by the SVAPB reviewed again, in light of a number of influencing factors. A decision was taken to incorporate 'safeguarding', in recognition of the full spectrum of responsibilities that exist, developments being made, an aspiration to raise the profile and strengthen the national framework that governs protections for people who are vulnerable to abuse. This change is in line with a national trend towards using 'safeguarding' terminology. It is recognized that in the absence of any national directive, individual agencies use the terminology they determine and 'Adult Protection' also continues to be used in Halton. The terms are being explained

in training and documents.

- Continued to contribute to regional forums e.g. Adult Protection/Safeguarding Coordinators, and national consultation exercises, e.g. Independent Safeguarding Authority
- St Helens and Knowsley Teaching Hospitals NHS Trust and North Cheshire Hospitals NHS Trust have strengthened their Safeguarding/Vulnerable Adults forums
- New members joined the SVAPB and sub groups, including representatives from Housing, Commission for Social Care Inspection (CSCI), Halton & St Helens Primary Care Trust, and Halton Borough Council, and other new members replaced colleagues who had left groups.
- Work done on developing a work plan for the coming year
- Partner agencies encouraged to appoint a Safeguarding/Adult Protection lead within the agency and many of those represented on the SVAPB do so. Protocols support this good practice.
- Protocols between Cheshire Constabulary (Northern Public Protection Unit – in respect of Halton area) and Halton Borough Council (HBC), and between four NHS Trusts and Halton Borough Council, have been agreed this year and high level 'sign off' attained/sought
- Regular management meetings between the NHS Trusts & HBC and the Police & HBC have monitored the implementation of protocols and addressed other strategic and operational arrangements
- Secure email facility has been set up, to enable the Police to email Halton Borough Council's 24 hour Contact Centre
- Serious Case Review procedure devised, agreed and disseminated
- The Mental Capacity Act 2005 has been fully implemented, with the development of processes, guidance and a detailed multi-agency training programme
- A protocol between children's and adults services has been devised
- Links with Halton's Domestic Abuse Forum established to ensure close working partnerships in vulnerable adult domestic

abuse

- Safeguarding Vulnerable Adults strategies were included in the local Joint Strategic Needs Assessment
- SVAPB and Practitioners Group kept informed of significant national news and events regarding adult protection/safeguarding and those that provide potential for local learning, and developments are taken forward through the agenda and work plan
- Action plan that originated from events in Cornwall, Sutton and Merton and a local case has been updated throughout the year and continues to be carried out by a multi-agency learning disabilities quality action group.

**4.1.1 Partner agencies** have made significant strides in developing their internal safeguarding/adult protection arrangements. Some of these are outlined in the Forewords to this report and include the following:

- In **St Helens and Knowsley Hospitals NHS Trust:**
  - Development of a database to log all recorded incidents
  - Safeguarding Adult Guidelines revised and updated
  - Dignity in Care Challenges reviewed
  - Safeguarding Adult Awareness sessions x 2 provided by 'AftaThought'
  - Clinical Governance Audit carried out on thirteen patient records with safeguarding concerns
  - First Safeguarding annual report submitted to the Trust Board
- In **North Cheshire Hospitals NHS Trust:**
  - Safeguarding policy has been updated in line with Halton's inter-agency document and joint training initiatives have been undertaken.
  - Safeguarding is now part of the Governance agenda, with representation from both the Head of Governance and clinical practitioners attending all multidisciplinary meetings.
- In the **5 Boroughs Partnership NHS Trust:**
  - The Trust has been developing policies and procedures with partner agencies, to ensure that it plays a full part in safeguarding children and adults.
  - The Trust has recruited a Lead Nurse for Adult Safeguarding.

- In **Cheshire Constabulary and the Safer Halton Partnership:**
  - Cheshire Police is continuing to develop its service and procedures relating to the safeguarding of vulnerable adults.
  - The Force has recently reviewed its Vulnerable Adult Policy and Procedures ensuring they are 'fit for purpose' and continue to ensure that safeguarding vulnerable adults remains a key priority
  - Halton now has a MARAC (Multi Agency Risk Assessment Conference) process firmly embedded within its domestic abuse strategy. The MARAC is held monthly and is contributing towards safeguarding vulnerable adults through a range of multi agency interventions.
  - Cheshire Police together with the Local Criminal Justice Board (LCJB) have recently launched an Intermediary Scheme. A registered intermediary is a neutral and impartial person who facilitates communication between the police, the prosecution, defence legal teams and the court. They provide a voice for persons who would otherwise have great difficulty in providing evidence. This scheme will significantly enhance the opportunities to ensure that vulnerable adults receive proper access to the criminal justice system and improve confidence and satisfaction in the overall criminal justice process.
  
- In **Halton Borough Council**
  - Continued to take a lead role in developing multi-agency arrangements, including service developments, support to SVAPB and sub-groups and their work plans, training, publicity
  - Developed internal procedures, practice guidance and information to support appropriate staff conduct and produced an additional leaflet for staff
  - Developed data collection arrangements with the aim of providing better quality information
  - Co-ordinated action plans with the Domestic Abuse Forum to ensure joined up working
  - Supported and responded to research into service user and carer experience of the adult protection service
  - Strengthened links between sections within the borough council and safeguarding vulnerable adults, e.g. Human Resources, Safeguarding Children, Customer Care, 24 hour Contact Centre

#### 4.2 Plans for the coming 12-18 months include the following:

- Contribute to national review of 'No Secrets' and debate on national standards
- Seek further membership of sub-groups to ensure adequate representation
- Further strengthen links between related services: Halton Borough Council and Community Safety, Police, NHS Trusts, Probation service, Safeguarding Children Board
- Provide further definition to inform appropriate referral of Safeguarding concerns to Adult Protection Procedures
- Provide a conduit for referral from Police to Health and Drug and Alcohol services
- Implement the changes brought in by the 2007 Mental Health Act, including the development of a new specialist advocacy service for people who are detained in hospital under the Act
- Develop and implement Deprivation of Liberty Safeguards policies and procedures across health and social care services, to ensure that vulnerable people who lack capacity to make decisions about their living circumstances have the opportunity to have their situation reviewed on a regular basis and be managed under the least restrictive regime.
- Increase the numbers of people referred to the Independent Mental Capacity Act (IMCA) service, and particularly referrals from health services, and review whether advocates' advice was taken
- Review rate of referral to mainstream advocacy services
- Start to consider the impact of the personalisation 'agenda' on safeguarding vulnerable adults
- Strengthen links between Halton Borough Council and the Probation Service
- Refine the protocol between Adult's and Children's services
- Prepare for implementation of Safeguarding Vulnerable Groups Act 2006
- Explore possibility of extending secure email facility

- Consider implications for safeguarding, of personalization agenda.
- Further strengthen links between the following services and Safeguarding/Adult Protection:
  - Domestic Abuse
  - Customer Care
  - Community Safety
  - Safeguarding Children services
  - Probation
  - Halton Borough Council and Police and NHS Trusts
- St Helens and Knowsley Teaching Hospitals NHS Trust intends to:
  - Look to developing an electronic training package enabling all staff to have basic safeguarding Adult training
  - Look at areas where partnership working can be developed with local Authorities
  - Produce a Safeguarding Adult Alert/Body chart to be placed in the relevant patients records alerting staff of a potential Safeguarding issue
- North Cheshire Hospitals Trust anticipates:
  - Expansion of joint initiatives
  - Improved liaison with the Accident & Emergency department
  - Risk assessment review for admitted patients
- In the 5 Boroughs Partnership NHS Trust:
  - The Lead Nurse will work with the Halton Safeguarding Vulnerable Adults Partnership Board, to ensure that all vulnerable adults who have contact with services provided by the 5 Boroughs Partnership NHS Trust are supported and protected from abuse.
  - Policies and procedures are being developed
- In Halton Borough Council:
  - Continue to take the lead in inter-agency service developments, including the scrutiny/quality sub-group, training developments and developing a conduit for referral from Police to NHS Trusts and Drug & Alcohol Services.
  - Strengthen links with related services, e.g. domestic abuse, safeguarding children, probation service
  - Develop the client record system and provide an Eform

- Develop reporting of adult protection data, analyse the information it affords and utilise it in developing the service
- Support further independent evaluation of the safeguarding service



## **5. Training**

### **5.1 Achievements this year included the following:**

- Delivered, developed and evaluated a suite of courses, which are in-line with National Minimum Standards and Skills for Care Sector Skills Agreement. Courses continued to be provided by Halton Borough Council, in consultation with partner agencies
- Investigators and Chairing Skills courses provided for Halton Borough Council (HBC) staff, to prepare them to meet their particular responsibilities.
- Multi-agency Adult Protection Basic Awareness and Referrers training made widely available in all sectors, to all organizations that we are aware of and that we believe may have contact with vulnerable adults.
- Collaborated with Knowsley Borough Council in reviewing and providing the managers' Chairing Skills course.
- Domestic Abuse training course details sent out to adult services via the Domestic Abuse Forum and the Adult Protection Coordinator's membership.
- Reviewed attendance and took steps to improve it, including plans to provide on site courses for NHS Trusts
- Reviewed charging/non-charging arrangements and considered charging for non-attendance that is not notified in advance of the course start.
- Reviewed the arrangements for providing a Train the Trainer [formerly 'Facilitators'] course with view to improving content and delivery and aiming to influence quality and extent of their training delivery
- Took steps to ensure Police input on investigators and referrers courses
- Took action to remedy unsatisfactory delivery of a course on one occasion and minimize possibility of a reoccurrence.
- With the exception of the above mentioned course delivery, feedback was on the whole very positive. The following comment was made in the report of an independent piece of research conducted over a 2 year period, by the University of Liverpool, into service users' and (both paid and unpaid) carers'

experience of the adult protection service in Halton:

- "The training provided by Halton SSD is free and judged to be of a very high standard by those receiving it."

- Reviewed and revised the training course feedback form, to ensure it attracts full comment from people attending.
- Halton Borough Council took up Multi-Agency Public Protection [MAPPA] 'train the trainer' course and provided a briefing to social care staff.

## 5.2 Attendance

During 2007/08, multi-agency courses, particularly, proved popular as they had in previous years. Non-attendances continued to be a major concern, however, again as they had been the case in previous years, despite the adverts sent out containing a request that training section be notified of anticipated non-attendance. The following table shows the extent of the issue. The attendance rate is shown as a percentage of the total number of places booked.

<b>Course &amp; total places available for the year</b>	<b>Attendance</b>		<b>Attendance as % of total places booked 2007-08</b> <i>[2006-07 in brackets]</i>	<b>Non-attendance</b>	<b>Non-attendance notified</b>
<b>Referrers [multi-agency]</b>	<b>182</b>		<b>71%</b> <i>[77.5%]</i>	<b>95</b>	<b>14</b>
<b>Chairing Skills [HBC &amp; Knosley]</b>	<b>Knowsley PCT</b>	<b>Halton BC</b>	<b>114%</b>	<b>0</b>	<b>N/A</b>
	<b>12</b>	<b>2</b>			
<b>Investigators [HBC staff]</b>	<b>13</b>		<b>68%</b>	<b>6</b>	<b>4</b>
<b>Basic Awareness /induction</b>	<b>97</b>		<b>76%</b> <i>[52%]</i>	<b>37</b>	<b>11</b>

Non-attendance carries a number of cost implications when the organisers are not notified, with training events being delivered below the intended capacity and refreshments going to waste.

- Places on the courses are wasted as they cannot be re-allocated to people on the 'waiting list'
- Direct impact on the work of the Halton Borough Council's Training Section and the Training Budget

### **5.3 Charging/Non-charging**

During 2006-07, all courses continued to be provided free of charge, as part of Halton Borough Council's commitment to developing the skills and capacity of the workforce, protecting vulnerable adults from abuse and neglect and ensuring an effective response when abuse is suspected.

Steps were taken to encourage people to recognise the costs involved and to inform organisers of anticipated non-attendance, even if it could not be avoided and was not known until the day of the course.

Despite the above, however, and non-attendance still being an issue, Halton Borough Council agreed in principal that we need to charge for non-notified non-attendance and this will be followed up by a formal proposal and full implementation during 2008-09.

Charging arrangements pose a challenge for Halton Borough Council to administer and further thought will need to be given to this, but there will be opportunities to learn from the experience of other localities that already levy charges.

### **5.4 Plans for the coming 12-18 months include the following:**

- Extend membership of the training sub-group
- Further develop the framework for the training sub-group's operation:
  - Terms of Reference
  - Action plan
- Devise and publicise guidance for refresher and up-date training
- Set up a new 'Train the Trainer' course and make it available on a multi-agency basis.

- Plan and provide training for Elected Members
- Review course specifications
- Provide some on site courses in partner agencies where this would facilitate attendance
- Encourage partner agencies to take up MAPPA train the trainer course where appropriate
- Seek mandatory status for safeguarding basic awareness courses in partner agencies widening the range of staff and volunteers who have had training.
- Develop electronic training packages
- Keep distribution of training adverts under review and extend where appropriate
- To present a proposal for charging for non-notified non-attendance to the training sub-group and senior managers in Halton Borough Council and to commence charging accordingly
- Continue to review and promote attendance
- Further develop arrangements for recording and monitoring attendance

## **6. Information and Monitoring**

### **6.1 Data**

Graphs and data do not reveal the suffering experienced by people to whom the information they provide appertains. Reliable data recording, analysis and reporting systems can, however, provide us with a picture of what abuse is being reported, how it is being dealt with and what the outcomes are for people. That, in turn, can go on to inform our developments and practice and thereby ultimately assist in improving the individual circumstances of vulnerable people in Halton.

#### **6.1.1 Achievements this year included the following:**

- Halton Borough Council (HBC) has collected data about referrals received during the year and this has informed the graphs and commentary provided below.
- A great deal of work has been carried out to develop the Council's adult protection data collection system. The revised system was implemented on 2<sup>nd</sup> April 2007.
- The system has been reviewed and further steps taken to improve data quality, including staff training and guidance.
- Police colleagues have provided a greater breakdown of data this year.
- In Halton Borough Council, monthly reports of outstanding cases and timescales for conclusion have been refined to define those open for longer than a given timescale. This aims to encourage follow up to ensure timely conclusion and closure of open records on concluded cases
- A business case has been submitted, to seek investment in developing an E-form to record adult protection data. If available, it could populate the Council's database and thereby enable best use of resources.

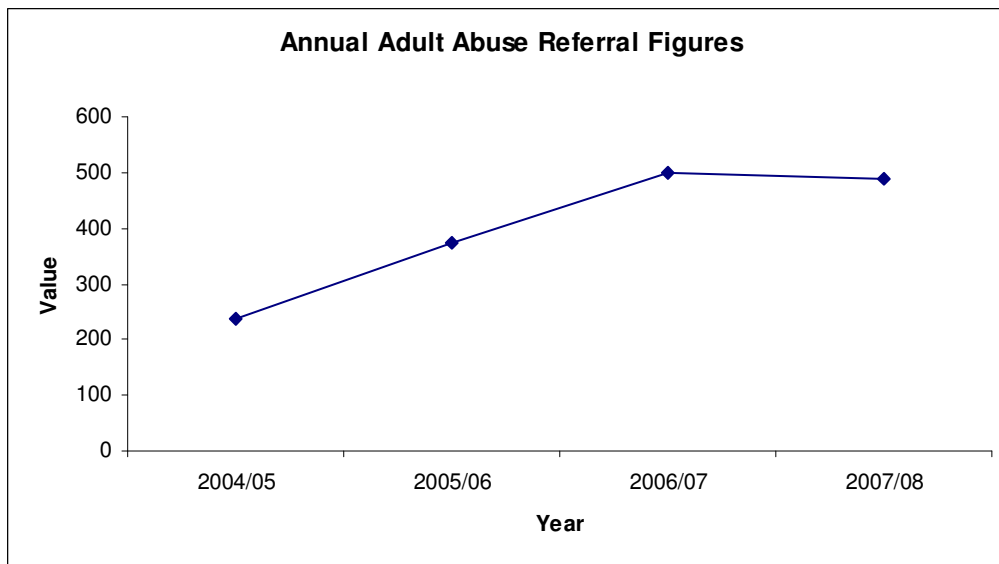
#### **6.1.2 Plans for the coming 12-18 months include the following:**

- Support and encourage improved data collection and reporting in partner agencies, specifically the Police, NHS Trusts and Halton Borough Council

- The method of collection and analysis of data provided by the Police will be reviewed.
- Set up a Halton Borough Council Safeguarding Performance Group, with the following aims:
  - Ensure adequate mechanisms are in place to measure, control and assure quality of Halton Borough Council's safeguarding service, relating to referral, assessment & care management
  - Support the ownership and understanding of Safeguarding service performance
  - Identify service quality issues and make recommendations to the multi-agency Scrutiny/Quality sub-group (of the Safeguarding Vulnerable Adults Partnership Board)
  - Ensure compliance with national data collection standards when introduced
- Develop an E-form in Halton Borough Council which will:
  - help to make best use of resources by avoiding duplication, automatically populating the client record system
  - provide an electronic audit trail of recording each case
  - introduce mandatory 'fields' into the electronic system, to ensure that essential and available data is recorded
- Further work will be done to provide data on timescales for completion of cases and which agency's processes are not concluded after a given period

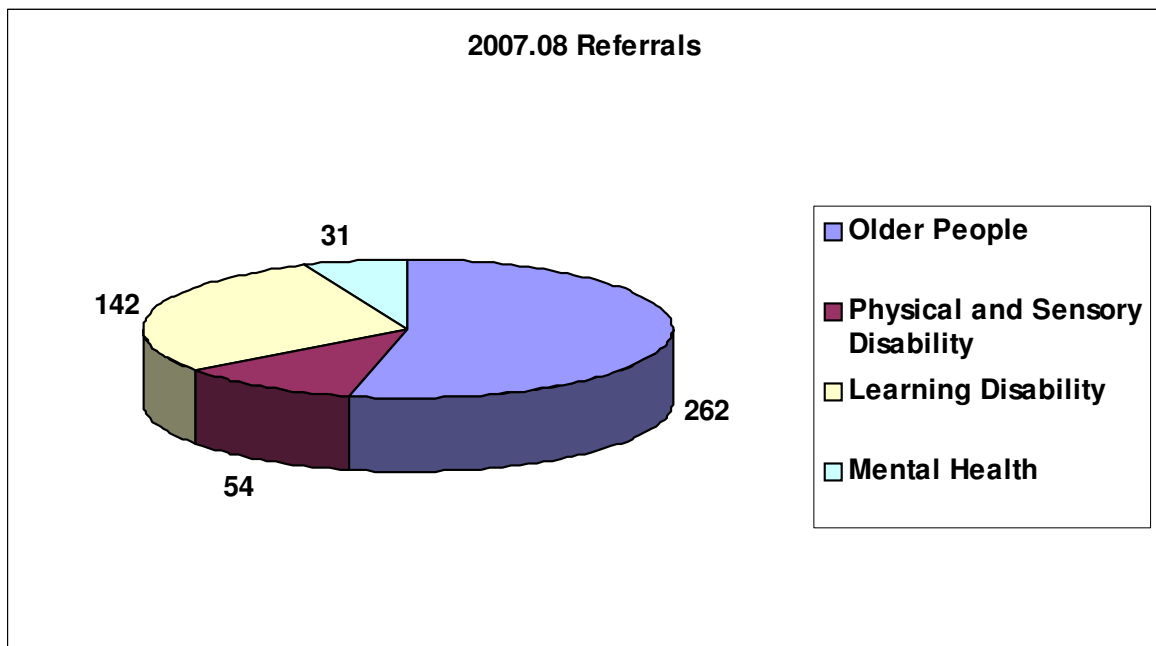
### **6.1.3 Presentation of Local Data and Commentary**

The following table shows the **total number of referrals in Halton** rose over a 3-year period 04/05 to 06/07, but have fallen slightly in the past year:



On the face of it, the rise in referrals could be a cause for significant concern. Comparable information from the development of child protection, however, which is several years ahead of the adult agenda, shows that high reporting levels do not necessarily mean higher prevalence and is more a reflection of local action on raising the profile. Our analysis of the reason for the increase in referrals suggests that a number of factors have influenced the increase, such as awareness- raising through publicity and staff training. The decrease this year could be ascribed to work done with the assessment and care management teams on screening referrals to ensure that those that turn out not to be adult protection matters (e.g. some injuries) are dealt with via a more appropriately route or procedure (e.g. care management).

**Halton's referral numbers by service user group during 2007-08** show the greatest number of alleged victims to be older people, followed by people with learning disabilities followed by those with physical & sensory disabilities and people with mental health issues:



The pattern of relative proportions of referral by **service user group in Halton** see a slight variation **from 2006-07 to 2007-08:**

	<b>2006-07</b>		<b>2007-08</b>	
	<b>Referral No.</b>	<b>% of Total Referrals</b>	<b>Referral No.</b>	<b>% of Total Referrals</b>
<b>Older People</b>	<b>263</b>	<b>52%</b>	<b>262</b>	<b>54%</b>
<b>Learning Disabilities</b>	<b>136</b>	<b>27%</b>	<b>142</b>	<b>29%</b>
<b>Physical/Sensory Disabilities</b>	<b>59</b>	<b>12%</b>	<b>54</b>	<b>11%</b>
<b>Mental Health</b>	<b>43</b>	<b>9%</b>	<b>31</b>	<b>6%</b>
<b>TOTAL</b>	<b>501</b>			

**Other localities** have continued to see an increase in **overall referral numbers**. The relative proportions of referrals by service user group vary slightly: in all but Knowsley, the majority of alleged victims were older people, followed by people with learning disabilities. The quality of information available for direct comparison is doubtful, due to the lack of national standards, and resulting variables such as data source, collection method and definition of 'referral'. Also, we do not know the population of people by service user group in each locality:



AUTHORITY	POPULATION	OLDER PEOPLE	LEARNING DISABILITY	MENTAL HEALTH	PHYSICAL/ SENSORY DISABILITY	TOTAL	REFERRAL RATE PER 100,000 OF THE POPULATION
CHESHIRE	680,000	769	203	68	78	1118	164
WIRRAL	310,000	457	459	73	54	1043	336
HALTON	118,000	262	142	31	54	489	414
ST HELEN'S	170,000	187	59	15	46	307	180
WARRINGTON	200,000	184	79	36	25	324	162
SEFTON	280,000	219	116	58	25	418	150
KNOWSLEY	150,000	54	62	5	12	133	89

(NB Data for Liverpool was not available)

A national project is being set up as part of a move to devise national standards for data collection and they will be piloted in a number of localities during 2008. Halton did not volunteer for the pilot, as we are already collecting most of the data included in the pilot standards and it was felt locally that our priority is to refine our data collection methods to improve quality of the data, in preparation for the imposition of common standards that are expected to be agreed in 2009.

Data provided by Halton Police (Public Protection Unit) shows the following **Criminal Justice System involvement** during **2007-08**:

	Police Involvement *	Police Investigation *	Crown Prosecution Service (CPS) Advice	Court/Alleged Perpetrator Charged
<b>Runcorn</b>	<b>12</b>	<b>21</b>	<b>3</b>	<b>0</b>
<b>Widnes</b>	<b>6</b>	<b>11</b>	<b>3</b>	<b>1</b>
<b>TOTAL</b>	<b>18</b>	<b>32</b>	<b>6</b>	<b>1</b>

(\* **Police involvement** means specialist Police Officer has given advice only and not physically left the office).

(\* **Police Investigation** means specialist Police Officer attended strategy meetings or case conference or the alleged perpetrator voluntarily attending the Police station for an interview under caution).

Police colleagues have explained that the above data supplied from their records cannot be guaranteed totally accurate, but if

anything is likely to be an under-estimate rather than an over-estimate. More reliable data is anticipated next year.

The data provided in the above table relates only to **Public Protection Unit investigations** and does not reflect investigations across other policing departments, that will at various times deal with vulnerable adult victims.

The method of collection and analysis of data provided by the Police will be reviewed.

## **6.2 Quality Monitoring and Reporting**

One of the main mechanisms for checking standards of safeguarding/adult protection work in operation is individual agency line management and supervision. For example, in Halton Borough Council:

- Cases will be considered in individual, formal supervision and managers consider the record of cases before they are concluded and 'signed off'.
- Managers are informed of 'open' cases (i.e. those not yet concluded), on a monthly basis. The detail of which cases and how long they have been outstanding is available to inform the supervision and line management process.
- Some cases can be concluded quite quickly, whilst other investigations are lengthy and if criminal proceedings are involved, lengthier still.

The Safeguarding Vulnerable Adults Partnership Board reports into the Safer Halton Partnership (<http://www.haltonpartnership.net/site/>) where support for adult protection/safeguarding activities has continued to be demonstrated.

The Annual Report of the Safeguarding Vulnerable Adults Partnership Board is also presented to and scrutinised by a Policy and Performance Board of Elected Members.

## **6.3 Achievements this year included the following:**

- The University of Liverpool has undertaken independent research, over a 2-year period, into service users' and carers' experience of Halton's multi-agency safeguarding service. The researchers have provided periodic feedback throughout the 2 years, to the Safeguarding Vulnerable Adults Partnership Board [and formerly the Adult Protection Committee], which has enabled partner agencies, particularly the Council, to respond in a timely way to the findings. On the whole, these were positive. The research and the researchers' commentary have

provided an invaluable opportunity to see the service from the perspective of those who experience it and to use this knowledge to develop the service. The research project was supported and directed by a multi-agency steering group.

- The Scrutiny/Quality sub-group has been set up and a framework for operation is being developed.
- The multi-agency Quality Group for Adult Learning Disability services, which evolved out of Halton's desire to learn from events in Cornwall and Sutton & Merton, will be reviewed with the aim of extending its remit to cover other service user group services
- The Safeguarding Vulnerable Adults Partnership Board considered whether an adult protection/safeguarding complaints procedure would be useful, to bridge any gaps in the statutory process. It was agreed that this was not necessary.
- Halton's Policy and Performance Boards have set up a Topic Group of Elected Members with a brief to scrutinise the Safeguarding/Adult Protection service.

#### **6.4 Plans for the coming 12-18 months include the following:**

- The final report of the independent research is being concluded and Halton Borough Council and Cheshire Police [Northern Public Protection Unit] are preparing written responses.
- A conference is being planned, to feedback the outcome of the research and Halton Borough Council's and the Police response. All participants in the research will be invited, along with key people in partner agencies.
- Plans are being made to publish key learning points from the research.
- The independent researchers will be asked to monitor the implementation of actions arising from their research findings.
- The supporting framework for the Scrutiny/Quality sub-group is being developed and the group will start to operate during 2008
- Operation of the Quality group for Adult Learning Disability services will be reviewed, with the aim of considering whether other service user group services could be incorporated into the

process

- The arrangements for the Scrutiny Topic Group of Elected Members to report their findings and recommendations to the Board will be considered, so that actions can be agreed and inform the future work plan.
- Links between Halton Borough Council's Customer Care service and Safeguarding/Adult Protection service will be further strengthened.
- The trigger/monitoring case recording form used in Halton Borough Council will be revised to add in further details relating to service quality, e.g. learning points arising from individual cases and how these are actioned and disseminated.

## **7. Policies, Procedures & Documents**

### **7.1 Achievements this year included the following:**

- 'Adult Protection in Halton – Inter-agency Policy, Procedures and Guidance' has been comprehensively revised, and agreed by the Board
- An inter-agency Serious Case Review Procedure has been agreed
- Cheshire Constabulary's Safeguarding/Adult Protection Policy & Procedure is under review
- NHS Trusts are continuing to develop their internal policies, procedures and practice guidance
- The Board considered whether a Complaints Procedure specific to Safeguarding/Adult Protection needed to be set up. It was agreed that this was not necessary, but links between Halton Borough Council's Customer Services arrangements and Adult Protection/Safeguarding were strengthened.
- The Restrictive Physical Interventions Policy, Procedure and Guidance created last year, in consultation with PCT & Board members is being developed to apply in all service user groups.
- A Pressure Sore 'protocol' in use in another locality was considered for application in Halton. Although it was not adopted in the form it was received, NHS Trusts took the document for further consideration.
- A handbook for Halton Borough Council employees of working with vulnerable adults, regarding appropriate professional boundaries, conduct and practice in relation to safeguarding, is being developed.
- A leaflet was produced in Halton Borough Council, that is prepare 'front line' staff for what happens when allegations are made and to help ensure that they are appropriately informed and supported in these circumstances.
- Letter templates have been devised for Halton Borough Council's assessment and care management teams to use, to provide feedback to appropriate individuals, on the progress and outcome of adult protection referrals.
- Guidance on information sharing and confidentiality has been devised to support the use of the above letter templates.

- Development of criteria/guidance for Halton Borough Council managers screening possible safeguarding referrals
- The Board is often consulted in the development of policies, procedures and guidance that developed and intended for internal application only in Halton Borough Council, and final documents are shared to enable them to adopt or adapt them where applicable.

All relevant documents are available on the Internet, via Halton Borough Council's website at:  
<http://www.halton.gov.uk/adultprotection> and links from partner agencies that similarly make documents available on their intranet WebPages.

## **7.2 Plans for the coming 12-18 months include the following:**

- Further support the development of internal and inter-agency policies, procedures and guidance, ensuring that the former ties in appropriately with the latter.
- Distribution and publication of revised document 'Adult Protection in Halton – Inter-agency Policy, Procedures and Guidance'.
- Review and where appropriate extend the distribution of the above document
- Develop / conclude development of further policies, procedures, practice guidance and other documents, including the following:
  - Handbook for Halton Borough Council employees working with vulnerable adults, regarding appropriate professional boundaries, conduct and practice in relation to safeguarding
  - Mental Health Act 2007 and Mental Capacity Act Amendment supporting documents
  - Detailed criteria/guidance for Halton Borough Council managers screening possible safeguarding referrals
  - Inclusion in the 2009 Guidance document for domestic abuse – there will be a section dedicated to safeguarding vulnerable adults.

## **8. Publicity – raising the profile and awareness**

Getting the message across continues to be one of the most important elements of our safeguarding/adult protection work. It can:

- Raise awareness of what constitutes abusive behaviour
- Help people to know what they can do to prevent abuse from happening and what to do if they believe someone is being abused
- Act as a gateway to empowering vulnerable people to keep safe and to seek help when abuse happens
- Support other people, including carers, in fulfilling their responsibilities.

### **8.1 Achievements this year included the following:**

- The Halton Borough Council's (HBC) Internet and intranet Adult Protection WebPages are updated on an ongoing basis. They containing general information and documents, and provide links to related sites such as Domestic Abuse, Safeguarding Children/Child Protection, Consumer Protection, Commission for Social Care Inspection (CSCI), and the Protection of Vulnerable Adults [PoVA] site.

(The following links can be used to access the Safeguarding Vulnerable Adults/Adult Protection Webpages):

(a) The **Internet**:

**<http://www.halton.gov.uk/adultprotection>**

**<http://www.halton.gov.uk> - access via the A-Z index under 'Adult Protection' or 'Safeguarding Vulnerable Adults'.**

(a) **Halton Borough Council's (HBC) intranet** Webpage can be accessed by HBC staff by using the following routes:

Follow the link:

**<http://intranet/content/directorates/healthandcommunity/adultprotection/?a=5441>**

**Or:**

**Home page > Health and Community > Safeguarding/Adult Protection, where a link to the Internet Webpage can also be found.**

NB - Cheshire Police and NHS Trusts have links to the HBC Webpage

- Access to the Webpage has been extended via the A-Z index, by adding a link through 'S' Safeguarding', taking into account the new terminology used locally.
- The general staff leaflet has been reviewed and updated
- Leaflets, posters, good practice guidance and a covering letter giving details of training and other information, including the website and contacts, was widely distributed to all agencies, organisations and groups that might have contact with vulnerable adults
- A publication group has been set up to oversee the publication of key points from the research conducted by Liverpool University, into service users' and carers' experience of the adult protection service in Halton, and to arrange a conference to feedback the findings and agencies' response.

## **8.2 Plans for the coming 12-18 months include the following:**

- Update the Halton Borough Council Safeguarding/Adult Protection webpage to incorporate new terminology and provide easier access to documents.
- Review the Webpage usage
- Place an advertisement in Halton 'Community Safety / Crime Reduction' Booklet 2008/09, which is delivered to over 42,000 addresses in Halton
- Widely distribute information about publicity materials, training and contacts, along with the revised document 'Adult Protection in Halton – Inter-agency Policy, Procedures and Guidance, to all agencies, organisations and groups that might have contact with vulnerable adults
- Place an article on Basic Awareness training in Halton Borough Council's staff magazine and a link on the intranet front page
- Publicise key points from the research conducted by Liverpool University, into service users' and carers' experience of the adult protection service in Halton, and to arrange a conference to feedback the findings and agencies' response



- Ensure people with a learning disability receiving services know how to raise concerns through review and revision of existing available information in consultation with stakeholders

## 9. Prevention of abuse

The Safeguarding Vulnerable Adults Partnership Board's vision is of a Halton where vulnerable people are safe from abuse/harm, whilst being empowered to make their own choices and to choose risks.

Crucial to working towards achieving this aim are the actions that we take to prevent abuse from happening. Many of the developments outlined in this annual report will take us nearer to our goal, but there is still more to be done. In the coming year, we will continue to review what preventative measures are in place and consider how we support their continuity and further develop safeguarding mechanisms.

The following list brings together a picture of some of the work being done to reduce vulnerability and prevent abuse:

- Implementation of measures to minimise risks posed people who have a known history of abuse or who are likely to pose such risk, such as the Multi-Agency Public Protection Arrangements [MAPPA], Multi-Agency Risk Assessment Conference [MARAC], referral to the Protection of Vulnerable Adults [PoVA] Scheme.
- The Safeguarding Vulnerable Groups Act 2006 [to be implemented in 2009] strengthens arrangements for ensuring the safe recruitment and selection of staff and volunteers. The Board will promote a pro-active approach to planning and its effective implementation within agencies governed by the legislation.
- Effectively supporting people at home or in other settings, promoting independence and options whilst putting safeguards in place, as part of quality care planning and service provision. Direct Payments recipients, for example are offered the opportunity to take up Criminal Records Bureau checks on people whom they seek to employ. Appointee and Receivership arrangements are pursued where indicated.
- Providing effective support arrangements to prevent abuse from occurring, especially where there is potential for it to occur as a result of ignorance, poor practice or lack of support for carers.
- Promoting effective quality assurance mechanisms, through contractual arrangements and the scrutiny and action planning supported by the Scrutiny/Quality sub-group.

- Implementing effective policies and procedures that seek to prevent abuse as well as act upon concerns and disclosures, for example, restrictive physical interventions and exclusion policies and procedures. The staff leaflet, handbook on appropriate professional boundaries, conduct and practice for social care staff, and restrictive physical interventions policy and procedure are examples of these.
- Through training and publicity, seeking to raise the awareness of vulnerable people, the public, staff and volunteers, to enable them to recognise what constitutes abuse, how it can be prevented and what are the consequences of abuse, both for the victim or survivor, for the perpetrator and for those who have been culpable in abusive situations.
- Provide a conduit for referral by the Police into, for example, drug and alcohol, bereavement and health services, will be sought. This will help to ensure that people who do not need the adult protection service at the time they become known to the Police have access to other support services that they need at that time, to prevent their level of vulnerability from increasing.
- Develop detailed criteria/guidance for Halton Borough Council managers screening possible safeguarding referrals
- Striving to operate and develop our arrangements for effectively working together and seeking to learn from past events in both adults' and children's services.
- Promoting a culture of zero tolerance of abuse, by ensuring that all referrals of alleged or suspected abuse are acted upon effectively and as a priority.

## **10. Resources**

- 10.1 Safeguarding/Adult Protection developments in Halton have been supported through a joint funding initiative between the Neighbourhood Renewal Fund, Primary Care Trust and the Local Authority. This programme is lead through the Vulnerable Adults Task Force (VATF). The Safeguarding/Adult Protection element of the VATF budget is £50,000.
- 10.2 Halton and St Helens NHS Primary Care Trust and North Cheshire Hospitals NHS Trust and 5 Boroughs Partnership NHS Trust have contributed to the training budget.
- 10.3 The Training Strategy Grant ends in 2008.
- 10.4 Halton and St Helens NHS Primary Care Trust and North Cheshire Hospitals NHS Trust have also contributed to the budget to fund the Adult Protection Coordinator post.

## APPENDIX 1 – Structure & Reporting Framework



## APPENDIX 2

### HALTON SAFEGUARDING VULNERABLE ADULTS PARTNERSHIP BOARD

#### TERMS OF REFERENCE

#### 1. PURPOSE

The purpose of Halton's **Safeguarding Vulnerable Adults Partnership Board** (SVAPB) is to:

- 1.1 Act as a multi-agency management committee of lead officers and key representatives, which takes strategic decisions, aimed at safeguarding vulnerable adults in Halton.
- 1.2 Determine and implement policy, co-ordinate activity between agencies, facilitate training and monitor, review and evaluate the adult protection service.
- 1.3 Promote inter-agency cooperation, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust.
- 1.4 Develop and sustain a high level of commitment to the protection of vulnerable adults.
- 1.5 Ensure the development of services to support people from hard to reach groups

\* The terms "vulnerable" and "adult" are as defined in "Adult Protection in Halton – Inter-agency Policy, Procedures & Guidance" available at [www.halton.gov.uk/adultprotection](http://www.halton.gov.uk/adultprotection).

#### 2. RESPONSIBILITY, ACCOUNTABILITY and REPORTING

- 2.1 Local agencies should work together within the overall framework of Department of Health guidance on joint working. The lead agency with responsibility for the establishment and effective working of the SVAPB is Halton Borough Council's Health and Community Directorate.
- 2.2 All agencies should designate a lead officer and, if necessary, a nominated other representative.
- 2.3 All main constituent agencies are responsible for contributing fully and effectively to the work of the SVAPB.
- 2.4 The SVAPB reports to the Safer Halton Partnership, which is chaired by the Chief Executive of Halton Borough Council and the Superintendent of Halton Police.
- 2.5 A formal report of the SVAPB will be compiled annually and presented to the Safer Halton Partnership and other forums by agreement.

#### 3. FUNCTIONS

The functions of the SVAPB are to:

- 3.1 Ensure that there is a level of agreement and understanding across agencies, about operational definitions and thresholds for intervention.
- 3.2 Develop, monitor, review and evaluate the implementation and effectiveness of Halton's Safeguarding Vulnerable Adults Business Plan and associated procedures, guidance, policies, systems and protocols.

- 3.3 Vulnerable adults, regardless of their age, gender, race, sexuality, disability, religion or belief, who may experience discrimination and disadvantage.
- 3.4 Ensure that service developments take into account current legislation, including the Human Rights Act 1998 and the Mental Capacity Act 2005.
- 3.5 Review national guidance and research information as it is issued, consider the implications and make recommendations for local implementation. Action and monitor such implementation.
- 3.6 Respond to consultation exercises where appropriate.
- 3.7 Commission serious case reviews where a vulnerable adult has died or, in certain circumstances, is seriously harmed, and abuse or neglect are confirmed or suspected, acting in accordance with Halton's Serious Case Review Procedure.
- 3.8 Improve local ways of working in the light of knowledge gained through national and local experience, research, Serious Case Reviews, internal and external inquiries, investigations and case studies. Ensure that practitioners benefit from learning and development attained through the APC and that lessons learnt are shared, understood and acted upon.
- 3.9 Link with other agencies, sectors and forums that have a responsibility for protecting those at risk, such as Halton's Safeguarding Children Board, Halton's Domestic Abuse Forum and the Safer Halton Partnership, to ensure that both adult and child protection arrangements benefit from the learning, developments and work undertaken by the other, where appropriate.
- 3.10 Raise awareness within the wider community, of the need to safeguard vulnerable adults, explain how the community can contribute to this process, and facilitate such involvement.
- 3.11 Support and ensure the implementation of the development of quality standards for vulnerable adults, both locally and nationally.
- 3.12 Carry out an annual audit of alleged adult abuse and adult protection in Halton, through analysis of data and outcomes; report these and forecast developments, through the Annual Report of the Adult Protection Committee.

#### **4. MEETINGS**

- 4.1 The SVAPB will meet on a quarterly basis, with the schedule of meetings published in advance for a year. Meetings can be called more frequently as circumstances dictate.
- 4.2 The agenda will be prepared by the Adult Protection Coordinator, in consultation with the Chair of the SVAPB, and will be issued to all members at least one week before the meeting takes place.
- 4.3 All SVAPB members will be able to bring appropriate items to the agenda, through the Chairperson or Adult Protection Coordinator. Standing items on the agenda will be by agreement of SVAPB members.
- 4.4 The chairperson will arrange for minutes of meetings to be taken and a copy of the minutes sent to each SVAPB member and other people by agreement, including the Chairs of the Safer Halton Partnership, Practitioners Group and senior managers of public sector partner agencies.
- 4.5 The accuracy of minutes will be checked at the subsequent meeting.

#### **5. SUB GROUPS**

- 5.1 The Practitioners Group is a main, regular sub-group of the APC and meets quarterly, made up of practitioners and operational managers.
- 5.2 A Scrutiny/Quality sub-group will play a major role in monitoring the quality of the adult protection service and report into the SVAPB as a standing item on agendas.
- 5.3 A subgroup of the SVAPB has also been established to implement the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards introduced by the Mental Health Act 2007
- 5.4 Other sub-groups may be set up for particular purposes on a short term or standing basis, by agreement of SVAPB members, to:
  - Carry out specific tasks;
  - Provide specialist advice;
  - Represent a defined geographical area within Halton's boundaries.
- 5.5 All groups working under the auspices of the SVAPB should be established by the APC and should work to agreed terms of reference or a specific, stated purpose and lines of reporting to the APC.

## **6 CHAIRING**

- 6.1 The SVAPB will be chaired by a senior manager of Halton Borough Council's Health and Community Directorate, as the agency with lead responsibility for adult protection in Halton.

## **7 ATTENDANCE CODE OF CONDUCT**

Members of the SVAPB make the following undertakings:

- 7.1 To demonstrate a commitment to attend the meetings.
- 7.2 To submit apologies if they cannot attend.
- 7.3 To seek to arrange for an agreed representative to attend if the SVAPB member is unable to do so.
- 7.4 To send any agenda items to the chairperson at least two weeks before the meeting. Urgent items that arise outside this timescale can be raised through any other business on the agenda or as agreed by APC members.
- 7.5 To feed back to their department/organisation/agency/sector and canvas views to bring to meetings where appropriate.
- 7.6 To act as a conduit between the SVAPB and the department/organization/agency/sector they represent or whose views they reflect, to further the adoption of policies, procedures, guidance, protocols and other items endorsed by the SVAPB.
- 7.7 To listen to SVAPB members and other attendees and address comments to all attending.
- 7.8 Comments made by anyone attending the SVAPB, that contribute to any form of discrimination in respect of the age, gender, race, sexuality, disability, religion or belief of others, or the bullying or victimisation of others, are not acceptable and will be challenged by the chairperson and other SVAPB members.

## **8. MEMBERSHIP**

- 8.1 In order to carry out its responsibilities effectively, the SVAPB will seek to have members from each of the main agencies in the public, private



and voluntary sectors responsible for working together to safeguard vulnerable adults.

- 8.2 Members' roles and seniority will enable them to contribute to developing and maintaining strong and effective adult protection policies, procedures and protocols.
- 8.3 The APC will arrange to involve others in its work as needed, where they have a relevant interest.

## **9. REFERENCES**

No Secrets – Department of Health - 2000

Adult Protection in Halton – Inter-Agency Policy, Procedures and Guidance

Working Together to Safeguard Children – Department of Health, Home Office, DfES 1999

**DATE OF TERMS OF REFERENCE: May 2008**

**TERMS OF REFERENCE REVIEW DATE: November 2009**

## APPENDIX 3

### ***Safeguarding Vulnerable Adults Partnership Board and Practitioners' Group Membership***

31/03/2008

New membership since 1.4.07

		<b>Safeguarding Vulnerable Adults Partnership Board</b>	<b>Practitioners Group</b>
<b>Halton Borough Council</b>	<b>Chair</b>	Peter Barron – Operational Director	Julie Hunt – Adult Protection Coordinator
	<b>Adult Protection Coordinator</b>	Julie Hunt	[Julie Hunt]
	<b>Adults' Services</b>	Audrey Williamson - Operational Director	
	<b>Legal Services</b>	Lesley Baker – Solicitor	
	<b>Contracting, Commissioning &amp; Supporting People Section</b>	Angela McNamara – Divisional Manager	Benitta Kay – Contracts Officer
	<b>PSD Services</b>	Ruth McDonogh – Divisional Manager	
	<b>ALD Services</b>	Marie Mahmood - Divisional Manager	Helen Moir – Principal Manager
	<b>MH Services</b>	Lindsay Smith - Divisional Manager	
	<b>OP Services</b>	Jacqui Maguire - Divisional Manager & A/P Lead for Social Services	Lyn Gifford [Principal Manager] or John Patton [Practice Manager]

			or Eddie Moss [AHT] Principal Manager
	<b>Rapid Access Rehab Service</b>		Jane English – Principal Manager
	<b>24 Hour Contact Centre</b>		Caroline Spruce
<b>Halton and St Helens Primary Care Trust</b>		Joan Pickett - Director of Adult Services and Continuing Health Care Margi Daw – Acting Team Manager and Acting Trust Social Care Manager	Barbara Langford – Specialist Nurse
<b>North Cheshire Hospitals NHS Trust</b>		Helen Crombie – Head of Quality and Governance	Anthony Murphy – Emergency Care Manager
<b>St Helens and Knowsley Hospitals NHS Trust</b>		Tina Cavendish - Senior Nurse Quality/Clinical Standards	Fiona Twemlow – Matron, A&E Dept
<b>5 Boroughs Partnership</b>		John Kelly – Director of Adult Services Mike Kenny - Head of Service for Adults of Working Age	Kevin Bailey - Ward Manager – Brooker Centre Zena Dickson – Community Psychiatric Nurse

<u>Cheshire Constabulary – Northern Public Protection Unit</u>		Detective Inspector Nigel Wenham [or Detective Sergeant Paul Hughes] Detective Inspector Mark Tasker	Police Constable Elaine Flynn [or DS Paul Hughes]
<i>Halton Drug Action Team</i>		Steve Eastwood - Drug Action Team Coordinator	
<b>Halton Domestic Abuse Forum</b>		Sally Clarke – Domestic Abuse Coordinator	
<b>Education [Halton Borough Council]</b>		Teresa Miskimmon - Inclusive Learning Co-ordinator (Alison Bowen for temporary period)	
<b>Riverside College</b>			Stephen Bailey - Learner Services Manager
<b>Employment - Job Centre Plus</b>			
<b>Consumer Protection</b>		Gary Baskott – Trading Standards Officer	
	<b>Warden Service</b>		Chris Durr - Warden Services Manager
	<b>Sheltered Housing - Independent Sector</b>	Alison Adzobu – Sheltered Accommodation Court Manager [Housing 21] Nicola Cagliarini – Team Leader – Liverpool Housing Trust	Mike Angell – Assistant Manager – Halton Housing Trust

<b>Voluntary Sector</b>		Lyn Williams - Health & Community Care Worker - Halton Voluntary Action	
		Melissa Critchley – Chief Officer - Age Concern	Sue Molyneux - Home Support Coordinator - Age Concern
	<b>Carers</b>	Diane Smith – Carers representative - Carers Umbrella Group	
	<b>Drug &amp; Alcohol Services</b>	Sian Kavanagh – ARCH Initiatives	
<b>Day Services</b>			Eileen Clarke – Performance Manager – Halton Day Service Alison Waller – Practice Manager – Halton Day Service
<b>Residential Services</b>	<b>ALD</b>	Stiofan O’Suillibhan – Divisional Manager	Jean Connolly – Halton Supported Housing Network
	<b>MH</b>	Andrew Lyons - Manager – Woodcrofts Care Home	
	<b>OP</b>	Sheila Wood-Townend – CLS Care Services - Operations Manager, CLS Care Services	Janet Leatherbarrow – Care Home Manager - CIC Mabel Lewis – Care Home Manager - CLS Care Services
<b>Domiciliary Care</b>		Andrew Bain - General Manager Carewatch	Pauline Blinston – Registered Branch Manager - Medico
<b>Regulation</b>	<b>Commission for social Care Inspection (CSCI)</b>	Dave O’Connor – Regulation Manager	

## **APPENDIX 4**

### **Safeguarding Vulnerable Adults Partnership Board** **Minutes also copied to:**

- Chief Executive, Halton Borough Council (also Co-Chair, Safer Halton Partnership)
- Superintendent of Police (also Co-Chair, Safer Halton Partnership)
- Strategic Director, Health & Community Directorate, Halton Borough Council
- Chief Executive – Halton and St Helens Primary Care NHS Trust
- Chief Executive – 5 Boroughs Partnership NHS Trust
- Chief Executive – North Cheshire Hospitals NHS Trust
- Chief Executive – St Helens & Knowsley NHS Hospitals Trust
- Louise Wilson - Policy & Support, Halton Borough Council
- Siobhan Saunders – Adult Learning, Halton Borough Council
- Chris Gwenlan – Cheshire Probation Service (Halton)
- John Gibbon - Principal Manager - Office Services, Customer Care & Information, Halton Borough Council
- Gerald Meehan - Strategic Director, Children & Young People’s Directorate, Halton Borough Council
- Debbie Westhead - Business Relationship Manager - Commission for Social Care Inspection (CSCI)
- Howard Cockcroft – Culture & Leisure – Halton Borough Council

**REPORT TO:** Healthy Halton PPB

**DATE:** 16<sup>th</sup> September, 2008

**REPORTING OFFICER:** Chief Executive

**SUBJECT:** Performance Management Reports  
Quarter 1 to 30<sup>th</sup> June 2008

**WARDS:** Boroughwide

## **1. PURPOSE OF REPORT**

- 1.1 To consider and raise any questions or points of clarification in respect of the 1st quarter performance management reports on progress against service plan objectives and performance targets, performance trends/comparisons, factors affecting the services etc. for:
- Older People's Services
  - Adults of Working Age
  - Health & Partnerships

## **2. RECOMMENDED: That the Policy and Performance Board**

- 1) Receive the 1st quarter performance management reports;**
- 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. SUPPORTING INFORMATION**

- 3.1 The departmental service plans provide a clear statement on what the services are planning to achieve and to show how they contribute to the Council's strategic priorities. The service plans are central to the Council's performance management arrangements and the Policy and Performance Board has a key role in monitoring performance and strengthening accountability.
- 3.2 The quarterly reports are on the Information Bulletin to reduce the amount of paperwork sent out with the agendas and to allow Members access to the reports as soon as they have become available.  
It also provides Members with an opportunity to give advance notice of any questions, points or requests for further information that will be raised to ensure the appropriate Officers are available at the PPB meeting.

**4. POLICY AND OTHER IMPLICATIONS**

4.1 There are no policy implications associated with this report.

**5. RISK ANALYSIS**

5.1 Not applicable.

**6. EQUALITY AND DIVERSITY ISSUES**

6.1 Not applicable.

**7. 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>
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## QUARTERLY MONITORING REPORT

**DIRECTORATE:** Health & Community  
**SERVICE:** Health & Partnerships  
**PERIOD:** Quarter 1 to period end 30<sup>th</sup> June 2008

### 1.0 INTRODUCTION

This quarterly monitoring report covers the Health & Partnerships Department first quarter period up to 30 June 2008. It describes key developments and progress against 'key' milestones and performance indicators for the service.

The way in which traffic light symbols have been used to reflect progress to date is explained in Appendix 4

### 2.0 KEY DEVELOPMENTS

#### Consumer Protection

Bereavement and Registration staff took part in filming for "The Consumer Police" TV programme during the quarter. They made very positive and professional contributions and were a credit to themselves and to the Council.

The crematorium chapel benefited from upgraded oak furnishings and fittings in the previous quarter and there are plans to replace the oak panelling on the chapel interior walls later this financial year. Cremator No 1 will be re-lined during September / October 2008. Further Bereavement Services improvements are planned for later in the year, including new memorialisation in the form of a sundial containing granite plaques to be erected in the new memorial garden at Runcorn cemetery.

The project to transfer the service to Warrington makes good progress, but further work is still required to finalise some personnel issues and elements of the financial arrangements.

### **Housing**

A Project Team has been established to oversee the transfer back in house of the homelessness service, and to re-tender the management and housing support contract for Grangeway Court. The aim is to complete the handover of services from HHT by October 08.

Construction of the new Traveller transit site at Warrington Rd. is well underway, with completion expected by October 08, which will then allow the decommissioning of the temporary facility at Haddocks Wood.

The Halton/St Helens/Warrington proposal to be designated a Housing Growth Point has been successful, committing the partners to housing growth in excess of the targets contained within the draft Regional Spatial Strategy.

### **Supporting People and Contracts**

Work completed to progress tenders for Grangeway Court service for Homeless families and support service for BME clients. Discussions are ongoing with Liverpool city council regarding the potential to jointly commission work to develop a Single Point of Access Service for supported housing services.

### **Direct Payments & Appointee & Receivership Service**

The number of service users in receipt of Direct Payments continues to increase and in total has exceeded this year's target. At the 30<sup>th</sup> June there were 204 service users (compared to 191 at 31.3.2008) and 89 carers in the first quarter received their service using a Direct Payment.

The Appointee and Receivership service also continues to be very oversubscribed to meet existing demand (having 223 accounts actively managed) generating increased income from charges. This additional income will be used to fund a post in order to meet current demand and facilitate the transfer of appointee service users from Halton Supported Housing Network to the Appointee and Receivership section.

### **Performance Management and I.T**

Corporate ICT are working with the Health & Community Directorate on a number of key developments including, electronic monitoring of care, electronic document management systems, Carefirst 6 implementation and the introduction of streamlined electronic care assessment forms that pre populate care plans and review documents.

Corporate ICT will produce a short, 3 year and 5 year ICT strategy for the Directorate.

**3.0 EMERGING ISSUES**

**Consumer Protection**

In May new regulations came into force that will have a significant impact on the nature of the work and working methods for both the criminal enforcement and civil advice officers of the Consumer Protection Service.

The national web-based system for birth and death registration has not yet been re-introduced due to the lack of stability with the infrastructure. It could be the end of 2008 before all registration districts are back on line.




**Finance – Management Accounts Team**

As part of the Directorate Three Year Financial Strategy further work will be undertaken during next quarter on the use of Working Neighbourhoods Fund.

**Performance and I.T**

Continuing staff vacancies in the Performance & Data Team may compromise the speed at which Carefirst 6 and associated new systems and forms can be implemented. In addition the new National indicator Set and Joint Strategic Needs Assessment will require additional performance monitoring and review systems to be created.

**4.0 PROGRESS AGAINST OBJECTIVES / MILESTONES**

<b>Total</b>	<b>7</b>		<b>3</b>		<b>4</b>		<b>0</b>
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Of the six key milestones, three are progressing satisfactorily and four have been rated amber. For further details, please see the commentaries provided in Appendix 1.

In addition, there are thirteen milestones for this service that are designated 'non-key'. These milestones are routinely reported in quarters 2 and 4, however two of these milestones that are attached to objective HP2 are being reported by exception this quarter as some slippage against timescale has been incurred. These milestones are identified by the use of italic text and also appear in Appendix 1.

**5.0 SERVICE REVIEW**

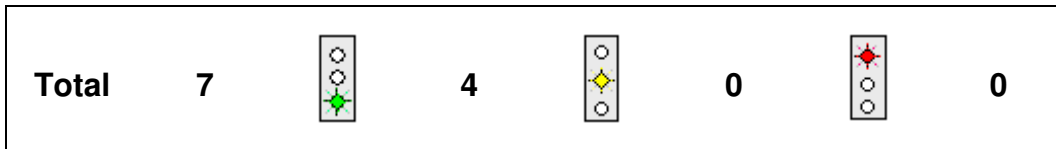
**Consumer Protection**

Following the installation of a new registration scheme in July 2007, a stewardship report was submitted to the General Register Office on the delivery of the Service against key national and local objectives and targets. The Service achieved all targets.

**Finance- Management Accounts Team**

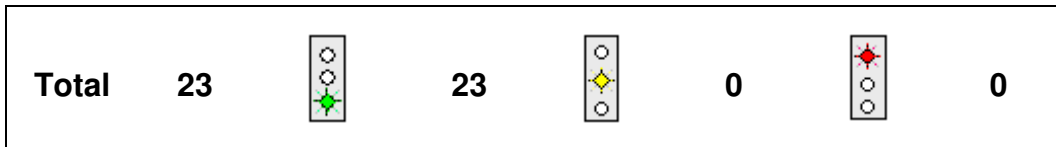
The Directorate Management Accounts Team is continuing to provide support to critically review all areas of spend and services provided and achieve cashable Gershon savings. In addition, the team is actively supporting Operational Services to identify ways of reducing the ALD overspend, providing financial support for the ALD team reconfiguration (staff transferring from the PCT on 1.8.2008 to HBC) and securing additional funding as part of the three year financial strategy from the PCT.

**6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS**



Four of the seven indicators are being reported this quarter, and both are on target. For further details, please refer to Appendix 2. There are 3 remaining indicators that are not being reported this quarter. These are new National Indicators for which data protocols are currently being established (NI 127, 182, 183). Performance on these indicators will be reported at the earliest opportunity.

**6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS**



There are 23 other indicators for the service that are routinely reported in quarters 2 and 4. None of the 23 indicators are being reported by exception this quarter.

## 7.0 PROGRESS AGAINST LPSA TARGETS

There are no LPSA targets for this service

## 8.0 RISK CONTROL MEASURES

During the production of the 2008-09 Service Plan, 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 associated 'High' risk, progress against the application of risk treatment measures is to be monitored, and reported in the quarterly monitoring report in quarters 2 and 4.




## 9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS




During 2007/08 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority are to be reported in the quarterly monitoring report in quarters 2 and 4.

## 10.0 APPENDICES

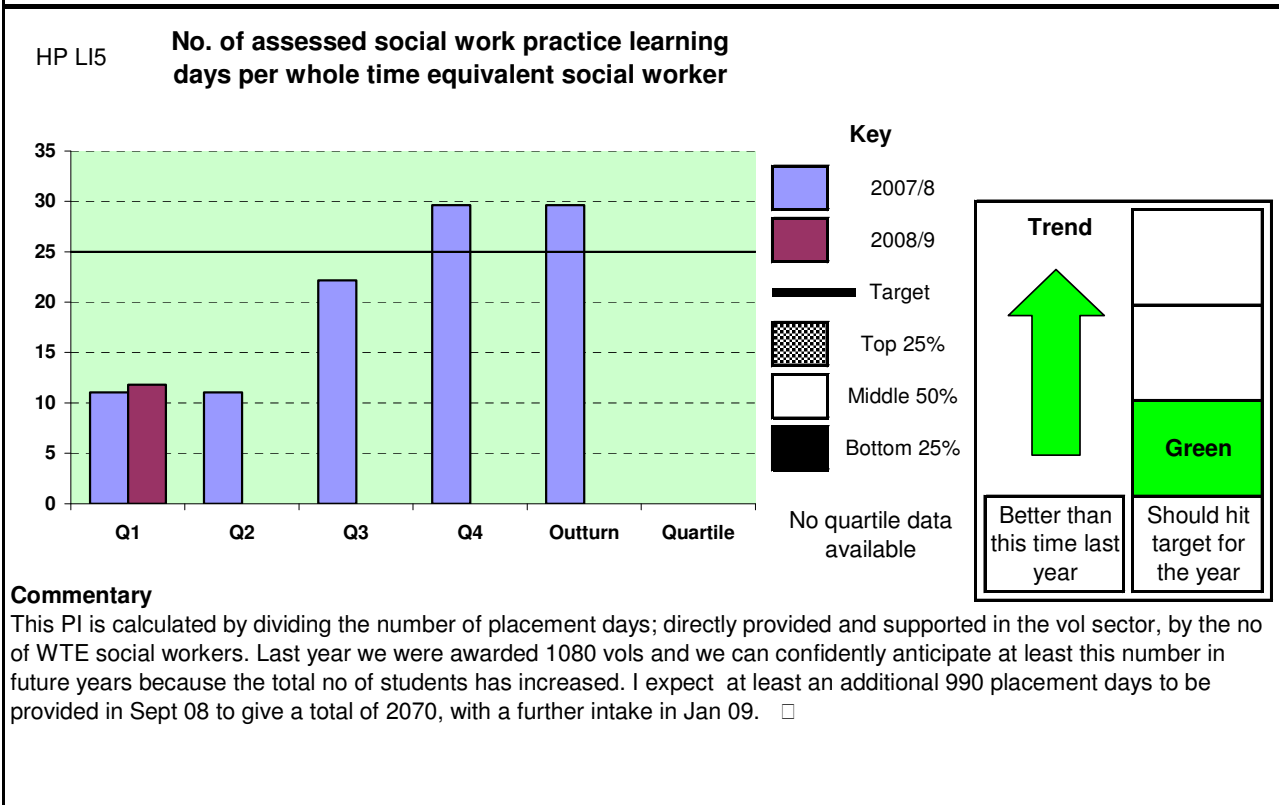
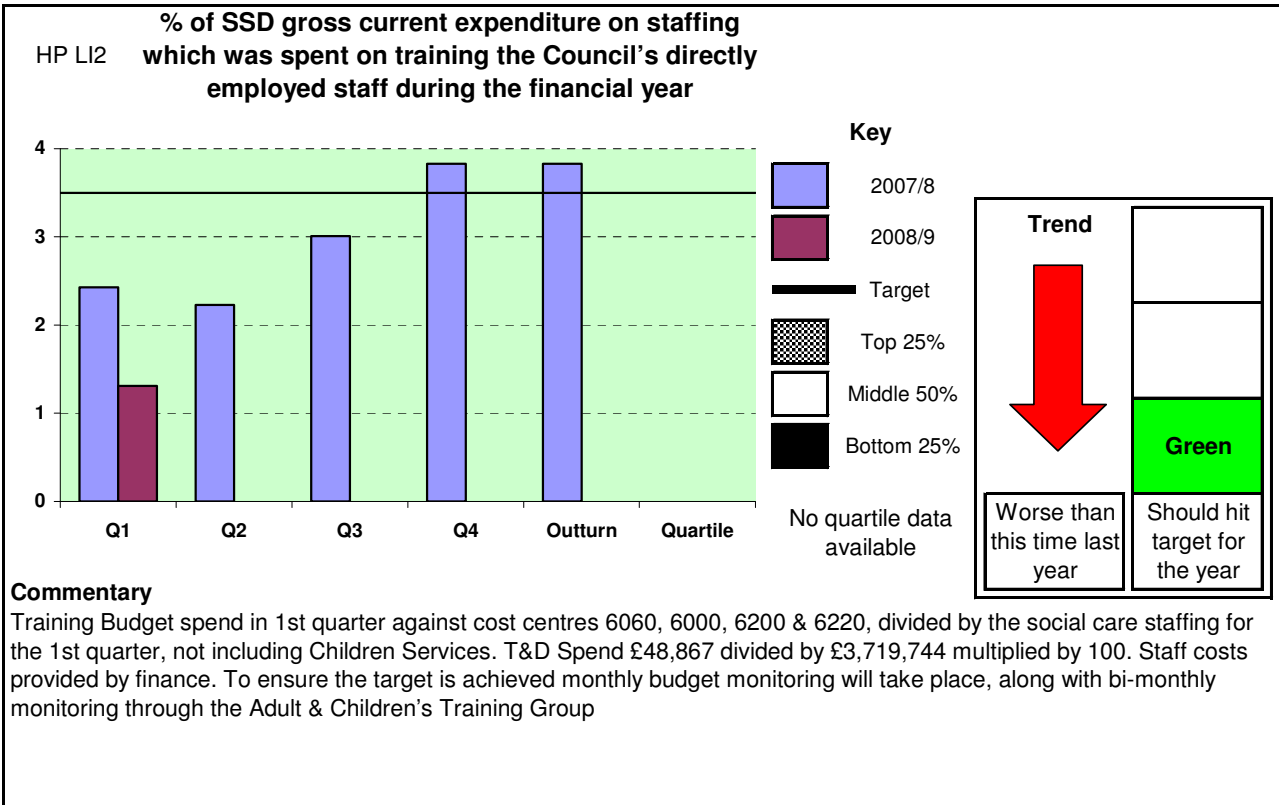
Appendix 1- Progress against Objectives/ Milestones  
Appendix 2- Progress against Key Performance Indicators  
Appendix 3- Financial Statement  
Appendix 4- Explanation of traffic light symbols

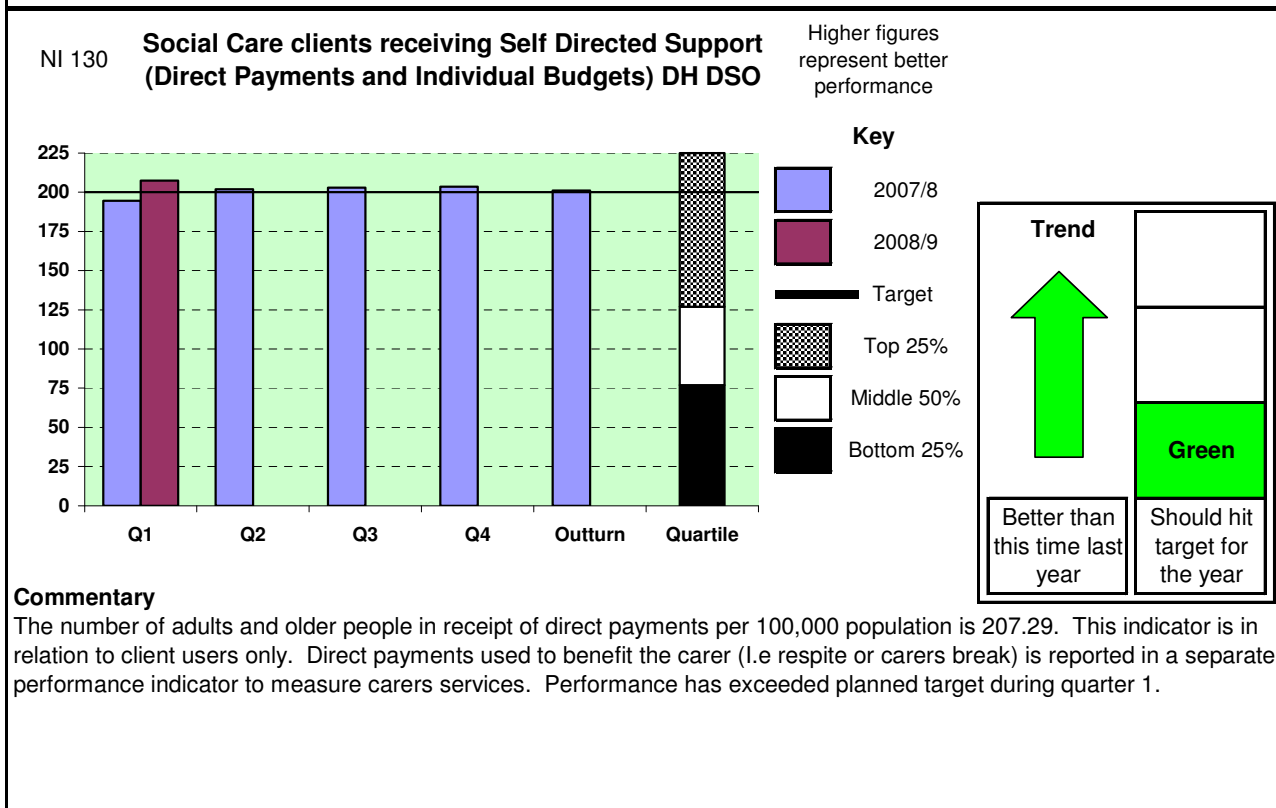
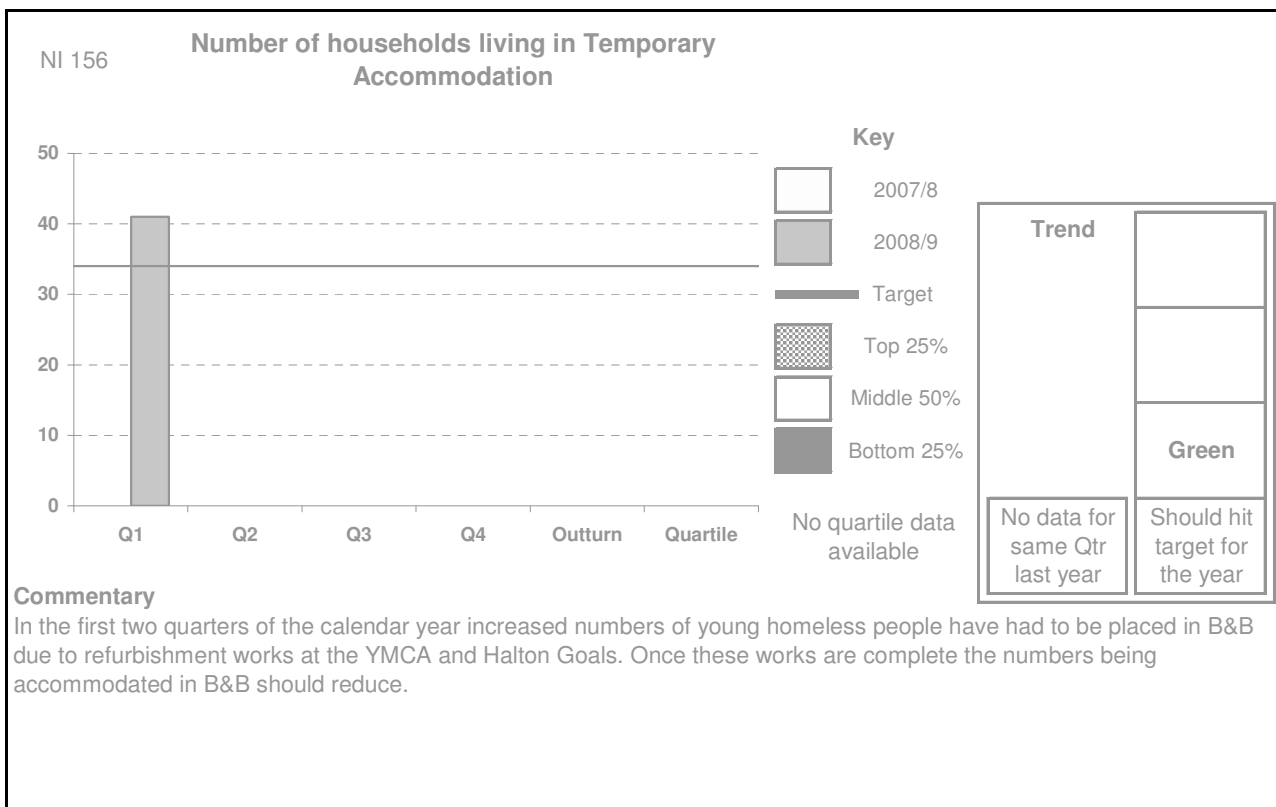
Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
HP 1	Ensure that high level strategies are in place, and working to deliver service improvements, and support frontline services to deliver improved outcomes to the residents of Halton	<i>Review Housing and Homelessness Strategies to ensure that the action plans are implemented and that identified needs are met within the resources available Mar 2009</i>		<p><i>Responses to the housing strategy consultation have now been received, and some significant changes will be required to reflect comments received from Government Office to take account of new guidance likely to emerge soon. It is hoped to present the Strategy to the PPB in September.</i></p> <p><i>Work on reviewing the Homelessness Strategy has been deferred due to the focus needed to ensure the bringing back in house of the homelessness service is achieved by October. The review will re-commence then, but this delay may prevent the March 09 target for completion being achieved.</i></p>
		<i>Review Supporting People Strategy to ensure any change to grant allocation is reflected in priorities Jul 2008</i>		<p><i>Draft 3 yr commissioning strategy completed.</i></p> <p><i>To be ratified at Board in Dec 08.</i></p>
		Review and update the Joint Strategic Needs Assessment (JSNA) to ensure that the outcomes, with identified priorities are incorporated into the LAA May 2008		Production of draft JSNA Sept 08. draft to include timescales for review.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
HP 3	To deliver high quality Bereavement, Consumer and Registration Services, that are fit-for-purpose and meet the needs, dignity and safety requirements of the Halton community	Develop a project plan to deliver longer-term cemetery provision, based on member decision, and commence delivery in accordance with project plan timeframes, to ensure the continued availability of new grave space to meet the needs of the Community in 2015 and beyond Jun 2008.		Whilst the June milestone has not been met, a cost benefit analysis of the various options is nearing completion. This should result in decisions being made and the development of the project plan prior to calendar year end.
		Produce an initial Consumer Protection Strategic Assessment, in line with the National Intelligence Model, to support intelligence-led Trading Standards service delivery during 2009/10 Dec2008		On schedule. Some of the work undertaken for the joint Halton / Warrington project doubles as the background work for this milestone.
		Benchmark performance against national standards with relevant benchmarking group to inform improvement plan aimed at supporting continual service improvement Sep 2008.		The Service has benchmarked its performance against the national standards in the GRO/LACORS Good Practice Guide with other "new governance" services. It is hoped that a North West benchmarking exercise can be completed later in the year.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
HP 4	Ensure that effective financial strategies and services are in place to enable the Directorate to procure and deliver high quality value for money services that meet people's needs.	Commence procurement for new domiciliary care contracts, to enhance service delivery and cost effectiveness, with a view to new contracts being in place April 2008.		Draft commissioning strategy, contract and service specification complete. Resources needed to progress procurement process.
		Commence procurement for new residential care contracts, to enhance service delivery and cost effectiveness, with a view to new contracts being in place April 2008.		Work commenced with providers re future commissioning direction and potential changes to new contract. Work has commenced on financial modelling to establish new res care rate for Halton. Resources needed to progress procurement process.
		Review the usage of Direct Payments against performance target strategy to ensure that targets on uptake are being met March 2009		The number of service users in receipt of Direct Payments continues to increase and in total has exceeded this year's target. At the 30 <sup>th</sup> June there were 204 service users (compared to 191 at 31.3.2008) and 89 carers in the first quarter received their service using a Direct Payment.







**Key Performance Indicators not reported this quarter;**

**NI 127, Self reported experience of Social Care Users**

This indicator cannot be reported on in quarter 1 as it is based on a survey, which has not taken place as yet.

**NI 182, Satisfaction of Businesses with Local Authority Regulation Services**

This is a new indicator that forms part of the new National Indicator data set and systems are not currently in place to calculate the out-turn percentage. However, the indicator is based on survey data and in Quarter 1, 40% of Consumer Protection respondees gave the highest rating whilst 60 % gave the second highest rating in answer to the two relevant questions. The single, year-end return will also include the performance of the Environmental Health and Licensing functions of the Council.

**NI 183, Impact of LA Regulatory Services on the Fair Trading Environment**

This is a new indicator that forms part of the new National Indicator data set. It is a year-end return based on four factors, two of which are to be provided to local authorities by central government at year-end. Hence it is not possible to provide quarterly performance information.

## HEALTH &amp; COMMUNITY - HEALTH AND PARTNERSHIP

Revenue Budget as at 30<sup>th</sup> June 2008

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
Employees	3,417	796	790	6	797
Premises Support	244	0	0	0	0
Other Premises	54	0	(2)	2	(2)
Supplies & Services	439	81	78	3	95
Training	117	2	2	0	7
Transport	15	4	5	(1)	5
Departmental Support Services	169	0	0	0	0
Central Support Services	602	0	0	0	0
Agency Related	429	44	50	(6)	50
Supporting People Payments to Providers	7,603	1,598	1,595	3	1,595
Specific Grants	155	0	0	0	0
Asset Charges	1,222	0	0	0	0
<b>Total Expenditure</b>	<b>14,466</b>	<b>2,525</b>	<b>2,518</b>	<b>7</b>	<b>2,547</b>
<b>Income</b>					
Sales	-13	-3	-3	0	-3
Receivership	-28	-15	-25	10	-25
Rents	-65	-65	-87	22	-87
Supporting People Main Grant	-7,659	-1,985	-1,984	(1)	-1,984
Disabled Facilities Grant	-40	-10	-11	1	-11
Departmental Support Services	-3,730	0	0	0	0
Other Grants	-624	-77	-88	11	-88
Re-imbursments	-160	-160	-171	11	-171
Other Income	-84	0	0	0	0
<b>Total Income</b>	<b>-12,403</b>	<b>-2,315</b>	<b>-2,369</b>	<b>54</b>	<b>-2,369</b>
<b>Net Expenditure</b>	<b>2,063</b>	<b>210</b>	<b>149</b>	<b>61</b>	<b>178</b>

**Comments on the above figures:**

In overall terms the revenue spending at the end of Quarter 1 is £61k below budget profile, due in the main to the overachievement of income targets.

Other premises costs, shows a credit balance due to the receipt of a NNDR refund relating to a previous year.

Specific Grants include £141k Adult Social Care Workforce Grant, which replaced both the NTS and HRD Grant. This grant is expected to be spent in full by the year end.

Both rental income and receivership income have continued to overachieve against budget profiles during the first quarter of the year. Continuing the trend from 2007/8 receivership income has exceeded budget to date as service users have changed from appointee to receivership status and the service has continued to be very oversubscribed to meet existing demand (having 223 accounts are actively managed), generating increased income from charges.

This additional income will be used to fund a post in order to meet current demand and facilitate the transfer of appointee service users from Halton Supported Housing Network to the Appointee and Receivership section.

Rents from the Riverview site continue to be higher than anticipated at budget setting time.

## Health and Partnerships

Capital Projects as at 30<sup>th</sup> June 2008

	2008/9 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
<b><u>Private Sector Housing</u></b>				
<b><u>Housing Grants/Loans</u></b>	284	65	79	205
Disabled Facilities Grants	1,573	40	40	1,533
<b><u>Travellers' Transit Site</u></b>	474	201	54	420
<b><u>Home Link</u></b>	10	0	0	10
<b><u>Energy Promotion</u></b>	100	0	0	100
<b><u>Riverview</u></b>	55	2	2	53
<b><u>Adaptations Initiative</u></b>	92	10	0	92
<b><u>Unallocated</u></b>	194	0	0	194
<b><u>Total Expenditure</u></b>	<b>2,782</b>	<b>318</b>	<b>175</b>	<b>2,607</b>

## HEALTH &amp; COMMUNITY – LOCAL STRATEGIC PARTNERSHIP BUDGET

Budget as at 30<sup>th</sup> June 2008

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (Overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
<b>Priority 1 Healthy Halton</b>					
Vulnerable Adults Task Force	475	119	0	119	0
<b>Vol. Sector Counselling Proj.</b>	40	10	0	10	0
Info. Outreach Services	34	9	0	9	0
Reach for the Stars	35	9	0	9	0
<b>Health &amp; Comm Care &amp; Vol Sector Carers' Forum</b>	40	10	0	10	0
Healthy Living Programme	20	5	0	5	0
Advocacy	64	16	21	(5)	21
<b>Priority 2 Urban Renewal</b>					
Landlord Accreditation Programme	30	7	9	(2)	9
<b>Priority 4 Employment Learning &amp; Skills</b>					
Halton Family Group	31	8	0	8	0
Voluntary Sector Sustainability	7	2	0	2	0
<b>Priority 5 Safer Halton</b>					
Good Neighbour Pilot	10	2	0	2	0
Grassroots Development	9	2	0	2	0
<b>Total Expenditure</b>	<b>817</b>	<b>204</b>	<b>30</b>	<b>174</b>	<b>30</b>




**HEALTH & COMMUNITY****Capital Budget as at 30<sup>th</sup> June 2008**

	2008/09 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
<b><i>Social Care &amp; Health</i></b>				
Redesign Oakmeadow Communal Spaces & Furnishings	72	0	0	72
Major Adaptations for Equity release/Loan Schemes	100	0	0	100
Pods utilising DFG	40	0	0	40
Women's Centre	19	0	0	19
DDA	24	0	0	0
<b>Total Spending</b>	255	0	0	255

It is anticipated the capital budget will be fully committed by the end of the year.



The traffic light symbols are used in the following manner:

	<u>Objective</u>	<u>Performance Indicator</u>
<b><u>Green</u></b>	 <p>Indicates that the <u>objective</u> is <u>on course to be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that the <u>target is on course to be achieved</u>.</p>
<b><u>Amber</u></b>	 <p>Indicates that it is <u>unclear</u> at this stage, due to a lack of information or a key milestone date being missed, <u>whether the objective will be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that it is either <u>unclear</u> at this stage or too early to state whether the target is on course to be achieved.</p>
<b><u>Red</u></b>	 <p>Indicates that it is <u>highly likely or certain that the objective</u> will not be achieved within the appropriate timeframe.</p>	<p>Indicates that the <u>target</u> will not be achieved unless there is an intervention or remedial action taken.</p>

## QUARTERLY MONITORING REPORT

**DIRECTORATE:** Health & Community  
**SERVICE:** Adults of Working Age  
**PERIOD:** Quarter 1 to period end 30th June 2008

### 1.0 INTRODUCTION

This quarterly monitoring report covers the Adults of Working Age Department first quarter period up to 30 June 2008. It describes key developments and progress against key objectives and performance indicators for the service.

The way in which traffic light symbols have been used to reflect progress to date is explained in Appendix 4.

### 2.0 KEY DEVELOPMENTS

#### **Partnership Working**

We are improving the way we develop joint working arrangements regarding integrating services in the learning disability specialist community team. The Council and PCT have formally agreed a reconfiguration of services. The re-modelling of a hub and spoke approach to the service includes, for the hub, nursing staff being 'Tuped' to the local authority, becoming a core team with social workers, under a single tier management arrangement. The development of a service level agreement with the 5 Boroughs Partnership to operate a spoke service offering intensive support, as a pan borough service with neighbouring authorities.

#### **Person Centred Reviews**

There is a project in development in learning disability services that has started with the North West Training & Development Team (NWTDT) and supported by CSCI to develop person centred reviews with people with Profound and Multiple Learning Disabilities. This is a tripartite project with neighbouring authorities and already Person Centred Plan (PCP) Review training and development for Care Managers and some Health staff. It was reviewed in April with agreement for additional work in Halton to span to Dec 2008. This involves widening numbers of PCP reviews and developing processes to link outcomes from PCP reviews to inform strategic Commissioning. First event held in July 2008.

#### **Voluntary Sector Care work Topic**

A key development in Physical and Sensory Disability (PSD) services is development of a work topic with members to review the voluntary sector contracts for this service area. A report is now in final draft stage to be taken through the Councils formal committee process in September 2008.

**Services for Carers**

A new sub group to support the achievement of the LPSA target on PSD carers has been established, this group has developed new terms of reference and began to identify targets and creative developments with the carers grant and involve carers in service development. This has also demonstrated an increase in carers assessments

**Mental Health Act 2007**

This is to be implemented in the main by early November 2008. A Steering Group – involving the Council and PCT – is in place to deliver this, with seven workstreams identified. This work is linked closely to similar work being undertaken in the 5BoroughsPartnership.

**Deprivation of Liberty Safeguards:**

These Safeguards are to be introduced in Spring 2009 but require substantial planning and training ahead of this. This work is being done as part of the Mental health act Steering Group.

**Mental Capacity Act 2005:**

This has been the subject of an ongoing implementation process throughout 2007/08 and is now in the phase of monitoring the implementation and ensuring that all necessary training is in place. A new Co-ordinator has been appointed across Halton and St Helens Councils and the PCT and should be in place by September 2008.

**Care Programme Approach**

This process is the assessment and care management framework for mental health. New national guidance which substantially changes the way this is to operate was issued earlier in 2008 and is to be implemented across health and social care services on October 1st.

**3.0 EMERGING ISSUES**




**Accommodation for PSD**

Accommodation for PSD is an emerging issue and improved ways of planning will be identified to take this forward.

**Enhancement of PMLD Person Centred Planning work**

Funding has been identified to begin work with people with PMLD within day services to promote communication/assessment training for staff working with individuals with PMLD and to enhance Person Centred Planning work undertaken.

#### 4.0 PROGRESS AGAINST MILESTONES/OBJECTIVES

<b>Total</b>	<b>16</b>		<b>12</b>		<b>3</b>		<b>0</b>
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Of the 16 'key' milestones for the service, 12 are progressing satisfactorily. 3 have incurred some slippage and one is no longer a priority activity following a recent review. For further details, please refer to Appendix 1.

9 milestones are designated 'non-key' and are routinely reported in quarters 2 and 4. None of milestones are being reported by exception this quarter. They do not appear in the report this quarter.

#### 5.0 SERVICE REVIEW

##### Short Break Services

In learning disability services there has been a review of respite services and we are looking to develop services in a way that offer a menu of short breaks services. We are currently reviewing all people accessing services, to identify need and the type of range of services to be developed




##### Behavioural Solutions Project

In learning disability services we have commissioned a Consultant Behaviour Analyst on a "behavioural solutions project" to continue to help us review the way services are delivered for people with complex needs, whose behaviour is experienced as difficult or challenging. We have a project brief, which has started working incrementally by working with an independent provider and latterly with in-house service that have been selected as they provide support for two of the 24 hour supported living schemes for people with complex needs; the schedule of training has commenced and will be reviewed in October 2008

##### Service Mapping and Strategic Planning

In order to accelerate work on the NSF for Long Term Conditions, we will be bringing in a consultant to undertake some detailed mapping of services and review of strategic planning. A specification is currently being developed to start this process

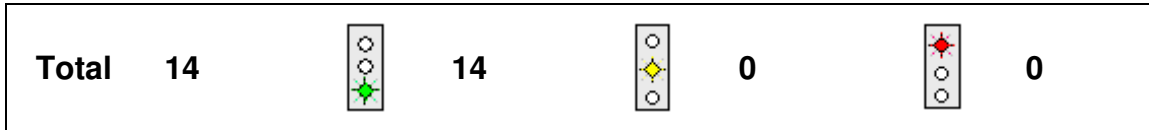
#### 6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

<b>Total</b>	<b>13</b>		<b>5</b>		<b>0</b>		<b>0</b>
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Five of the thirteen indicators are being reported this quarter, and are on target. For further details, please refer to Appendix 2. There are 8 remaining indicators that are not being reported this quarter. These are new National Indicators for

which data protocols are currently being established (NI 131, 132, 135, 136, 141, 142, 145, 146). Performance on these indicators will be reported at the earliest opportunity.

### 6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS



There are 14 other indicators for the service that are routinely reported in quarters 2 and 4. None of the 14 indicators are being reported by exception this quarter.

### 7.0 PROGRESS AGAINST LPSA TARGETS

There are no LPSA targets for this service. The Adults of Working Age service contributes towards the achievement of an LPSA target to improve service delivery to carers that sits in the Older People's Services service plan.

### 8.0 RISK CONTROL MEASURES

During the production of the 2008-09 Service Plan, 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 associated 'High' risk, progress against the application of risk treatment measures is to be monitored, and reported in the quarterly monitoring report in quarters 2 and 4.






### 9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS



During 2007/08 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority are to be reported in the quarterly monitoring report in quarters 2 and 4.

### 10.0 APPENDICES

- Appendix 1- Progress against Objectives/ Milestones
- Appendix 2- Progress against Key Performance Indicators
- Appendix 3- Financial Statement
- Appendix 4- Explanation of traffic light symbols

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
AWA 1	Evaluate, plan, commission and redesign services to ensure they meet the need of vulnerable people within the local population, including those from hard to reach groups (including the black and minority ethnic community)	Development of Person Centred reviews with particular focus for adults with Profound and Multiple Learning Disabilities to enhance service delivery Mar 2009.		This work has been successfully reviewed and further work agreed as described in key developments up to December 2008.
		Establish strategy to improve performance and service delivery to the Black & Minority Ethnic community, to ensure services are meeting the needs of the community Jun 2008.		The research undertaken by CHAWREC across Cheshire and Halton is currently being analysed to understand the impact on social care services
		Evaluate "In Control/Individualised Budgets" pilot and extend to other service user groups as appropriate, thus enabling people needing social care and associated services to design that support Mar 2009.		A small team is being developed to now accelerate the personalisation agenda, a manager and finance officer are in the process of being appointed, along with additional external consultancy.
		Agree and implement the reconfiguration of ALD health and care management services to enhance service delivery Mar 2009.		This project is on target. (More information given in key developments).
		Review services and support for younger adults with dementia and establish a strategy to improve services to this group Mar 2009		On track – PPB work topic in place, first meeting of group in July 2008.
		Review Care Management		The review is still in its early





Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Services for Physical and Sensory Disabilities to enhance service delivery Sep 2008.		stages due to staff changes. Work ongoing.
AWA 2	Work in partnership to enhance joint working arrangement and delivery of services to vulnerable people	Mainstream review of Bridge Building Day Services Model to ensure that it supports the priorities of the modernisation agenda Sep 2008.		All service areas are aware of the need to redesign resources to deliver fully mainstreamed service. Review ongoing.
		Review the Payments and Expenses Policy and Procedure to ensure payment levels are appropriate and procedures are adequate Jun 2008		Draft review of policy has been prepared and is to be considered by directorate SMT
		Develop and implement, in partnership with key stakeholders, all policies, processes and procedures necessary to fully implement the Mental Health Act 2007 Oct 2008		On track – processes to deliver are in place.
		To agree and implement a joint process for implementation of new national guidance on Continuing Health Care Mar 2009		Strategic meetings are underway with the LA and the PCT to agree a joint process.

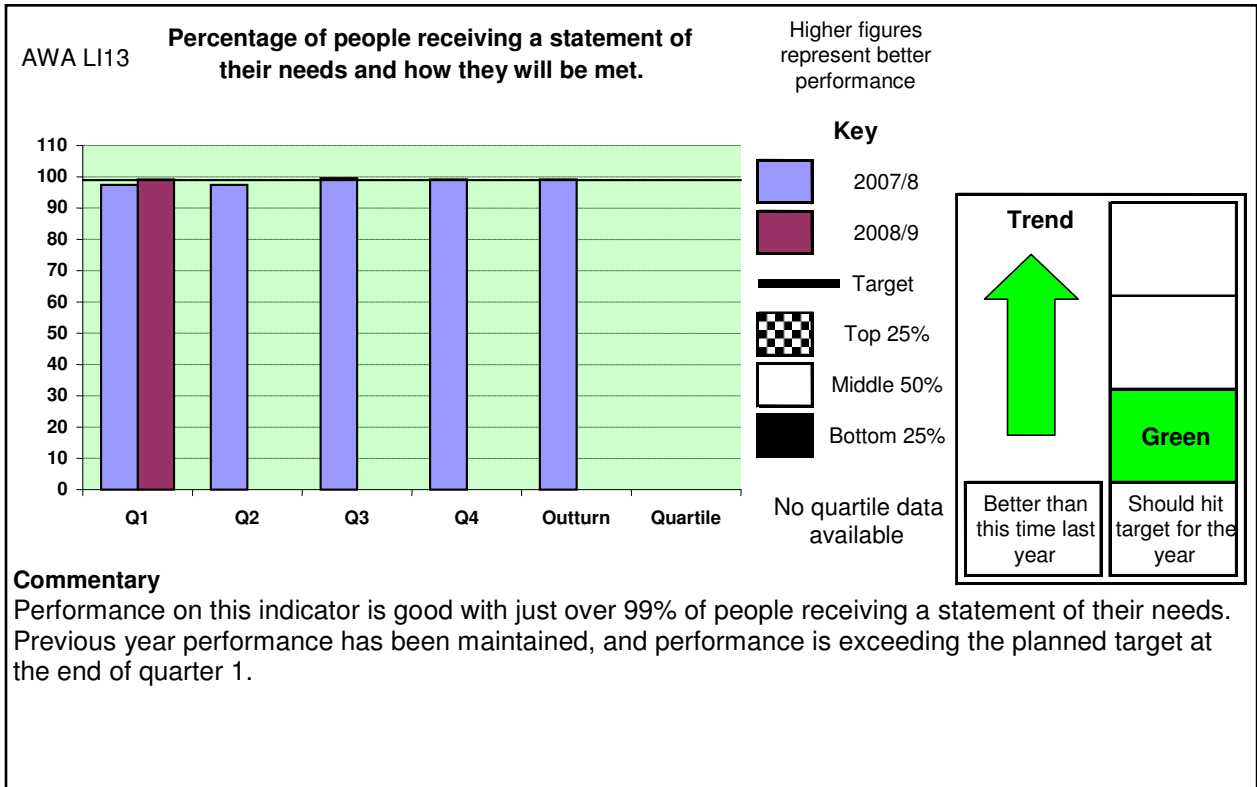
Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
AWA 2 cont.		Continue to implement the modernisation of Day Services to enhance service delivery Jun 2008		The further expansion of the Independent Living Centre in conjunction with external partners is underway with day services currently managing this facility. Development of a supported employment type model lead by Mersey Valley Ground Work organisation in negotiation. Planning phase two of the redesign with the main emphasis on developing further community activities for the Widnes side of the service. In the process of creating a detached leisure day in partnership with Kingsway leisure centre. Designated link person attends Community Bridge Builders team meetings. Quality Improvement Team of stakeholders inspects day service community venues to determine if fit for purpose. Working in partnership with Halton Speak Out to progress Person Centred Plan's for people with PMLD.
		Review services and support for children and adults with an Autistic Spectrum Disorder Mar 2009		Work ongoing. Initial draft report will be ready August 2008

**APPENDIX ONE - PROGRESS AGAINST OBJECTIVES/MILESTONES**

Adults of Working Age

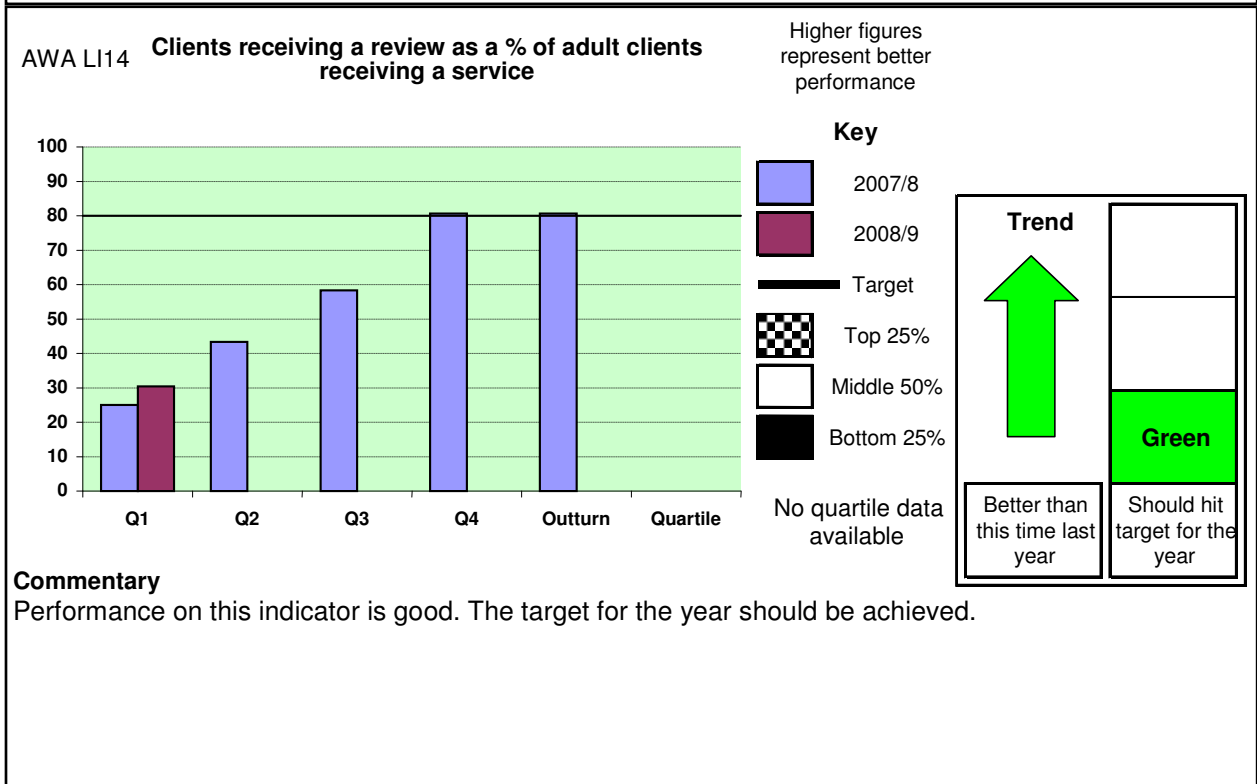


Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Implement a behaviour solutions approach to develop quality services for adults with challenging behaviour Mar 2009.		This project is underway and now involves working with in-house services as described in Service Review.
AWA 3	Provide facilities and support to carers, assisting them to maintain good health	Refresh the Carers Strategy in light of the new national Carers Strategy, thus ensuring Carers needs continue to be met Jun 2008.		Refreshed strategy completed and agreed by stakeholders. To go to Executive Board in September
AWA 4	Ensure that service delivery, commissioning and procurement arrangements are efficient and offer value for money	Build on learning for Halton from CSED improving care management efficiency project, identifying further areas and priorities for redesign Jun 2008.		This agenda is to be incorporated into a wider modernisation Board work stream.
		Continue to implement ALD's financial recovery plan to ensure that the service becomes increasingly efficient and effective Mar 2009.		Work ongoing. Continuing to review on a monthly basis in close partnership with PCT



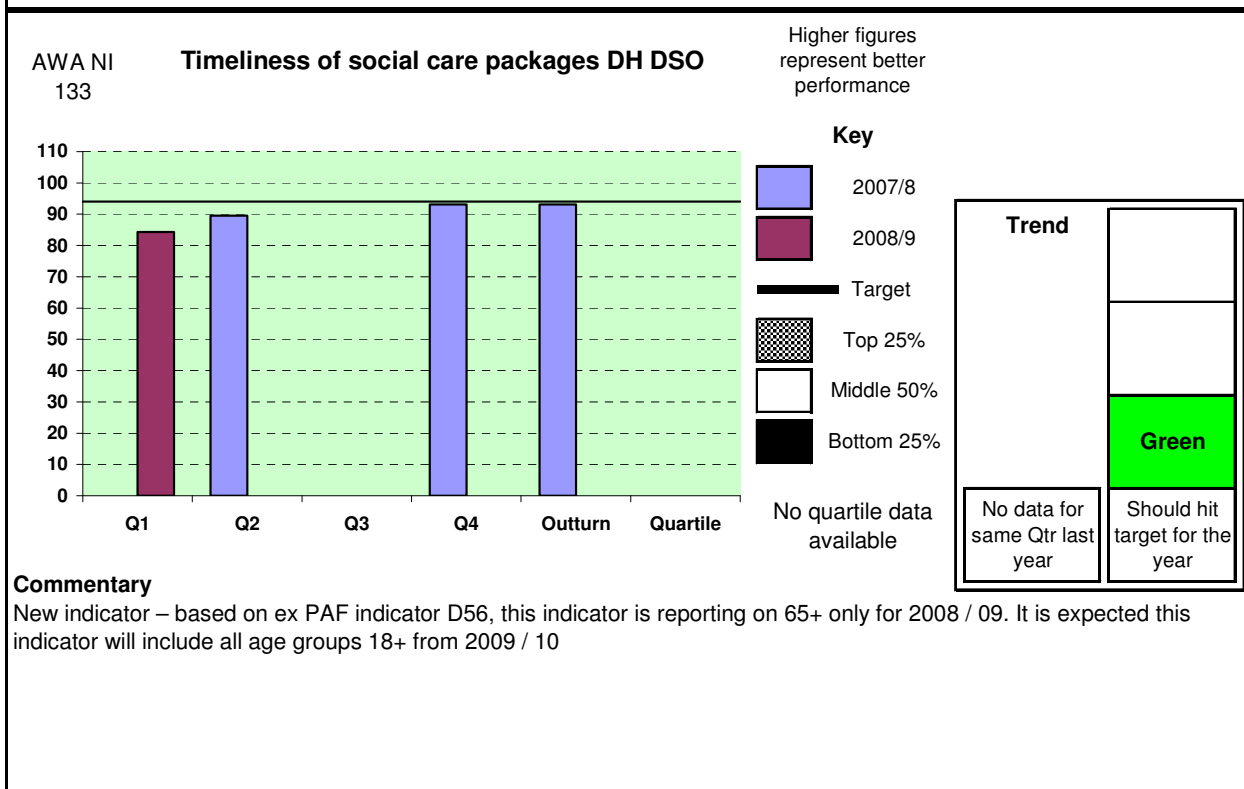
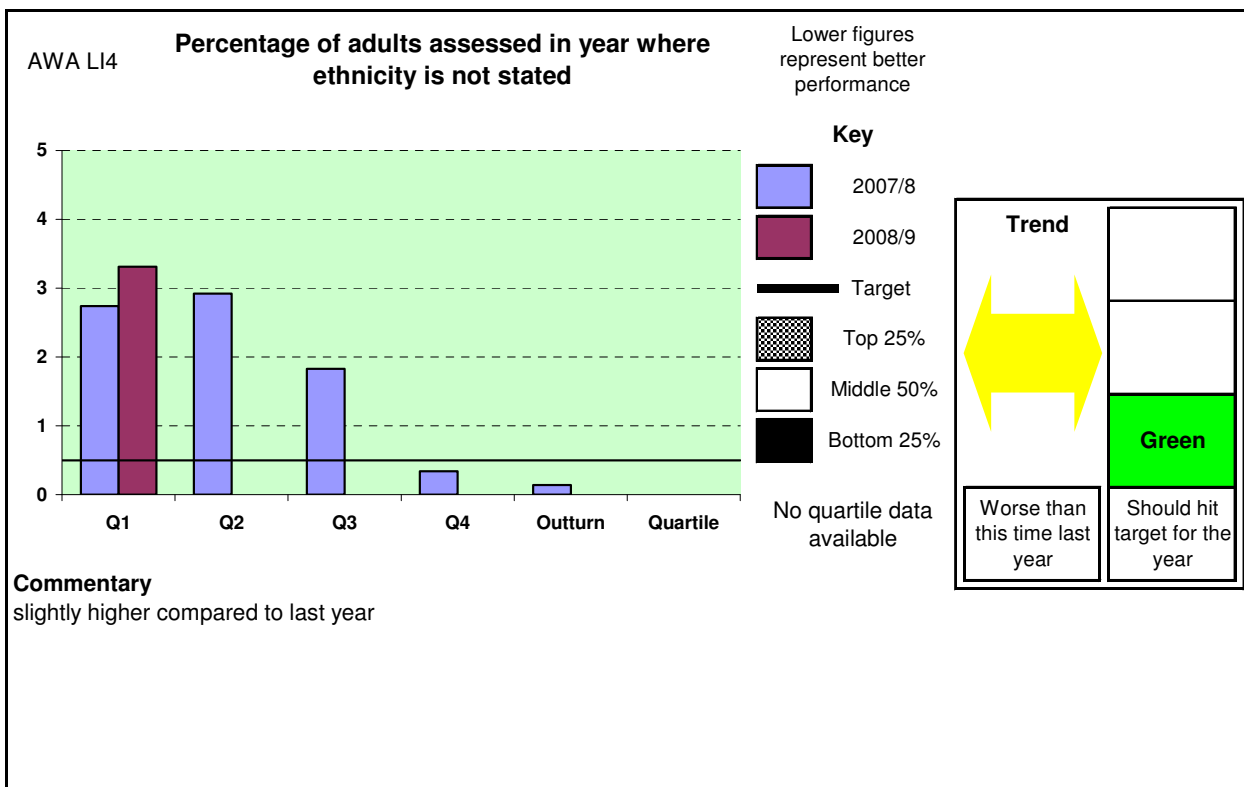
**Commentary**

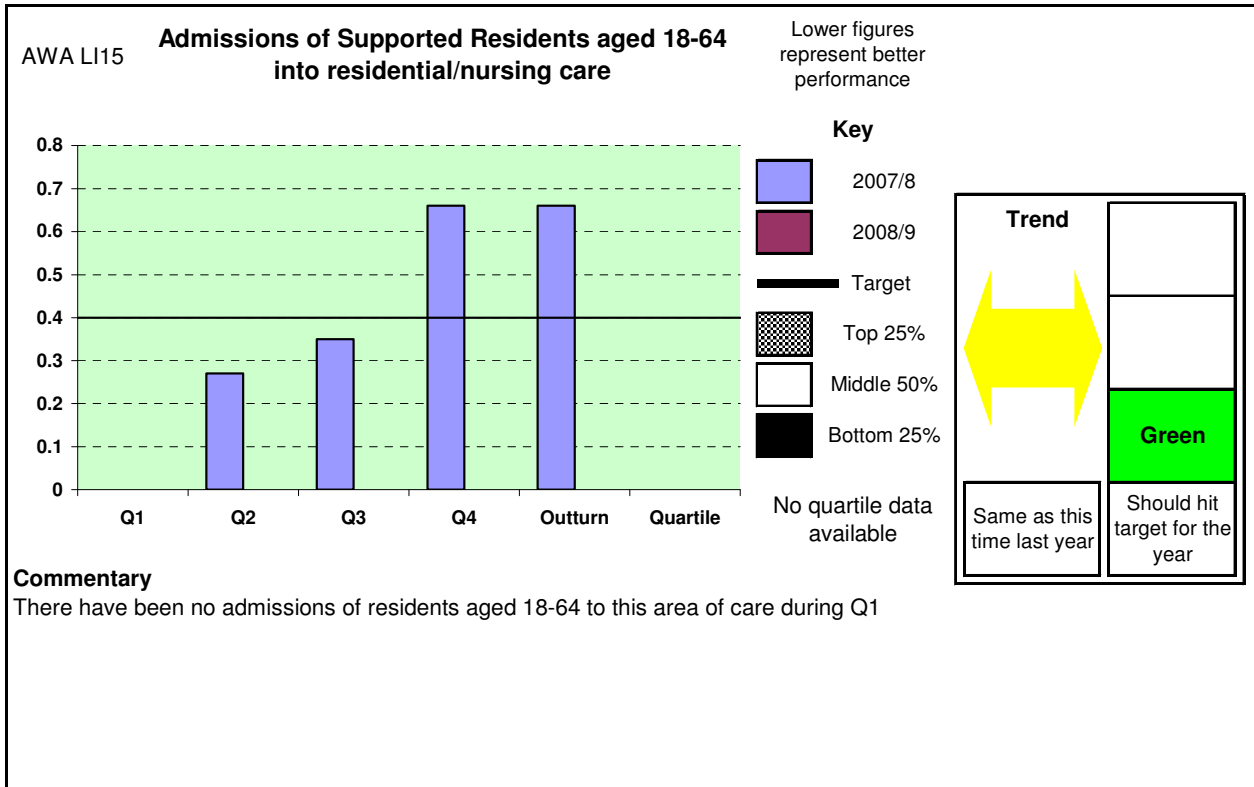
Performance on this indicator is good with just over 99% of people receiving a statement of their needs. Previous year performance has been maintained, and performance is exceeding the planned target at the end of quarter 1.



**Commentary**

Performance on this indicator is good. The target for the year should be achieved.





**Key Performance Indicators not being reported this quarter**

**NI 131**, Delayed Transfers of Care

**NI 132**, Timeliness of Social Care Assessments

**NI 136**, People Supported to Live independently through Social Care Services

**NI 135**, Carers receiving needs assessment or review and a specific carer's service, or advice and information.

**NI 141**, Number of vulnerable people achieving independent living

**NI 142**, Number of vulnerable people who are supported to maintain independent living

**NI 145**, Adults with learning disabilities in settled accommodation

**NI 146**, Adults with learning disabilities in employment

## ADULTS OF WORKING AGE (ALD, MH, PSD)

Revenue Budget as at 30<sup>th</sup> June 2008

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend )	Actual Including Committed Items
	£000	£000	£000	£000	£000
<i>Expenditure</i>					
Staffing	2,694	691	695	(4)	719
Premises	131	0	0	0	0
Other Premises	83	22	19	3	31
Joint Equipment Service	110	0	0	0	0
Other Supplies & Services	481	27	27	0	69
Food Provisions	10	2	3	(1)	5
Aid & Adaptations	124	25	12	13	65
Transport of Clients	702	62	50	12	178
Other Transport	24	6	6	0	6
Departmental Support Services	898	0	0	0	0
Central Support Services	338	0	0	0	0
Contract & SLAs	411	64	62	2	62
Emergency Duty Team	140	3	2	1	2
Community Care:					
Residential Care	1,139	203	234	(31)	234
Nursing Care	45	8	8	0	8
Home Care	421	75	106	(31)	106
Direct Payments	525	94	215	(121)	215
Supported Living	166	30	39	(9)	39
Day Care	27	5	1	4	1
Meals	3	1	0	1	0
Specific Grants	1,059	9	8	1	8
Asset Charges	191	0	0	0	0
Contribution to ALD Budget	6,834	1,306	1,487	(181)	1,498
<b>Total Expenditure</b>	<b>16,556</b>	<b>2,633</b>	<b>2,974</b>	<b>(341)</b>	<b>3,246</b>
<i>Income</i>					
Residential Fees	-188	-34	-30	(4)	-30
Fees & Charges	-144	-26	-24	(2)	-24
Preserved Rights Grant	-519	0	0	0	0
Supporting People Grant	-59	-15	-14	(1)	-14
Mental Health Grant	-477	0	0	0	0
Carer Grant	-431	0	0	0	0
Mental Capacity IMCA Grant	-84	-16	-17	1	-17
Aids Support Grant	-5	-5	-9	4	-9

Social Care Reform Grant	-220	-220	-220	0	-220
Local Involvement NetworkGrant	-111	0	0	0	0
Community Roll Out Funding	-138	-138	-138	0	-138
Nursing Fees – PCT	-45	-3	-3	0	-3
PCT Reimbursement	-325	0	0	0	0
Other Income	-8	-2	-3	1	-3
<b>Total Income</b>	<b>-2,754</b>	<b>-459</b>	<b>-458</b>	<b>(1)</b>	<b>-458</b>
<b>Net Expenditure</b>	<b>13,802</b>	<b>2,174</b>	<b>2,516</b>	<b>(342)</b>	<b>2,788</b>

**Comments on the above figures:**

In overall terms revenue spending at the end of quarter 1 is over budget profile by £161k, excluding the ALD pooled budget. This is mainly due to pressure on the Community Care budget for service users with mental health needs & those with physical & sensory disabilities.

The main budgets under pressure at this current time are Homecare and Direct Payments in particular for PSD service users presenting increased complex needs and the impact of Supporting People and Individual Living Fund retractions have lead to increased community care expenditure. Within Mental Health services increased demand is also noted for people with drug and alcohol problems and younger adults with dementia.. Applications for joint funding for s117 service users and PSD service users using the new continuing care criteria may help to mitigate these pressures.

*Note: A summary of the H.B.C. Contribution to ALD Pooled Budget can be found on the following page:*

## Contribution to ALD Pooled Budget

Revenue Budget as at 30<sup>th</sup> June 2008

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£000	£000	£000	£000	£000
<i>Expenditure</i>					
Nursing Care	48	6	6	0	6
Residential Care	482	170	245	(75)	245
Supported Living	1,870	432	461	(29)	464
Home Care	1,750	404	248	156	248
Direct Payments	325	120	227	(107)	227
Day Services	1,987	414	375	39	378
Specialist LD Team	476	119	132	(13)	137
Management Costs	1,329	41	46	(5)	46
Respite	539	15	8	7	8
Other Expenditure	151	0	0	0	0
<b>Total Expenditure</b>	<b>8,957</b>	<b>1,721</b>	<b>1,748</b>	<b>(27)</b>	<b>1,759</b>
<i>Income</i>					
Rents & Service Charges	-28	0	0	0	0
Community Care Fees	-101	-23	-5	(18)	-5
Residential Fees	-113	-26	-17	(9)	-17
Direct Payments	0	0	-9	9	-9
Supporting People Grant	-1,433	-358	-223	(135)	-223
LDDF	-150	0	0	0	0
CITC – Astmoor	-53	0	0	0	0
CITC – Special Needs	-6	0	0	0	0
Other Client Income	-31	0	0	0	0
Nursing Care – PCT Reimbursement	-48	-6	-5	(1)	-5
Other Fees & Charges	-160	-2	-2	0	-2
<b>Total Income</b>	<b>-2,123</b>	<b>-415</b>	<b>-261</b>	<b>(154)</b>	<b>-261</b>
<b>Net Expenditure</b>	<b>6,834</b>	<b>1,306</b>	<b>1,487</b>	<b>(181)</b>	<b>1,498</b>

**HEALTH & COMMUNITY – LOCAL STRATEGIC PARTNERSHIP BUDGET**Budget as at 30<sup>th</sup> June 2008

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (Overspend )	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
<b>Priority 1 Healthy Halton</b>					
Vulnerable Adults Task Force	475	119	0	119	0
	40	10	0	10	0
<b>Vol. Sector Counselling Proj.</b>					
Info. Outreach Services	34	9	0	9	0
Reach for the Stars	35	9	0	9	0
	40	10	0	10	0
<b>Health &amp; Comm Care &amp; Vol Sector Carers' Forum</b>					
Healthy Living Programme	20	5	0	5	0
Advocacy	64	16	21	(5)	21
<b>Priority 2 Urban Renewal</b>					
Landlord Accreditation Programme	30	7	9	(2)	9
<b>Priority 4 Employment Learning &amp; Skills</b>					
Halton Family Group	31	8	0	8	0
Voluntary Sector Sustainability	7	2	0	2	0
<b>Priority 5 Safer Halton</b>					
Good Neighbour Pilot	10	2	0	2	0
Grassroots Development	9	2	0	2	0
<b>Total Expenditure</b>	<b>817</b>	<b>204</b>	<b>30</b>	<b>174</b>	<b>30</b>






**Capital Budget as at 30<sup>th</sup> June 2008**

	2008/09 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
<b><i>Social Care &amp; Health</i></b>				
Redesign Oakmeadow Communal Spaces & Furnishings	72	0	0	72
Major Adaptations for Equity release/Loan Schemes	100	0	0	100
Pods utilising DFG	40	0	0	40
Women's Centre	19	0	0	19
DDA	24	0	0	0
<b>Total Spending</b>	<b>255</b>	<b>0</b>	<b>0</b>	<b>255</b>

It is anticipated the capital budget will be fully committed by the end of the year.

The traffic light symbols are used in the following manner:

	<u>Objective</u>	<u>Performance Indicator</u>
<b><u>Green</u></b>	 <p>Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that the <u>target is on course to be achieved</u>.</p>
<b><u>Amber</u></b>	 <p>Indicates that it is <u>unclear</u> at this stage, due to a lack of information or a key milestone date being missed, <u>whether the objective will be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that it is either <u>unclear</u> at this stage or too early to state whether the target is on course to be achieved.</p>
<b><u>Red</u></b>	 <p>Indicates that it is <u>highly likely or certain that the objective</u> will not be achieved within the appropriate timeframe.</p>	<p>Indicates that the <u>target</u> will not be achieved unless there is an intervention or remedial action taken.</p>

## QUARTERLY MONITORING REPORT

**DIRECTORATE:** Health & Community  
**SERVICE:** Older People's Services  
**PERIOD:** Quarter 1 to period end 30<sup>th</sup> June 2008

### 1.0 INTRODUCTION

This quarterly monitoring report covers the Older People's Services Department first quarter period up to 30 June 2008. It describes key developments and progress against 'key' milestones and performance indicators for the service.

The way in which traffic light symbols have been used to reflect progress to date is explained in Appendix 5

### 2.0 KEY DEVELOPMENTS

Bridgewater Day Centre modernisation underway. Established both user and managers groups to evaluate and develop available community resources, identify users who could use community facilities and make these links.

Halton's Home Improvement and Independent Living Service established April 2008. Service located at refurbished John Briggs House. Single line of management for service established. Work to streamline processes underway and target timescales for processes agreed.

Robust system to monitor Disabled Facilities Grants expenditure established. Partnership funding of £467k and Partnership Agreement with Registered Social Landlords agreed by Executive Board for adaptations to properties of Registered Social Landlords tenants.

New manager of Adult Placement Service has been appointed.

Retail model proposal presented to newly established Halton Integrated Community Equipment Service Executive Board and this to be further researched, including option of partnership work with Warrington Disability Partnership.

Further development of Intermediate Care, including new 24-hour assessment team and sub acute unit at Halton Hospital site. The age criteria for access to services will be reduced to 18+. The in house home care service is being redesigned to deliver a re-ablement service in line

with the Intermediate Care gold standard.

A Community extra care service is being developed and will be operational by October 2008.

Domiciliary care contracts are being redeveloped to deliver greater dignity in care and cost effectiveness, within a quality framework; these will be in place by April 2009.

Residential and Nursing care contracts are being redeveloped to deliver greater dignity in care and cost effectiveness, within a quality framework; these will be in place by April 2009.

Social Care in practice pilot is operational within the Runcorn primary care teams, initial evaluation will be completed by April 2009 with a view to extending the pilot for a further 12 months and to begin negotiations with the Widnes PBC consortium to adopt a similar model of joint working.

Older people's mental health services across the whole system are being reviewed with a view to ensuring that appropriate services are available to support older people over the next decade.

### 3.0 EMERGING ISSUES

Joint application for Department of Health User-led grant funding to be made in partnership with Warrington Disability Partnership to mentor Halton Disability Alliance with possible benefits for day service review and retail model for equipment.

Development of integrated database and IT programmes for Halton Home Improvement and Independent Living service to monitor target timescales and further streamline processes for adaptation work.

Development of joint service user feedback system and information pack for the Halton Home Improvement and Independent Living Service. Commitment to Partnership Agreement by Registered Social Landlords to be formalised and partnership funding spend monitored. Halton Integrated Community Equipment Service to transfer to new premises at Dewar Court, Astmoor.

Exploring with PCT and neighbouring local authority the option of a jointly funded safer handling service to improve service efficiency and consistency.

Continuing health care guidance is having a significant impact upon the work of the social work teams, and whilst more people are in receipt of CHC the increased work for the social work teams and their managers needs to be considered as part of a possible redesign of the social work

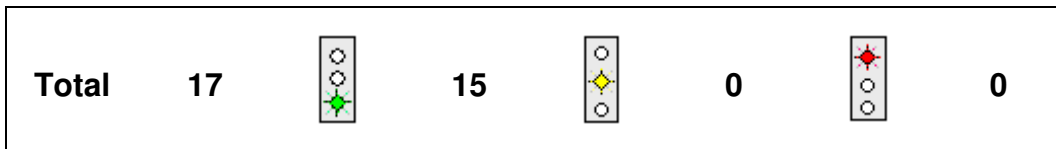
teams.

Reduction in hospital beds on the St Helens site of St Helens & Knowsley Hospitals Trust, will have an impact on the work of the hospital social work team and Intermediate care services as earlier discharges will create greater pressure.

Opening of “step down” wards on Halton hospital site is having an impact on the hospital social work team as they now need to work across another site.

The impact of the reduction of the age criteria for Intermediate care is currently unknown and may cause a significant rise in the number of people referred to Intermediate Care putting further pressure on the service.

#### 4.0 PROGRESS AGAINST OBJECTIVES / MILESTONES



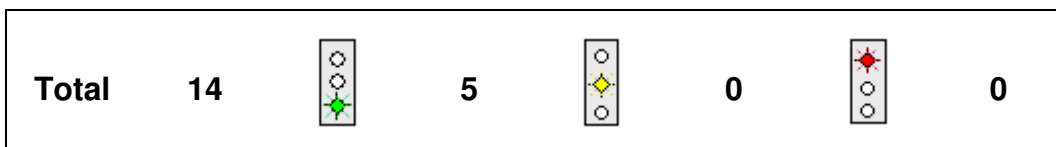
Of the 17 ‘key’ milestones for the service, 15 are progressing satisfactorily. One milestone has been assigned an amber light, and one is no longer a priority activity following a recent review. For further details, please refer to Appendix 1.

8 milestones are designated ‘non-key’ and are routinely reported in quarters 2 and 4. None of milestones are being reported by exception this quarter. They do not appear in the report this quarter.

#### 5.0 SERVICE REVIEW

Nothing to report this quarter.




#### 6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS



Five of the fourteen indicators are being reported this quarter, and all are on target. For further details, please refer to Appendix 2. There are 9 remaining indicators that are not being reported this quarter. Two are local indicators for which data is not available at the time of writing (OP

LI 4, 7), and seven are new National Indicators for which data protocols are currently being established (NI 125, 131, 132, 135, 136, 141, 142). Performance on these indicators will be reported at the earliest opportunity.

## 6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

<b>Total</b>	<b>14</b>		<b>14</b>		<b>0</b>		<b>0</b>
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There are 14 other indicators for the service that are routinely reported in quarters 2 and 4. None of the 14 indicators are being reported by exception this quarter.

## 7.0 PROGRESS AGAINST LPSA TARGETS

Progress against the LPSA targets for emergency bed days and support for carers is detailed in this monitoring report. For information and commentary, please refer to Appendix 3.

## 8.0 RISK CONTROL MEASURES

During the production of the 2008-09 Service Plan, 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 associated 'High' risk, progress against the application of risk treatment measures is to be monitored, and reported in the quarterly monitoring report in quarters 2 and 4.





## 9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

During 2007/08 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority are to be reported in the quarterly monitoring report in quarters 2 and 4.

## 10.0 APPENDICES





Appendix 1- Progress against Objectives/ Milestones  
 Appendix 2- Progress against Key Performance Indicators  
 Appendix 3- Progress against LPSA Targets  
 Appendix 4- Financial Statement  
 Appendix 5- Explanation of traffic light symbols

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
OPS 1	Evaluate, plan, commission and redesign services to ensure they meet the need of vulnerable people within the local population, including those from hard to reach group (including the black and minority ethnic community)	Analyse need and submit bids to DoH, Housing Corporation or other pots for at least one extra care development to provide additional extra care tenancies in Halton Mar 2009.		Work is underway with HHT and Plus Group to identify suitable land and accommodation.
		Establish strategy to improve performance and service delivery to BME Community, to ensure services are meeting the needs of the community Jun 2008.	Refer to comment	This has been reviewed at the Directorate Equalities Group in the light of the findings of the recent successful IDEA peer review report, and is no longer a specific objective for the service plan.
		Complete review of extra care housing model for Halton Jul 2008.		Review completed
		Identify options to re-design Older People Day Services May 2008		Options identified. The review of day services identified four groups of service users, split by age and level of need. The current work phase involves identifying and developing community resources appropriate to meet the needs of service users who no longer require traditional day services and linking users with facilities.
OPS 2	Work in partnership to enhance joint working arrangements and delivery of services to vulnerable people	Lead council input into developing Local Area Agreement Health and Older Peoples block June 08		Complete. Agreement signed off.

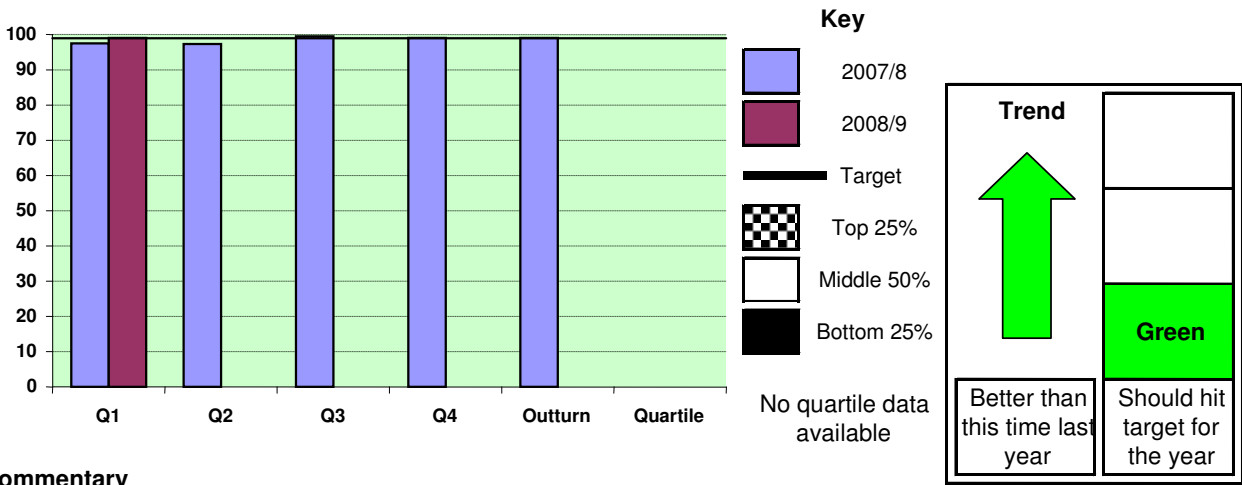
Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
OPS2 cont.		Continue to contribute to the implementation of Change for the Better, the 5BP's new model of care for mental health services, thus ensuring that services are based on recovery and social inclusion Mar 2009.		Priority is developing a framework action plan to modernise older peoples community mental health team. Existing service provision reviewed and benchmarked. A number of recommendations made and signed of by clinicians. Project team to cost up new model established.
		In partnership with Halton and St Helen's PCT, refocus care provision at Oakmeadow in line with Intermediate Care approach Nov 2008		Review of Oakmeadow in line with Intermediate Care approach on target for completion November 2008.
		Redesign of Intermediate Care Services, in partnership with Halton and St Helens PCT Mar 2008		Review completed; business plan developed and will be reported to appropriate boards end of August 2008. Full implementation of changes will be completed by March 2009.
		Establish pilot joint service to support primary care through Runcorn Practice Based Commissioning (PBC) Consortium July 2008		Pilot in place in all Runcorn primary care practices, in partnership with social work teams, Intermediate Care and Sure Start.



Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
OPS 3	Provide facilities and support to carers, assisting them to maintain good health and well-being	Increase the number of carers provided with assessments leading to provision of services, including black and minority ethnic carers, to ensure Carers needs are met Mar 2009		On target for completion by March 2009.
		Maintain the numbers of carers receiving a carers break Mar 2009		On target.
OPS 4	Ensure that service delivery, commissioning and procurement arrangements are efficient and offer value for money	Aim to reduce the cost of transport element of meals on wheels contract to ensure cost effectiveness May 2008.		Cost of transport element has now been reduced to make the service more cost effective.
		Establish or participate in working group with neighbouring authorities to re-provide equipment services linked to developing a retail model Oct 2008		Attending North West Transforming Community Equipment Services pilot site meetings and awaiting their initial evaluation report in the autumn. Working with the Department of Health to complete the financial modelling exercise for Halton. This will then be compared with the financial model to be completed by St Helens and Knowsley local authorities and PCTs. This information will then inform future service plans.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
OPS4 cont.		Build on learning for Halton from CSED improving care management efficiency project, identifying potential areas and priorities for redesign Jun 2008.		Complete. Areas for redesign have been identified and will be taken forward.
		Integrate Home Improvement Agency and Independent Living Team to improve waiting times and efficiency Jun 2008.		Services integrated on the first of April 2008. Work continuing to improve processes, identify and measure timescales for individual processes and develop an IT programme to enable benchmarking against baseline information.
		Support development of joint process with PCT for implementation of new national guidance and toolkit for continuing health care Apr 2008		Joint process complete. Further work taking place including agreed dispute process. Full documented procedure and training plan being developed.
		Report to Health PPB on progress with delivering the Advancing Well Strategy Mar 2009		This will be delivered on time.

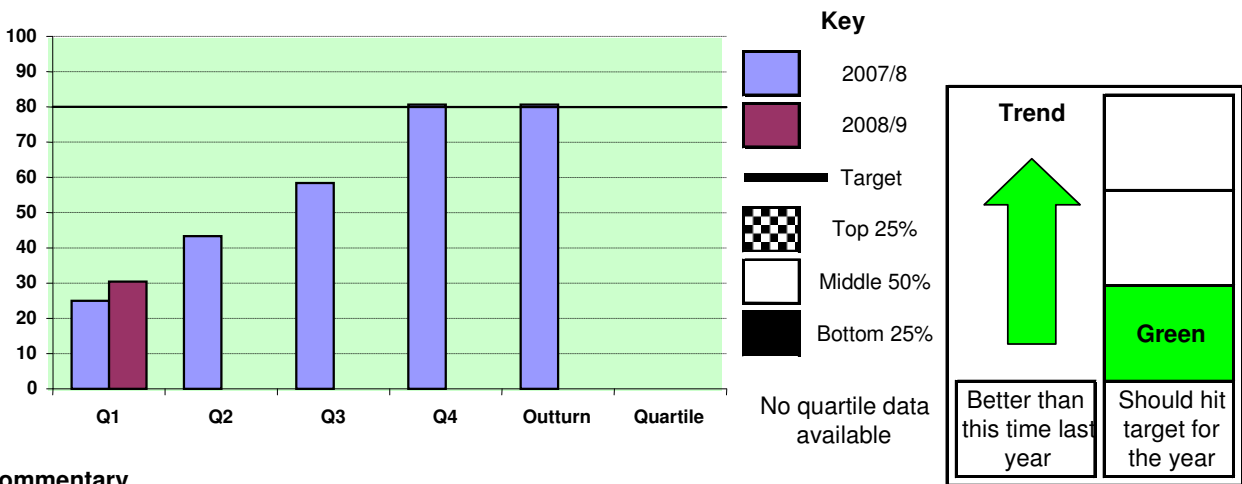
OP LI12 **Percentage of people receiving a statement of their needs and how they will be met.**



**Commentary**

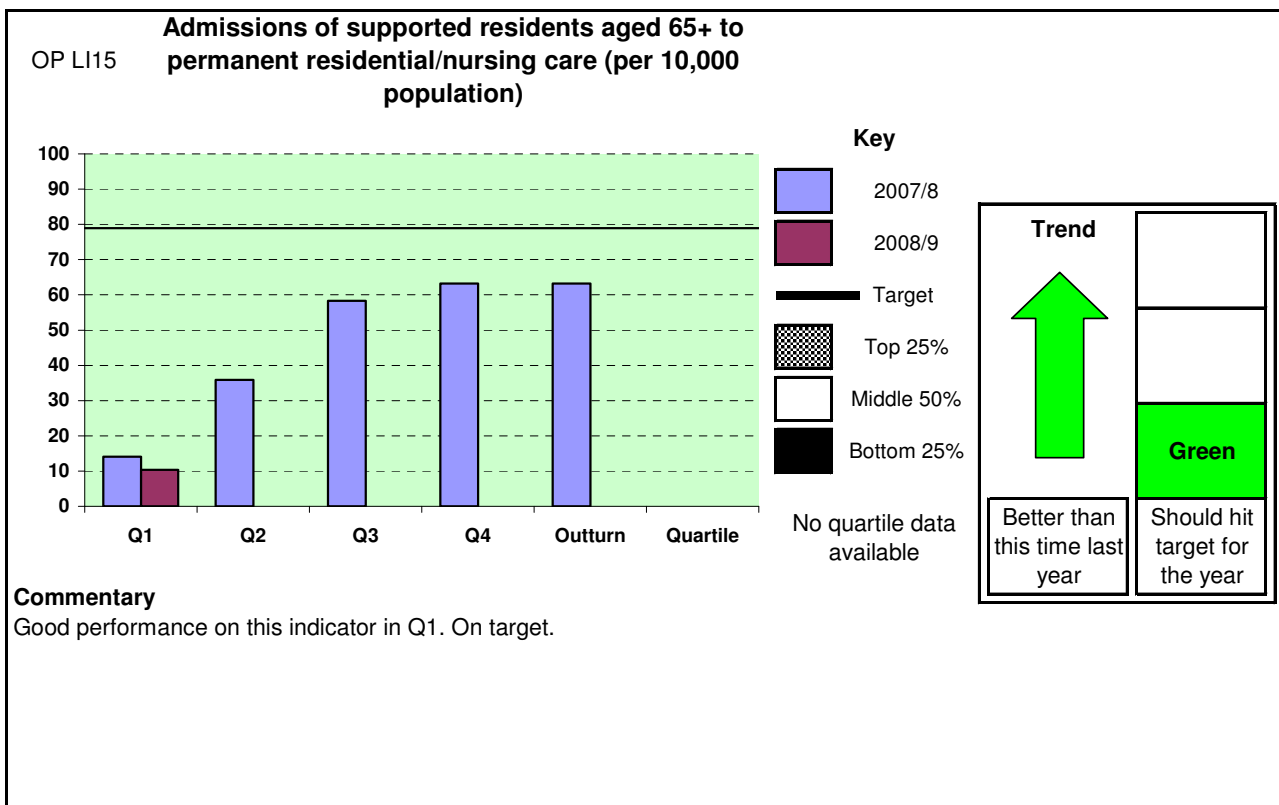
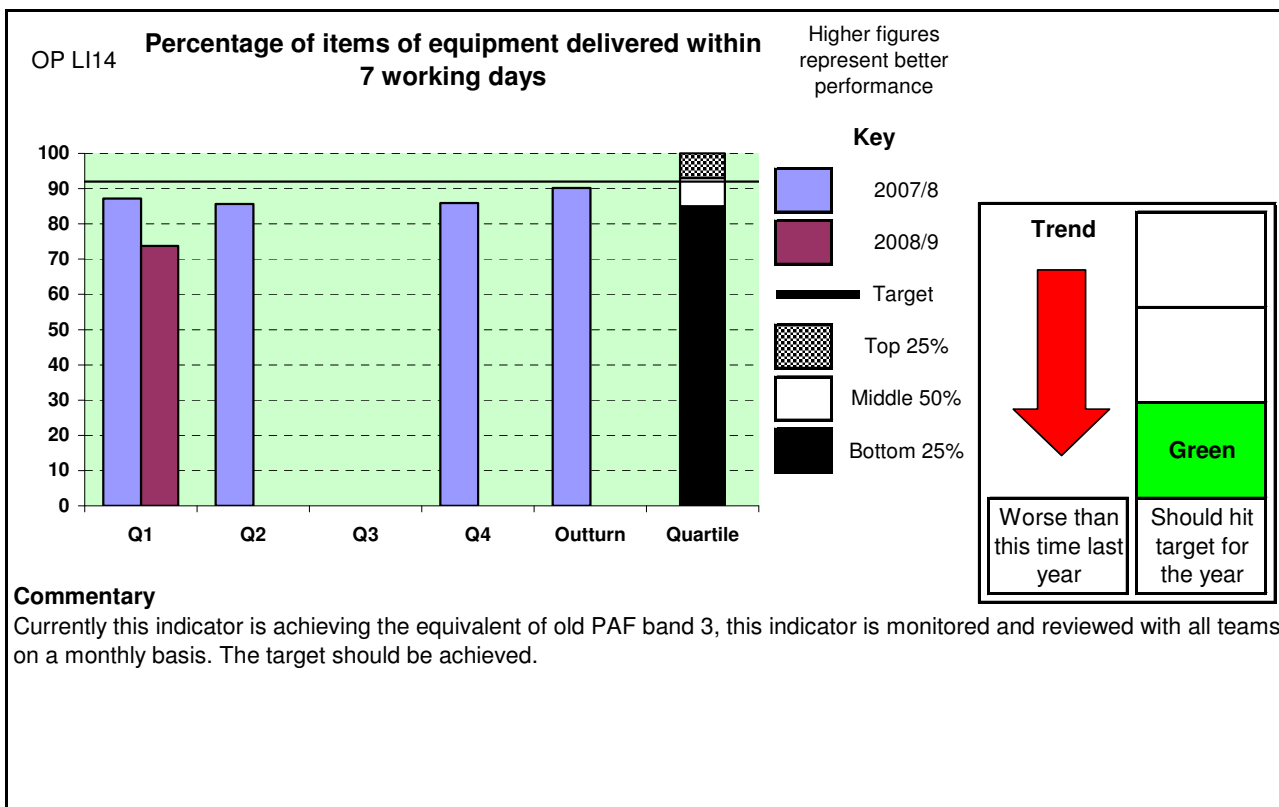
Performance on this indicator is good, with just over 99% of people receiving a statement of their needs. Previous year performance has been maintained, and performance is exceeding the planned target at the end of quarter 1.

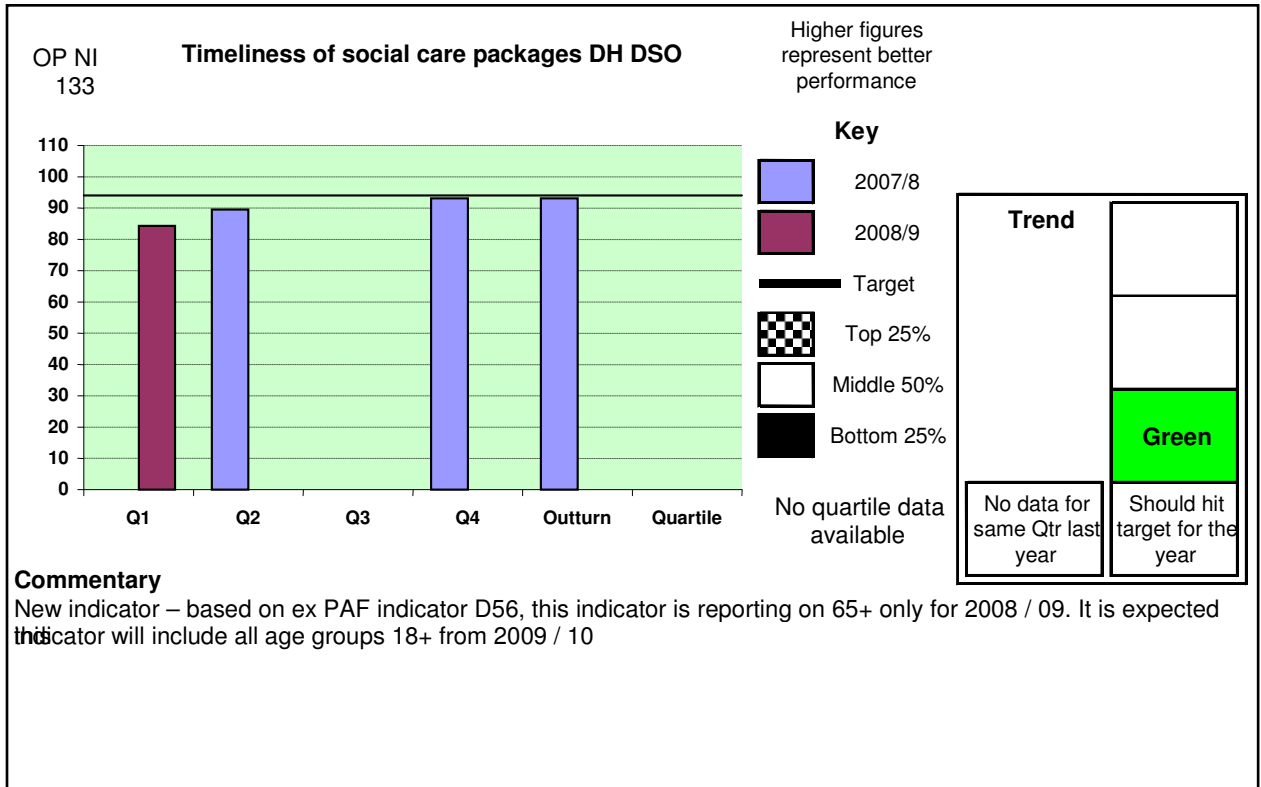
OP LI13 **Clients receiving a review as a %age of adult clients receiving a service**



**Commentary**

Performance on this indicator is good. The target for the year should be achieved





**Key Performance Indicators not being reported this quarter**

**OP LI 4**, No. of days reimbursement as a result of delayed discharge of older people

**OP LI 7**, Assessment of adults and older people leading to provision of a service

**NI 131**, Delayed Transfers of Care

**NI 132**, Timeliness of Social Care Assessments



**NI 136**, People Supported to Live independently through Social Care Services

**NI 135**, Carers receiving needs assessment or review and a specific carer’s service, or advice and information.

**NI 125**, Achieving independence for Older People through rehabilitation/Intermediate Care

**NI 141**, Number of vulnerable people achieving independent living

**NI 142**, Number of vulnerable people who are supported to maintain independent living

LPSA Ref.	Indicator	Baseline	Target	Perform 07/08	Perform 08/09 Q1	Traffic light	Commentary
8	<b>Improved care for long term conditions and support for carers.</b>						
	1. Number of unplanned emergency bed days (Halton PCT registered population)	<b>58,649</b> (04/05)	<b>-6% to 55,130</b> (31/03/09)	<b>47,569</b>	10,022		Progress against this target is good for the first quarter of the year. The figures included for June are estimated, however it is anticipated that the target will be achieved.
	2. Number of carers receiving a specific carer service from Halton Borough Council and its partners, after receiving a carer's assessment or review	<b>195</b> (last six months of 04/05)	<b>600</b> (31/03/09)	<b>823</b>	<b>274</b>		Performance in quarter 1 has been strong. Efforts in this area resulted in the target being significantly exceeded in 2007/08 and this trend is continuing into 2008/09. We are on target to comfortably achieve the LPSA target.

**OLDER PEOPLE****Revenue Budget as at 30<sup>th</sup> June 2008**

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£000	£000	£000	£000	£000
<i>Expenditure</i>					
Employees	5,350	1,451	1,449	2	1,479
Premises Support	178	0	0	0	0
Other Premises	40	10	7	3	7
Food Provisions	45	11	13	(2)	46
Supplies & Services	166	55	40	15	148
Transport	204	12	12	0	19
Departmental Support Services	1,758	0	0	0	0
Central Support Services	516	0	0	0	0
Community Care:					
Residential Care	7,517	1,181	1,050	131	1,050
Nursing Care	569	89	57	32	57
Home Care	2,040	400	342	58	342
Supported Living	404	63	85	(22)	85
Day Care	40	6	7	(1)	7
Meals	121	19	14	5	14
Direct Payments	297	47	75	(28)	75
Other Agency	271	6	4	2	4
Specific Grants	82	0	0	0	0
Asset Charges	53	0	0	0	0
<b>Total Expenditure</b>	<b>19,651</b>	<b>3,350</b>	<b>3,155</b>	<b>195</b>	<b>3,333</b>
<i>Income</i>					
Residential Fees	-2,457	-436	-444	8	-444
Fees & Charges	-1,139	-129	-54	(75)	-54
Preserved Rights Grant	-64	0	0	0	0
Supporting People Grant	-906	-160	-158	(2)	-158
Nursing Fees - PCT	-569	-35	-37	2	-37
PCT Reimbursement	-21	0	0	0	0
Joint Finance - PCT	-32	0	0	0	0
Other Reimbursements	-112	-108	-191	83	-191
<b>Total Income</b>	<b>-5,300</b>	<b>-868</b>	<b>-884</b>	<b>16</b>	<b>-884</b>
<b>Net Expenditure</b>	<b>14,351</b>	<b>2,482</b>	<b>2,271</b>	<b>211</b>	<b>2,449</b>

**Comments on the above figures:**

In overall terms revenue spending at the end of quarter 1 is under budget profile by £211k. This is mainly due to expenditure on community care being lower than anticipated at this stage of the year although this is offset by the underachievement of fees and charges against expected budget.

Employee Costs include £52k for Agency Staff used in Older People's Team Widnes and Hospital Discharge team to fill essential posts and £7k for Consultancy work.

The Community Care budget is under budget profile in the first quarter however this budget is expected to be under pressure during the current year as more elderly people are being supported at home and those in hospital are being discharged earlier with an increasing level of need. This budget will be closely monitored throughout the remainder of the year to achieve a balanced budget.

Success has been noted in gaining continuing care funding for residents when entering nursing homes leading to reduced nursing care expenditure. However, this has also lead to reduced income from charges.

Other reimbursements include £85k stroke prevention monies.



## HEALTH &amp; COMMUNITY – LOCAL STRATEGIC PARTNERSHIP BUDGET

Budget as at 30<sup>th</sup> June 2008




	Annual Budget	Budget To Date	Actual To Date	Variance To Date (Overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
<b>Priority 1 Healthy Halton</b>					
Vulnerable Adults Task Force	475	119	0	119	0
<b>Vol. Sector Counselling Proj.</b>	40	10	0	10	0
Info. Outreach Services	34	9	0	9	0
Reach for the Stars	35	9	0	9	0
<b>Health &amp; Comm Care &amp; Vol Sector Carers' Forum</b>	40	10	0	10	0
Healthy Living Programme	20	5	0	5	0
Advocacy	64	16	21	(5)	21
<b>Priority 2 Urban Renewal</b>					
Landlord Accreditation Programme	30	7	9	(2)	9
<b>Priority 4 Employment Learning &amp; Skills</b>					
Halton Family Group	31	8	0	8	0
Voluntary Sector Sustainability	7	2	0	2	0
<b>Priority 5 Safer Halton</b>					
Good Neighbour Pilot	10	2	0	2	0
Grassroots Development	9	2	0	2	0
<b>Total Expenditure</b>	<b>817</b>	<b>204</b>	<b>30</b>	<b>174</b>	<b>30</b>

**HEALTH & COMMUNITY****Capital Budget as at 30<sup>th</sup> June 2008**

	2008/09 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
<b>1.0</b> <i>Social Care &amp; Health</i>				
Redesign Oakmeadow Communal Spaces & Furnishings	72	0	0	72
Major Adaptations for Equity release/Loan Schemes	100	0	0	100
Pods utilising DFG	40	0	0	40
Women's Centre	19	0	0	19
DDA	24	0	0	0
<b>Total Spending</b>	255	0	0	255

It is anticipated the capital budget will be fully committed by the end of the year.

The traffic light symbols are used in the following manner:

	<u>Objective</u>	<u>Performance Indicator</u>
<b><u>Green</u></b>	 <p>Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that the <u>target is on course to be achieved</u>.</p>
<b><u>Amber</u></b>	 <p>Indicates that it is <u>unclear</u> at this stage, due to a lack of information or a key milestone date being missed, <u>whether the objective will be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that it is either <u>unclear</u> at this stage or too early to state whether the target is on course to be achieved.</p>
<b><u>Red</u></b>	 <p>Indicates that it is <u>highly likely or certain that the objective will not be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that the <u>target will not be achieved</u> unless there is an intervention or remedial action taken.</p>