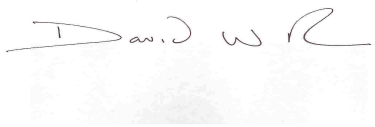
Public Document Pack

Health Policy and Performance Board

Tuesday, 8 March 2011 at 6.30 p.m.
Council Chamber, Runcorn Town Hall



Chief Executive

BOARD MEMBERSHIP

Councillor Ellen Cargill (Chairman)	Labour
Councillor Joan Lowe (Vice-Chairman)	Labour
Councillor Dave Austin	Liberal Democrat
Councillor Marjorie Bradshaw	Conservative
Councillor Mark Dennett	Labour
Councillor Mike Fry	Labour
Councillor Robert Gilligan	Labour
Councillor Margaret Horabin	Labour
Councillor Martha Lloyd Jones	Labour
Councillor Ernest Ratcliffe	Liberal Democrat
Mr Paul Cooke	Co-optee

Please contact Lynn Derbyshire on 0151 471 7389 or e-mail lynn.derbyshire@halton.gov.uk for further information.

The next meeting of the Board is To Be Confirmed

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

Part I

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.

Agenda Item 3

REPORT TO: Health Policy & Performance Board

DATE: 8 March 2011

REPORTING OFFICER: Strategic Director, Resources

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

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

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

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

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

(i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.

(ii) Members of the public can ask questions on any matter relating to the agenda.

(iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.

(iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.

(v) The Chair or proper officer may reject a question if it:-

- Is not about a matter for which the local authority has a responsibility or which affects the Borough;
- Is defamatory, frivolous, offensive, abusive or racist;
- Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or
- Requires the disclosure of confidential or exempt information.

(vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.

(vii) The Chairperson will ask for people to indicate that they wish to ask a question.

(viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.

(ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

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

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

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

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

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

REPORT TO: Health Policy and Performance Board

DATE: 8 March 2011

REPORTING OFFICER: Chief Executive

SUBJECT: Executive Board Minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Health and Social Care Portfolio which have been considered by the Executive Board and Executive Board Sub 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

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None

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

None

5.3 **A Healthy Halton**

None

5.4 **A Safer Halton**

None

5.5 **Halton's Urban Renewal**

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

APPENDIX 1

Extract of Executive Board and Executive Board Sub Committee Minutes Relevant to the Health Policy and Performance Board

EXECUTIVE BOARD MEETING HELD ON

EXB85 MODERNISATION AND INTEGRATION OF DAY SERVICES AND OPPORTUNITIES FOR ALL ADULTS

The Board received a report of the Strategic Director, Adults and Community on the modernisation and integration of day services, the opportunities for all adults and the formal consultation process with stakeholders.

The Board were informed that there had been a significant and growing emphasis, in recent national and local strategy reports, on the need to change the way adult social care services were delivered in response to the demographic challenge of an ageing population within an environment of reducing resources, and on the need for a whole system response built around personalised services with increased emphasis on prevention, early intervention and enablement.

The change in the structure of the population presented a significant challenge to health and social care services, and a number of alternative approaches to traditional Day Services had been developed over the past couple of years; with a key focus on Early Intervention and Prevention, meaningful activities, employment and volunteering. However, Older People's day services continued to be delivered based on a traditional building based model, and in isolation to other developments. In addition, older people did not always have the same access to service delivery which were available to younger adults.

It was noted that the current services identified within this redesign model were:

- Sure Start To Later Life for Adults;
- Community Bridgebuilders;
- Older People's Community Day Care;
- Oakmeadow Day Centre;
- Adult Placement;
- PSD Day Services;
- Specialist Day Services for Adults with a Learning Disability; and
- Pingot Day Centre.

The Board noted the details of the consultation process which would involve staff and managers, service users and carers, interested bodies,

key stakeholders and individuals as well as Members of the Health Policy and Performance Board at its meeting in March 2011.

RESOLVED: That

1) approval be given to the following as a basis for consultation with service users, families, carers, staff and key stakeholders commencing January 2011 on the following proposals:

   i. to de-commission Older People's Day Services within the current format;

   ii. to integrate Sure Start To Later Life and Community Bridge Building Service;

   iii. redesign the current provision of Day Care within Oakmeadow;

   iv. to de-commission Pingot Day Centre as a base for the delivery of Day Services; and

2 the Strategic Director for Adults and Community, in consultation with the Portfolio Holder, be authorised to consider feedback in response to the consultation, to consider this with other information and return to the Board with recommendations.

EXB86 ASSESSMENT OF PERFORMANCE REPORT 2009/10 FOR ADULT SOCIAL CARE

The Board received a report of the Strategic Director, Adults and Community on the Assessment of Performance Report 2009/10 for Adult Social Care.

The Board were reminded that the Adults and Community Directorate had their performance rated annually by the Care Quality Commission (CQC). The performance rating was linked to how well the Directorate provided social care services to all adults. The rating received fed into the Comprehensive Area Assessment rating for Halton Borough Council; there was a requirement for Councils to publish assessment ratings and to present the findings to the Executive Board.

Performance for 2009/10 had been rated, with an overall grade rating for delivery of outcomes as excellent which was classified by the CQC as 'overall delivering well above the minimum requirements for people'. In addition, performance against each of the domains had been rated and detailed in the report.

The Board wished to place on record their thanks to all staff involved in achieving the current rating.

RESOLVED: That the continuing improved performance of the Directorate as outlined in the Assessment of Performance report attached at Appendix 1 be noted.

EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 13 JANUARY 2011

ES64 AWARD OF THE INDEPENDENT MENTAL CAPACITY ADVOCATES CONTRACT

The Sub Committee received a report of the Strategic Director Adults and Community which sought approval for the award of a contract for the Independent Mental Capacity Advocate (IMCA). All local authorities have a statutory duty under the Mental Health Act 2007 to provide Independent Mental Capacity Advocates to support decision making on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

It was noted that a partnership agreement between Halton, Knowsley, St Helens and Warrington Local Authorities was entered into two years ago. This agreement had been extended as all four boroughs recognised the cost effectiveness of commissioning jointly. Halton was the lead commissioner on this contract for the next two years with monitoring support offered through each of the other Authorities.

The Council had undertaken a comprehensive Tender process to ensure value for money, competitiveness, and high quality services being delivered. Expressions of interest were invited and 7 provider organisations expressed an interest and were sent a pre-qualification questionnaire and an invitation to Tender document to complete.

Consequently, 6 tender packs were submitted and following comprehensive evaluation, five organisations were invited to give presentations (however one withdrew at this stage). Following evaluation Together: Working for Wellbeing scored highest in three of the four published criteria and their overall score was considerably better than any of the other three providers. It was therefore proposed that the contract be awarded to Together: Working for Wellbeing on the basis that this organisation offered value for money in terms of both cost and quality.

RESOLVED: The contract for IMCA be awarded to the contractor Together: Working for Wellbeing in the sum of £30,968 (Halton contribution for two years).

REPORT TO: Health Policy and Performance Board

DATE: 8 March 2011

REPORTING OFFICER: Chief Executive

SUBJECT: Specialist Strategic Partnership minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None

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

None

5.3 **A Healthy Halton**

None

5.4 **A Safer Halton**

None

5.5 **Halton's Urban Renewal**

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

Halton Strategic PARTNERSHIP

DRAFT
HALTON HEALTH PARTNERSHIP BOARD
MINUTES OF THE MEETING held on
4th November 2010

Present: **Debbie Ainsworth (DA)**
Emma Bragger (EB)
Ellen Cargill (EC)
Glenda Cave (GC)
Dympna Edwards (DE) (Chair)
Dwayne Johnson (DJ)
Diane Lloyd (DL)
Eileen O'Meara (EO'M)
Sue Parkinson (SP)
Dave Sweeney (DS)
Yeemay Sung (YS)
Karen Tonge (KT)

In Support: **Margaret Janes**

		ACTION
1.	**Apologies** Eugene Lavan, Sue Wallace-Bonner, Jim Wilson, Ann Gerrard, Gerald Meehan, John Kelly	
2.	**Minutes of the Meeting 29 July 2010** The minutes were agreed as a correct record.	
3.	**Matters Arising** LIT Group – Visit still to be organised – DL to check previous minutes. Agenda Item for PBC Consortium – action complete. Befriending to be raised by Mark Holt at Older People's LIT on 14 December. Befriending will also be included in the review of advocacy services currently being carried out Q1 Performance data information to be circulated – action complete. Produce letter once assessments complete (Item 9) Safeguarding JobCentre Plus – link forwarded to group – action complete Policy Options Paper (item 6) – response received. Awaiting final comments before final consultation draft which will be distributed in next few weeks. Halton 2000 survey on Safeguarding – to be circulated. DE requested that before the next meeting an update of action on matters arising is circulated.	**DL** **DL** **DL** **DL**
4.	**Update on Safeguarding Inspection** DJ advised inspectors completed their inspection and reported Halton were - **performing excellently** in safeguarding adults - **performing well** in supporting improved health and wellbeing of older people - capacity to improve in Halton was **excellent**. DE congratulated everyone involved in the process. DJ wished to acknowledge and give credit to all those involved in the inspection process and front line staff. An action plan to address the recommendations would be developed and brought to the next meeting. The Health Partnership would ensure the implementation of this plan.	**DJ**
5.	**Update on NHS/Public Health White Papers/Health Priority Update** **Priority Update** - EO'M presented an update on mortality and current priorities.	

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	It was agreed that this work would feed into action plan process and the JSNA which EB is working on. SP advised her colleague had been asked to be a member of the 50/50 Vision Everyone's Future Strategy. They will be the recognised voice of the 50+ population in the North West and will work with the NW strategic partnership to ensure they have access to the Government Office NW. It was agreed any progress should be fed into the Older People's LIT. **White Paper Update** – NW transition group looking at information particularly around the Health and Wellbeing Board. Following discussion it was agreed that there would need to be early discussions following publication of the public health white paper with the potential of a half day session in January.	**EB** **DL**
6.	**Spending Review** DL advised funding for WNF was unlikely next year. The LSP would be having an Away Day in the new year to look at some of the issues surrounding the withdrawal of WNF and the impact on services. DL to feed back to next meeting. DE advised as a strategic health board there was a need to understand the impact on any funding change on services and our local communities. We need to map the impact and make decisions on how we respond to mitigating negative impacts and take advantage of opportunities that this will present. The voluntary sector will be invited to put forward proposals/issues for the future. SP advised SHAP had already completed this information for their services. They have looked at other ways to deliver services over a period of time and how they would cope with cuts if services were not available and the impact.	**DL** **All**
7.	**Prevention Spend Audit** DE advised as part of the audit in the North West, the PCT has been benchmarking NHS spend on a range of services. The PCT is in the mid range and slightly below the NW average with an even spread across the boroughs. The information is being fed into a national piece of work on health and wellbeing spend within the White Paper. DE to circulate a summary of spend. DJ referred to the £2 billion and asked whether the PCT had held any discussions. DE reported that details had not been released as yet. DJ to bring details to next meeting.	**DE** **DJ**
8.	**Outcome of WNF Project Evaluation Exercise/Future of Projects** DL referred to previous meetings and the evaluation and prioritisation of WNF projects. All SSP's had been asked to conduct an exercise in terms of projects and critical friend from another SSP. Projects were scored out of 25 and then prioritised. Two projects were identified and they went to SSP Chairs meeting. However as grant funding had not been included in the Comprehensive spending review these projects would not be taken forward. DL confirmed project managers were aware of the process and that projects may need to be terminated early with redundancy costs factored into WNF funding. It was agreed that the skills staff have achieved should be recognised. DE acknowledged and thanked DL for the work undertaken in respect of WNF.	
9.	**Performance Group Feedback** At the October meeting LAA indicators that were focused on were: **Breastfeeding** – There was a drop in performance of breastfeeding at 6-8 weeks to 13.54% in Quarter 1 partly due to staffing issues in Health Visiting service. There had been an improvement in recent weeks 16% in Quarter 2. 14 additional King's Cross Breastfeeding buddies have been trained with a further 10 identified for January 2011.	

Halton Strategic PARTNERSHIP

	Over 50 premises have Baby Welcome award making breastfeeding publically more acceptable. DE advised there was short term funding from Dept of Health for an incentive scheme, however, this funding will not be sustained. **Obesity in Primary Children** – There has been a reduction in obesity in Year 6 children from 22.6% to 21.7%. New resources and packs have been developed to work with schools around obesity. In Halton there is also a service for morbidly obese children. Teenage children who have gone through the service have reduced their BMI. DL advised statistics were not linked to deprivation; across quintiles we have the same amount of children that are obese, it is more lack of exercise than diet in better wards. EO'M advised that last year they had employed staff to put the service into place however, they are on fixed term contracts ending March 2011, if staff are lost the programme cannot continue. **Alcohol related Admissions**- Figures for Quarter 2 are not promising, we are at the half way stage in terms of hospital admissions; for Halton this is a challenging target. The complexity of data when producing the figures had been highlighted by C Walsh. 9% increase in the number of admissions in 09/10. 689 people admitted to hospital with some form of alcohol harm, of these 675 were 100% attributable to alcohol. C Walsh is currently working on a project around frequent attendances to A&E and this will enable us to look at underlying issues of individuals. DS advised they had an additional 3 days support for C Walsh; one area to look at would be A&E liaison. There was disappointment with marketing of social alcohol and they would look at carrying out a campaign. DL advised that there was still a need to have a set of local indicators to enable progress to be measured and the targets would continue to be used. NI150 – DL advised this had not officially been removed from the LAA, at the last refresh it was felt this area of work continued to be a priority but targets could not be set. DS to discuss with Lindsay Smith. . DL to circulate the performance group minutes and Quarter 2 Performance report.	**DS** **DL**
10.	**Any Other Business** **Workshop** – All people involved in Commissioning for LA and PCT met to look at priorities and align working more effectively. Action plan to be produced. **Mental Health Strategies** will continue but there will be staffing shortage – DS advised we will need to ensure best possible service is delivered to the local community. **Equalities Bill** – this will require us to be more proactive in looking at a range of equality issues. DL advised Equality Impact Assessments were now routinely carried out by the Council when commissioning/ decommissioning services and when developing/ revising policies and strategies. **LiNK –** SP gave update – document to be circulated to members Halton Voluntary Action and St Helens CVS have merged to become Halton and St Helens Voluntary and Community Action. **Ignite Your Life** – DS advised they had won an award and this was going forward to national level. **JobCentre+** - Debbie Ainsworth gave an update – documents to be circulated In Halton Incapacity reassessed – 7,140 people in receipt of Incapacity Benefit and SDA in Halton. The highest proportion were for Mental Health and Behaviour Disorders 2,630 Followed by Musculoskeletal 1,370. Under the Reassessment of Incapacity Benefit it is believed 25% will come onto	

Halton Strategic PARTNERSHIP

	JobSeekers Allowance following the Work Capabilities Medical. DS requested that a copy of the figures be distributed. DE requested a summary of key changes to put in PCT bulletin in order to brief frontline staff. **Big Society** – Government looking at voluntary public sector setting up work clubs, JobCentre+ will signpost customers to that provision. Halton and St Helens Community Action met to look at opportunities to work with customers to look at job opportunities for voluntary work.	**DL** **DA/DL**
11.	**Date and time of next meeting: 13th January at 9.30 am – 12.30 pm (workshop)**	

Action Summary

Reference	On Whom	Action	Status / Update
3	DL	LIT Group – organise visit – check previous minutes.	
	DL	Policy Options Paper – distribute once final comments received.	
	DL	Halton 2000 Survey on Safeguarding – circulate.	
4	DJ	Invite GPs and Practice Managers to Stadium event.	
	DJ	Action plan for next meeting.	
5	EB	Priority Update feed work into action plan process and JSNA.	
	SP	Progress to be fed into Older People's LIT.	
	DL	January half day workshop to be confirmed	
6	DL/GC	Review evaluation exercise and impact on services for next meeting.	
	DL	Update on Away Day re Spending Review.	
7	DE	Prevention Spend Audit – summary of spend to be produced.	
	DE	Circulate paper and H&StH summary split.	
9	DS	NI150 – Confirmation on whether LEA targets to continue for 2011.	
	DL	Circulate performance group minutes and Q2 Performance report.	
10	DA	Circulate copy of report Briefing to NHS staff through PCT bulletin	

REPORT TO: Health Policy & Performance Board

DATE: 8 March 2011

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: The Cheshire and Merseyside Treatment Centre

WARDS: Borough-wide

1.0 PURPOSE OF THE REPORT

To inform Health Policy & Performance Board (PPB) on future options for the Cheshire and Merseyside Treatment Centre.

2.0 RECOMMENDATION: That the Board

(1) note the contents of the report and the work that is ongoing in regard to the options appraisal for the Cheshire and Merseyside Treatment Centre building.

3.0 SUPPORTING INFORMATION

3.1 Background

3.2 Since June 2006 InterHealth Care Services (UK) Ltd (part of the InterHealth Canada group) has been providing orthopaedic surgery from The Cheshire and Merseyside Treatment Centre on the Halton Hospital site in Runcorn. These services have been delivered as part of a five year fixed term contract, known as the GC5W contract. These services have been used by all eight Primary Care Trusts (PCTs) in Cheshire and Merseyside.

3.3 This contract ends on 31 May 2011. For the last fifteen months, under the guidance and supervision of NHS Western Cheshire and the Department of Health, NHS Halton and St Helens and other Cheshire and Merseyside PCTs have been preparing for the closure of this contract, seeking to minimise service disruptions and ensure patient continuity of care.

3.4 The CMTC as currently configured has 44 inpatients beds, 12 day case beds, 4 theatres, outpatient facilities, therapy facilities and a diagnostics suite that include CT, MRI and ultrasound. This equipment will be retained as part of the transfer of the asset to NHS Halton and St Helens. The premises must be retained as a health care facility. The land on which the asset is located is the property of Warrington and Halton NHS Foundation Trust and the building has 55 years remaining on a 60 year lease.

3.5 InterHealth Care Services (UK) Ltd is fully engaged in the process to close this contract. They are aware that they need to slow down and eventually cease service provision by 31 May 2011. They are also aware that they need to vacate the building by this time.

4.0 Service Provision

4.1 Cheshire and Merseyside PCTs have been legally obliged to undertake an Any Willing Provider (AWP) accreditation process to secure future provision for the activity that has been delivered as part of this contract. Simply this has involved all PCTs stipulating their requirements in terms of projected activity levels, pricing and quality standards and inviting providers in the NHS and independent sector to demonstrate that they are able to meet these standards. This will ensure service continuity.

5.0 The Building

5.1 On 1 June 2011 the ownership of the building and the physical assets therein will transfer to NHS Halton and St Helens from the Secretary of State for Health. NHS Halton and St Helens have three options in regard to the CMTC:

- *Divest* – sell the building on the open market;
- *Lease* – seek through a procurement process an organisation that is willing to take on a lease for the building; and
- *Utilise* – use the asset for local health care provision, if costs including capital charges, depreciation and running costs can be recouped.

5.2 Working with Runcorn Practice Based Commissioning Consortium, NHS Halton and St Helens will be engaging an independent commissioning support organisation that, within no more than 28 working days, will be able to review the viability of these three options. A business case to support an options appraisal for the NHS Halton and St Helens Board will be delivered from this work. We intend to engage with Halton Borough Council as part of this process. A decision from the NHS Halton and St Helens Board is expected in April 2011.

6.0 POLICY IMPLICATIONS

6.1 The utilisation option, if viable, provides significant opportunities for partnership working with Halton Borough Council and Runcorn Consortium. Supports development of GP led commissioning.

7.0 FINANCIAL/RESOURCE IMPLICATIONS

7.1 There are financial implications for NHS Halton and St Helens in all the options proposed in this paper. A decision on options will be guided by use of resource considerations.

8.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

8.1 **Children and Young People in Halton**

None identified

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

None identified

8.3 **A Healthy Halton**

Potential to deliver services closer to Runcorn population.

8.4 **A Safer Halton**

None identified

8.5 **Halton's Urban Renewal**

None identified

9.0 RISK ANALYSIS

Financial – to be addressed in business case.
Political – MPs will be briefed, Halton Borough Council are engaged. Department of Health and SHA also part of work.
Clinical – if utilisation is pursued only accredited and suitable providers will be engaged.
Patients and public – potential for a building remaining vacant for a considerable period of time.

10.0 EQUALITY AND DIVERSITY ISSUES

10.1 A full Equality Impact Assessment will be produced and updated as part of the work.

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

Contact Officer

Simon Banks – Operational Director, Planned Care, NHS Halton and St Helens

REPORT TO: Health Policy & Performance Board

DATE: 8 March 2011

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: Widnes GP Health Centre, Health Care Resource Centre, Widnes

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform Healthy Halton Policy and Performance Board of the proposed reorganisation of the Widnes GP Health Centre located at the HCRC in Widnes, and an associate internal restructuring of the GP out of hours service.

2.0 **RECOMMENDATION:**

That Members of the Board:

i) receive the presentation about the proposed reconfiguration to the Practice;
ii) note and support the proposal

3.0 **SUPPORTING INFORMATION**

3.1 Halton Health Limited (HH) provides a number of services locally including the Widnes GP Health Centre based at the Health Care Resource Centre and the GP Out of Hours Service (OOH) for Halton Borough. HH also have the contract for the Windmill Hill GP surgery, the intermediate care beds at Halton Hospital, Halton Single Point of Access service plus some services in Warrington.

3.2 The GP Health Centre is part of the Equitable Access to Primary Care programme which each PCT was required to procure. HH were awarded a 5 year contract which commenced in April 2009. The OOH has been provided by HH for a number of years

3.3 The contract with Halton Health in April 2011 becomes funded on a capitation basis. The contractor has expressed concern to the PCT that it would not be financially viable to continue to delivery the service under this arrangement and may need to terminate the contract.

3.4 The Primary Care team has been discussing with the provider how a service may be maintained and as part of the cost improvement

programme deliver efficiencies. As a result two proposals have been put to the NHS Halton & St Helens Board:

a. reorganise the GP Led
b. extend the OOH contract for 2 years but at a reduced contract price.

4.0 **GP HEALTH CENTRE**

4.1 The Health Centre provides GP appointments to non registered patients who require a **planned** appointment plus a 'traditional' GP surgery for people who wish to register.

4.2 Activity. Over the last 11 months the practice has seen 4207 non registered patients, an average of 382 per month. It has a registered list of 417 patients.(Jan 1st 2011) Many of the non registered patients are presenting themselves as they cannot get an immediate appointment with their own GP. This was not the intention of the scheme.

5.0 **OUT OF HOURS**

5.1 Out of Hours providers are expected to meet nationally agreed quality standards.

5.2 HH is an experienced provider of OOH services and meets the contract quality standards. (The Chief Executive provided advice to the Care Quality Commission investigation into the incident in Northamptonshire when a patient died following the intervention of an OOH overseas GP).

5.3 The future commissioning arrangements following the publication of the White paper ' Liberating the NHS' proposes the commissioning of GP OOH is devolved to GP clinical commissioning consortia in 2013.

6.0 **PROPOSAL**

A combined proposal has been developed as follows:

6.1 **Reorganise the GP Health Centre from April 1st 2011**

6.1.1 No longer see non registered patients

6.1.2 The existing registered patients to be given the choice of transferring to another practice which could include Runcorn and therefore Windmill Hill. If the later, HH will continue to operate a daily surgery for booked appointments, 7 days a week at the HCRC (this would be at no extra cost and is additional to the current 5 day service and subject to demand). Home visits will continue as present i.e.

according to clinical need)

6.1.3 Walk-in / unregistered would still be able to be seen by the nurse led walk in centre at the HCRC.

6.2 **Reorganise the OOH and extend the contract to 2013.**

6.1.2 Face to face patients at Widnes would be by appointment only. This would be achieved by bringing the visiting GP over to Widnes 7 days per week. In addition 8 hours of further GP time will be provided at Widnes for OOH's appointments for Saturday, Sunday and Bank Holidays.

6.1.3 The treatment centre GP's at Runcorn will remain unchanged.

6.1.4 Nurse triage will remain unchanged.

7.0 **ISSUES**

7.1 National policy. Advice from the SHA is that the DH is no longer performance managing PCTs on this policy and that it would be a local decision. Other PCTs within the Northwest Region are adopting similar approaches.

7.2 There may be some implications for the Widnes nurse led walk-in centre as occasionally there is some cross referral between the two services**.**

7.3 Stability. The proposal allows the PCT to work with the present provider to improve quality and efficiency, in keeping with QIPP principles, and ensuring that in 2013 the services are stable

7.4 Staffing. The combining of the two proposals allows the provider to deploy staff efficiently and reduces any redundancy / TUPE implications. If both were re-tendered / re-provided, potential TUPE costs would be increased.

7.5 Increase the sustainability of the Windmill Hill, Runcorn, practice.

8.0 **SUMMARY**

8.1 The proposals provide an opportunity to improve the efficiency, organisationally and economically, of the service.

8.2 The impact for patients is minimal as the nurse led walk in centre is still available and provider will still provide a service to registered patients at the HCRC.

9.0 **POLICY IMPLICATIONS**

9.1 None identified.

10.0 **FINANCIAL IMPLICATIONS**

10.1 None identified.

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

11.1 **Children & Young People in Halton**

Children and Young people who may need to access services will be able to do this under these proposals.

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

None identified.

11.3 **A Healthy Halton**

The health of all residents in Halton continues to be a priority .This proposal will ensure that the most excluded residents continue to receive a service

11.4 **A Safer Halton**

None identified.

11.5 **Halton's Urban Renewal**

None identified.

12.0 **RISK ANALYSIS**

12.1 The concern of the PCT is that in view of the financial requirement of the contract that the provider would cease to deliver a service from April, whereas the proposal mitigates this risk.

13.0 **EQUALITY AND DIVERSITY ISSUES**

13.1 The PCT has undertaken an impact assessment. This concluded that individuals with protected characteristics would not be disadvantaged by the proposal. However as part of the assessment the provider will need to report to the PCT how the actions taken have mitigated any risk.

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

None.

REPORT TO: Health Policy & Performance Board

DATE: 8 March 2011

REPORTING OFFICER: Strategic Director, Adults and Community

SUBJECT: Modernisation and integration of Day Services and opportunities for all Adults

1.0 PURPOSE OF REPORT

1.1 To outline the key issues and development plan for the modernisation and redesign of Day Opportunities for Older People and adults.

2.0 RECOMMENDATIONS

2.1 **It is recommended that:**

i) Members of the Policy & Performance Board note and comment on the contents of the report.

3.0 SUPPORTING INFORMATION

3.1 There has been a significant and growing emphasis, in recent national and local strategy reports, on the need to change the way adult social care services are delivered in response to the demographic challenge of an ageing population within an environment of reducing resources, and on the need for a whole system response built around personalised services with increased emphasis on prevention, early intervention and enablement.

3.2 The change in the structure of the population presents a significant challenge to health and social care services. Life expectancy has increased considerably with a doubling of the number of older people since 1931. Between 2006 and 2036, the number of people over 85 in England will rise from 1.055 to 2.959 million, an increase of approximately 180%. Ill health and disability increase with age and this is reflected in the forecast that the number of people over 65 with a limiting long term illness in England will increase from 3.9 million in 2009 to 6.1 million in 2030 which is likely to be accompanied by an increase in the demand for support across the continuum of need.

3.3 A number of alternative approaches to traditional Day Services have been developed over the past couple of years; with a key focus on Early Intervention and Prevention, meaningful activities, employment and volunteering however Older Peoples day services continue to be delivered based on a traditional building based model, and in

isolation to other developments. In addition, older people do not always have the same access to deliver to services which are available to younger adults.

4.0 CURRENT SERVICES

4.1 The current services identified within this redesign model are:

- Sure Start To Later Life for Adults
- Community Bridgebuilders
- Older Peoples Community Day Care
- Oakmeadow Day Centre
- Adult Placement
- PSD Day Services
- Specialist Day Services for Adults with a Learning Disability
- Pingot Day Centre

4.2 These Services can be characterised as follows:

4.2.1 Sure Start To Later Life

Sure Start to Later Life supports Older People to review their options and make informed choices about their own futures, by helping them to find the right information, services and support, at the right time, in order for people to maintain or regain independence, good health and wellbeing within their own homes and local communities. Information Officers provide an assessment of people's lifestyle needs to enable older people to access community activities and engage with people in order to prevent social isolation. The service works closely and cohesively with mainstream services to identify barriers and opportunities that will ensure that all services are accessible for the people they support.

The service aims to respond flexibly and creatively, empowering individuals to achieve realistic goals to improve their quality of life. Information Officers do this by taking positive action through meaningful engagement and promoting social inclusion.

The team operates a flexible pattern of working. It is the aim of the service to be flexible to user needs and times of contact. The team operates on a span of duty that begins no earlier than 8.00am and end no later than 9.00pm.

Access to the service is by the person or professional referral.

Options

1) Continue to deliver the service in its current format; that is only available to Older People.

2) Integrate with Community Bridgebuilders Service, to provide a single access point to all Day Opportunities and Early Intervention Services- providing a service for all Adults

3) Decommission the service

4.2.2 Community Bridge Builders

The service is pan disability and is provided to the most socially isolated who have physical and sensory disability, mental health issues, learning disability and older people. The service is also offered to a number of carers and to people aged 16-18 as part of their transition from children's to adult services. Although there are similar schemes in the country, Halton are the only council to offer this service across all service areas. The current referral system allows any assessment team to refer to the service. After referral, Bridge Builders work with individuals to identify activities or services with which they would like to engage and provide practical support to enable them to do this. The Bridge Builders also work directly with the mainstream services to see what barriers there are to people with disabilities using their service and build capacity with these services to support people with disabilities using their services.

Options

1) Continue to deliver the service in its current format

2) Integrate with Sure Start To Later Life

3) Decommission the service

4.2.3 Older People Community Day Care

The Community Day Service, heavily underpinned by a committed group of volunteers, can offer up to 280 places each week to older people, many of who are aged over 80. Currently the service averages 114 places per week well under 50%. The sessions are held throughout the borough in local community settings or facilities on specific days of the week, providing early intervention, support to carers, relief from isolation, activities and mutual support.

This service operates on different days (note that there is no service on a Monday) at a range of venues. The rooms are rented by the session. The following establishments are used:

- Tuesday - Ditton Community Centre, Trinity Church, Southlands Court;

- Wednesday – Chapelfields Community Centre, Southlands Court;
- Thursday - Southlands Court
- Friday - Victoria Court.

The service is effectively a luncheon club with bingo attached. There is some variety e.g. a sing along or annual trip to the Trafford Centre but not enough to warrant the high cost of the service.

In addition, there are very few linkages with the Independent Living Centre in Runcorn.

Options

- Continue to deliver the service in its current format
- Decommission the service
- Decommission the service and further develop alternative day opportunities within the community, ensuring these are utilised more effectively across all client groups

4.2.4 Specialist Services

Specialist Services are currently provided specifically for Adults with a Learning Disability, across a number of settings within the Borough, there is also a base at Bredon for people with more complex needs.

The service is accessible following an assessment by community bridge builders, and is only available to people who are FACs eligible.

There is a charge for the service, meals are not available, but attendees are encouraged to bring a packed lunch.

The service is available Monday to Friday 9am-4pm, although some activities are arranged for weekends and evenings. The overall aim of the service is to support people to become as independent as possible with involvement in meaningful community activities.

Personal care and medication support is available as required.
The service is coordinated from Bredon.

4.2.5 As early as July 2004 the Executive Board recognised the need to re-design Day Services in response to the Government's Agenda, 'Valuing People, A New Strategy for Learning Disability for the 21st Century'. At this time it was agreed that there was a need for accelerated movement away from traditional building based services and to provide increased opportunities for people with learning disabilities, promoting social inclusion and independence. The examples of the closure of Astmoor as a base for Day Services for adults with learning disabilities and the huge variety and award

winning schemes that have resulted since have clearly demonstrated the value of community based day services as a more effective and preferable model of service delivery.

4.2.6 The majority of service users who used to receive traditional services from Pingot now attend community venues or the businesses such as Country Garden Catering pioneered by Adult with Learning Disabilities Day Services. Some service users continue to use Pingot as a base from which to engage community activities, but these are few in numbers and ever decreasing.

4.2.7 The primary group still receiving some direct services at Pingot are those 8 PMLD service users for which appropriate community venues have been more challenging to identify. Nonetheless, around one third of activities accessed by the PMLD group are sourced outside of Pingot.

4.2.8 Given the direction of travel for meaningful daytime activities and the success of the progress already achieved by Halton's Day Services, it is evident that Pingot as a centre is no longer fit for purpose. The expense of maintaining the building and some of the staffing functions e.g. cook can no longer be justified.

Options

1) To continue to deliver the service in its current format

2) To de-commission Pingot and the service be delivered in its entirety from within the community as the "Hub and Spoke" Model.

3) To further develop the "Hub and Spoke" model to include services for Older People.

4.2.9 <u>Oak meadow Day Centre</u>

The Oak meadow Day Care centre operates on Monday, Wednesday, Friday and Saturday, for Older People and people with Dementia. The hours of operation are currently 9.30 to 4pm, although often people, who are dependant on transport, tend to be dropped off and picked up at different times- usually resulting in attendance for a shorter period of time.

The service is only available following a care management assessment, and tends to be restricted to one day per week, per service user. Peoples needs are reviewed on an annual basis within the care management reviewing processes, however once a person accesses day care they often remain for a number of years.

Activities tend to be limited and provided within a traditional model of

day care e.g. Bingo, crafts etc. Meals are provided from the residential catering service.

There is no link or pathways from the Day Centre to the community, other day service providers or the service users within the residential unit; this limits opportunities around discharge planning and a wider focus on enablement.

There are no opportunities around weekend and Out of Hours activities, apart from 1 day centre session on a Saturday.

Although the day centre is "badged" as providing day care for Older People with Dementia, there is no evidence of any specialist activities/interventions around Dementia.

There are no linkages with younger adults groups, for example, learning or physical disabled groups and there are opportunities within Oakmeadow to develop services together.

Options

1) Continue to deliver the service in its current format

2) Develop an alternative enablement model, integrated with Adult Day Services

3) Decommission the service

5.0 CONSULTATION

5.1 Staff and managers

5.1.1 All staff and managers involved with these services will be consulted and views sought.

5.2 Service Users and Carers

5.2.1 All Service Users and carers who are directly involved with the services will be consulted on the options, and key individual issues and areas of concern discussed this will include:

5.2.2 Individual visits to the homes of users and carers of day services will be undertaken where this is required.

5.3 Consultation with Councillors

5.3.1 Members views from the Health Policy & Performance Board are requested and where Members feel appropriate, visits will be

undertaken.

5.4 **Consultation with interested bodies, key stakeholders and individuals**

5.4.1 A meeting is to be arranged with the trade unions. Key individuals in the community will also be contacted and external providers. This will include our key partners and strategic groups e.g. Older People's Local Implementation Team.

6.0 **POLICY IMPLICATIONS**

6.1 Our health, our care, our say,' outlined the reform needed in both social and health care services to respond to the demographic challenge and rising expectations in the population. 'High quality care for all', the Darzi report, building on the direction set in the Our Health, Our Care, Our Say highlighted the need to improve prevention, deliver services as locally as possible, and deliver patient choice and personalisation. Putting People First and Transforming Social Care have provided clear direction for the required transformation of social care and have made it clear that the new adult care system requires a collaborative approach with a broad range of partners to redesign local systems around the needs of citizens.

6.2 The consultation period will last approximately 3 months.

7.0 **FINANCIAL/RESOURCE IMPLICATIONS**

7.1 Overall efficiency savings will be made on service provision, further work will be undertaken during the consultation exercise to assess the savings.

7.2 A small amount of funding will be required to improve the availability of activities and environment within Oakmeadow.

8.0 **RISK ANALYSIS**

8.1 This proposal supports the continuing shift toward improved, quality, choice and control and an increase in preventative service provision, with a focus on efficient use of resources. If this proposal is not supported then the risk would be an increase in the numbers of people requiring Long term care provision within the community setting

9.0 **EQUALITY AND DIVERSITY ISSUES**

9.1 This proposal recognises the issues of equality and diversity for a

range of service users. It ensures that access to services is not restricted because of age, mental health and well-being, limiting illness. It also considers alternative and diverse methods to address the needs of people in Halton.

9.2 An Community Equality Impact Assessment will be undertaken.

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

DOCUMENT	PLACE OF INSPECTION	CONTACT
"High Quality Care For All" NHS next stage review. June 2008; DOH	Runcorn Town Hall	Sue Wallace-Bonner, Operational Director, Enablement

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 8 March 2011

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: Older People's Local Implementation Team – Annual Review

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the first annual review from the Older People's Local Implementation Team.

2.0 **RECOMMENDATION:**

That Members of the Healthy Halton Policy & Performance Board:

i) Comment on the overall strategy;

3.0 **SUPPORTING INFORMATION**

3.1 The *Older People's Local Implementation Team (OP LIT)* was developed as a direct response to *The National Service Framework (NSF) for Older People (2001)*. The OP LIT has operated for almost ten years through a strong Multi-agency team chaired by the Local Authority and vice chaired by the Primary Care Trust. Members include the chair of Halton Older People's Empowerment Network (OPEN), Councillor Ellen Cargill, Chair of the Health Policy & Performance Board, two other older people representatives; Dignity Network Chair and a carer's representative also attend the meetings.

3.2 The Board is currently overseeing the implementation of three important strategies:

- Older People's Commissioning Strategy (2009-2014)
- Local Dementia Strategy (2010-2015)
- Prevention and Early Intervention Strategy (2010-2015)

3.3 This is the first time the Older People's LIT has attempted to outline the work that they have been involved in and the impact they as a multi-agency group have made. It is envisaged that this will become a regular activity to illustrate the work of the Board. It is important to point out that the report has been written specifically to be circulated to professional bodies at this point, however, it is due to be discussed by Halton OPEN in March with a separate public version to be completed.

4.0 POLICY IMPLICATIONS

4.1 There are three main local strategies that are affected by the work of the Older People's Local Implementation Team as mentioned in section 3.0. The Older People's LIT will continue to oversee the implementation of these three strategies, which will help meet some of the key National targets set out in documents such as: *Living Well with Dementia – A National Strategy (2009), A new ambition for old age (2006), 'Building a society for all ages' (DWP, 2009).* There will also be major implications with the implementation of the Governments reforms of the NHS as outlined in *Equity and Excellence: Liberating the NHS (2010).*

5.0 FINANCIAL IMPLICATIONS

5.1 There are no financial implications within this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The Older People's Local Implementation Team is overseeing the implementation of the Prevention and Early Intervention Strategy and as part of this an Intergenerational strategy will be completed. This will consider some of the issues that face both younger and older people in the borough and how the two groups can be brought together in the future.

6.2 Employment, Learning & Skills in Halton

The Dementia strategy is one of the three areas that are being overseen by the Older People's LIT. Dementia does affect people of working age and this needs to be factored into service provision. We need to ensure that there are still opportunities for people with dementia and their carers to realise their potential through employment and volunteering. This has been identified as a Local Area Agreement target (NI150) within Mental Health.

6.3 A Healthy Halton

One of the major challenges facing Adult Social Care in the future is an ageing population. Population projections for people over 65 for Halton from 2010 – 2030 are shown in the table below along with the projections for limiting long-term illness.

Table 1: Population and Long-Term Illness Projections

Total population 65 and over					
	2010	**2015**	**2020**	**2025**	**2030**
Halton	17,300	20,200	22,700	25,100	27,600

Total population aged 65 and with a limiting long-term illness					
	2010	**2015**	**2020**	**2025**	**2030**
Halton	9,585	11,143	12,527	13,972	15,409

Source: Projecting Older People Population Information

As can be seen, the forecast is that that there will be a very significant growth in the population of older people in the borough between 2010 and 2030 with an increase in the number of people over 65 in Halton of 60% compared to a national average increase of 53%. This is anticipated to be accompanied by a corresponding increase in limiting long-term illness, for people in this age range, of 61%, the national average increase being forecast to be 55%.

Without further development of prevention and early intervention measures the increased numbers of older people, many with limiting long-term illnesses will be likely to significantly increase the local demand for residential and acute hospital care. The increase in the number of older people and in the number of people with long term conditions will put additional pressure on carers. This pressure will be experienced particularly by older carers as over the same period the available pool of younger carers will be shrinking as the population of people aged 18-64 is forecast to reduce by 4.3%.

These issues are at the heart of the Older People's priorities and the Board will continue to ensure that the challenges are addressed efficiently and effectively.

6.4 **A Safer Halton**

Contracts that are performance managed through the Older People's LIT will be able to support specific Local Area Agreement targets linked to information provision, satisfaction with services and overall perception of the area that they reside. These targets will be agreed as part of any revised contract and will be monitored through the relevant Commissioning Manager.

6.5 **Halton's Urban Renewal**

None

7.0 **RISK ANALYSIS**

7.1 None

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The Older People's Local Implementation Team is committed to ensuring that all strategies, policies and decisions fit within existing Safeguarding policies. All strategies make reference to safeguarding and must clearly demonstrate how they will ensure best practice is adhered to. In addition the dignity agenda is a major priority of the

Older People's LIT as demonstrated by the inclusion of both the Dignity Network chair and the Dignity co-ordinator on the board.

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

None.

Older People's Local Implementation Team – Annual Review 2010-11

Introduction – What is the Older People's Local Implementation Team?

The *Older People's Local Implementation Team* was developed as a direct response to *The National Service Framework (NSF) for Older People (2001)*. This was one of a number of long term strategies designed to improve areas of care and addressed conditions which are particularly significant for this age group: strokes, falls and mental health conditions such as dementia etc. The *NSF for Older People* particularly urged the need for integrated commissioning and delivery of older people's services, the use of a single assessment process across health and social services, provision of services in the home to prevent the need for admission to long-term residential care, and effective rehabilitation services to enable early discharge from hospital.

The National Director for Older People's Health has reviewed progress in a series of three reports *Better Health in old age (2004), A new ambition for old age (2006)*, and *A recipe for care – not a single ingredient (2007)*. The second of these introduced the themes of dignity in care, joined up care and healthy ageing and the third identified ways to reconfigure older people's services, reducing the need for hospital care and increasing community based services. At the same time the Department of Health is running the campaign "*Dignity in Care*, which aims to create zero tolerance of abuse and disrespect of older people within the care system and ensure that all are treated with respect for their dignity, including during end of life care.

For nearly ten years the Older People's Local Implementation Team has been at the heart of changes related to these strategies and been integral to the development and implementation of local strategies to support the National agenda. Recently this has seen the completion of the Older People's commissioning strategy (2009), Local Dementia strategy (2010) and the Prevention and Early Intervention Strategy (2010). Alongside these documents has been a multi-agency team chaired by the Local Authority and vice chair the Primary Care Trust. In addition the chair of Halton Older People's Empowerment Network (OPEN), two other older people representatives and a carers representative also attend the meetings. The meeting has always had strong representation from the public with representation of both older people and carers always being an integral part of the group. This was initially implemented by the inclusion in 2003 of the Older People's Champion being invited onto the Older People's Local Implementation Team with a remit to look at Age Discrimination across Health and Social Care. This role became the Dignity Champion in 2009 and has remained as a valued member of the Board.

This report will outline some of the work that has been carried out by the Older People's Local Implementation Team during the last twelve months. It will also aim to illustrate the challenges that older people in Halton will face in the future and some of the steps and approaches that will be made to overcome these.

Who are the Members of Halton's Older Peoples Local Implementation Team?

• Name of Member	• Job Role / Role on Older People's LIT	• Name of Member	• Job Role / Role on Older People's LIT
• Brian Miller	• Halton Links Member	• Kate Warbrick	• Divisional General Manager for Unscheduled Care
• Cllr Ellen Cargill	• Chair of Healthy Halton PPB	• Bill Rathbone	• Carer
• Doreen Shotton	• Dignity in Care Group, Halton Links & board member at Warrington & Halton Hospitals Foundation Trust	• Audrey Williamson	• Operational Director Prevention and Commissioning
• Greg Lamkin	• Chairperson of Halton OPEN	• Mark Holt	• Joint Commissioning Manager for Older People
• Jackie Johnson	• Divisional Manager of Intermediate Care at Halton Borough Council	• Phil Longworth	• Chief Executive – Age UK Mid Mersey
• Marie Mahmood	• Divisional Manager for Assessment for Halton Borough Council	• Pauline McGrath	• Head of Services for Older People at 5 boroughs partnership
• Janet Dunn	• Head of Partnership Commissioning for Halton & St Helens PCT / Deputy Chair of Older People's LIT	• Sue Wallace – Bonner	• Operational Director Enablement / Chair of Older People's LIT

• Tracy Ryan	• Dignity in Care Coordinator	• Lis Foster	• Services Manager British Red Cross

Background – Policy implications

There has been a significant and growing emphasis, in recent national strategy reports, on the need to change the way adult social care services are delivered in response to the demographic challenge of an ageing population, and on the need for a whole system response built around personalised services with increased emphasis on prevention, early intervention and enablement. This has very much been the ethos by which the Older People's Local Implementation Team has operated over the past ten years.

The change in the structure of the population presents a significant challenge to health and social care services. Life expectancy has increased considerably with a doubling of the number of older people since 1931. Between 2006 and 2036, the number of people over 85 in England will rise from 1.055 to 2.959 million, an increase of approximately 180%. Ill health and disability increase with age and this is reflected in the forecast that the number of people over 65 with a limiting long term illness in England will increase from 3.9 million in 2009 to 6.1 million in 2030 (DH, www.poppi.org.uk) which is likely to be accompanied by an increase in the demand for support across the continuum of need.

The three 'Wanless reports' (DH, 2002, and 2004, Kings Fund, 2006) showed that the cost to the public purse is greater when services are focussed on intensive interventions to manage complex health and social care needs, and that it is cost effective to shift the focus to prevention and the promotion of good health, supporting people in the community and reducing reliance on residential and acute hospital care.

'Our health, our care, our say,' outlined the reform needed in both social and health care services to respond to the demographic challenge and rising expectations in the population. 'High quality care for all', the Darzi report, building on the direction set in the White Paper highlighted the need to improve prevention, deliver services as locally as possible, and deliver patient choice and personalisation. Putting People First and Transforming Social Care have provided clear direction for the required transformation of social care and have made it clear that the new adult care system requires a collaborative approach with a broad range of partners to redesign local systems around the needs of citizens. The need to ensure fair access to quality services delivered in a dignified way have been an important goal of the Older People's Local Implementation Team and will continue to be in the coming years.

Successive Governments have continued to set out a programme of action to achieve a 'shift in attitude and behaviour across society so that old age is no longer perceived as a time of dependency and exclusion.' The "Big Society" and *'Building a society for all ages'* (DWP, 2009) are intended to support changes for individuals, families, for the workplace and economy and for public services and communities. The proposals include: in

- More support to assist people who want to keep working for longer, and to enable businesses to tap into the experience and commitment of older people
- Improved access to support for mid-life decisions on such matters as financial and health concerns through an interactive 'one-stop shop'
- Initiatives to help people as they get older take advantage of sporting, educational or social opportunities including 'all-in-one cards' to give access to a range of local activities
- A 'grandparents summit' to consider the changing structure of families, with more active grandparents having the opportunity to play a greater role in their families lives including caring for grandchildren, and to consider what extra help they may need
- A health prevention package focusing on preventative services for conditions that affect people in later life (such as footcare, falls prevention, continence care, depression and arthritis)
- Recognition for the key role that people fulfil in later life in providing the lifeblood of communities through volunteering, caring and playing an active role in community life, through support for intergenerational projects to breakdown barriers and challenge negative stereotypes.

As the National and Local landscape continues to change at a rapid pace the Older People's Local Implementation Team will continue to consider and act upon new policies, strategies and legislation that will impact on the lives of local older people.

Governance

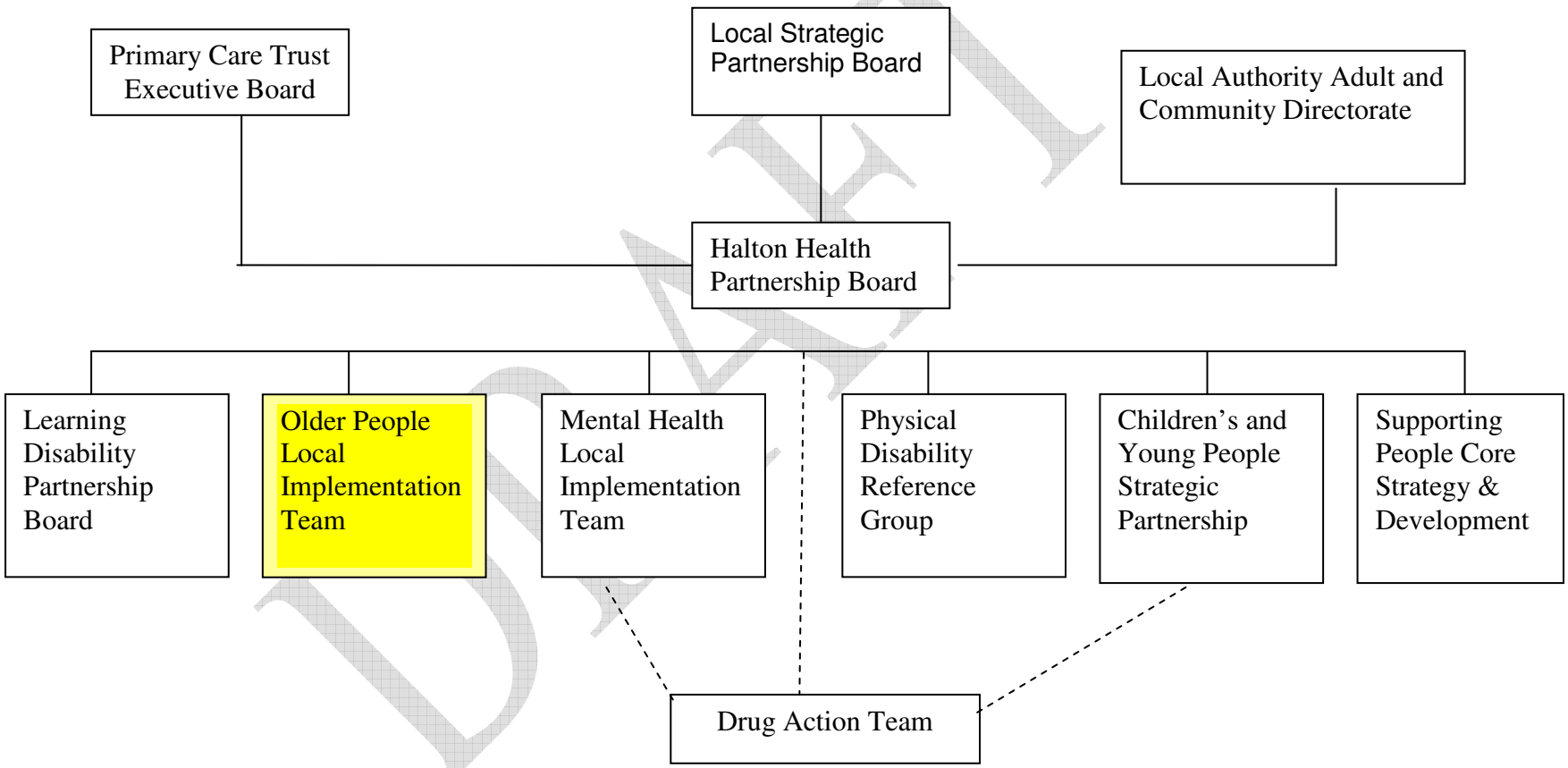
Figure 1 illustrates the current Governance structure that the Older People's Local Implementation Team operates within. This structure demonstrates the need to agree plans through the Primary Care Trust, Local Authority and the Health Partnership Board. This is particularly important for the four representatives of older people or carers groups who understand how their

views are considered across the wider system.

"I feel listened to and comfortable that my views and ideas are considered by the Older People's LIT"

Quote from service user representative

Governance arrangements for the Older People's Local Implementation Team



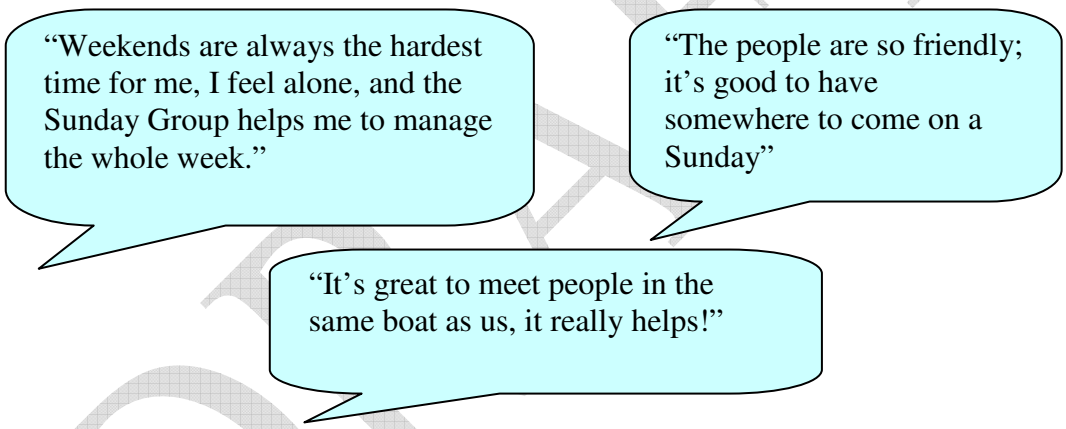
Progress

- Older People's Commissioning Strategy (2009-2014)

The Older People's Commissioning Strategy outlines the following three key areas that the Older People's Local Implementation Team (Older People's LIT) oversees.

- **Older People's Mental Health –**

The Older People's Local Implementation Team was heavily involved in the completion of the local dementia strategy and the associated action plan. This has seen a continuation of support for Dementia Peer support groups delivered through Age UK and The Alzheimer's Society. The Older People's LIT has also been involved in expanding these groups to cover weekends, thus offering people diagnosed with dementia and their carers an opportunity to offer community support outside of the traditional Monday – Friday 9.00 – 5.00. This was only possible by the relationships and support of the Older People's LIT and the comments below from carers show the positive impact of the new service.



Older People's Mental Health will continue to be a priority for both the Older People's LIT and Halton Older People's Empowerment Network (OPEN) as they ensure the timely and effective implementation of the dementia strategy. The Older People's LIT will also continue to be involved in ensuring the successful development of the Assessment, Care and Treatment Service, first discussed at the Older People's in January 2009. This will be further enhanced by Halton OPEN who have agreed that Dementia will be one of their key priorities for 2011.

- **Accommodation based services –**

The Older People's LIT is concerned with two specific areas of accommodation for Older People; the quality of care for people living in residential or nursing homes and the increased provision of Extra Care Housing in the borough. To support these two areas there are specific workstreams that are being developed through the Older People's LIT.

Firstly draft plans are being developed with Halton OPEN to recruit and train peer reviewers and mystery shoppers. These volunteers will support the existing monitoring processes that are in place in the borough for residential, nursing homes as well as in other areas such as contact centre and information provided for older people.

In relation to Extra Care Housing a new development is in the process of being agreed and a sub-group of the Older People's LIT, including older people's representatives, will be set-up to ensure that the services and the care needs of new residents are clearly consulted on and agreed.

- **Quality of life –**

Keeping people in good health both physically and mentally remains as a core element of the Older People's LIT. The key driver for this has been the completion of the Prevention and Early Intervention Strategy 2010-15. This document is pivotal to the work of the Older People's LIT and the action plan outlines seventeen areas for implementation. To support this four sub-groups have been developed. Three of them are tasked at particular areas Telecare, Intergenerational and Partnerships in Prevention and each of these feeds into the overarching Prevention and Early Intervention Steering Group.

The Older People's LIT has already overseen the development of:

- A telecare strategy
- A draft intergenerational strategy (due for completion in March 2011)
- A performance framework
- Redesign of low-level prevention services

By developing it's own performance framework the Older People's LIT is able to monitor performance of individual services, take a strategic overview of gaps, increased need or demonstrations of best practice. This also helps to understand the impacts, both positive and negative, of changes to service, funding or availability. An example of the performance framework report is available at Appendix 1.

Halton Older People's Empowerment Network (OPEN)

Halton Older People's Empowerment Network (OPEN) was established in 2003 to initially allow local older people the opportunity to have their say about the implementation of the National Service Framework for Older People (2001). Although the network has changed over the seven years since it was established the principles have remained, it's a place that older people can be heard. During it's time it has become more and more influential and being seen as the most important forum to consult with older people in the borough. The network has travelled a long way since its inception and now has over 700 members including its own Executive Committee, Chair Person, Treasurer and Executive Board Members.

Halton OPEN offers membership to anybody aged over 50 living in Halton. The network shares information with its members through newsletters, holding an Annual General Meeting and hosting regular focus groups on various topics. They hold monthly meetings, where the Executive Committee considers a range of issues which are raised by the members of the network. The Committee along with the Joint Commissioning Manager for Older People then agree and decide upon the priority areas to focus on. These priority areas are then consulted on through a range of different ways including focus groups, questionnaires and newsletter responses.

2010/11 has seen a change of emphasis for Halton OPEN, now working directly with the Older People's Commissioning Manager and developing their own action plan that prioritises Dementia, Physical and Sensory Impairment and Customer Services. Plans are being developed to train members to become mystery shoppers to help give a more real account of older people's experience in accessing services. This will further enhance the involvement of older people in the planning and monitoring of the services in the future.

The Dignity Challenge

All of the areas covered in this document are underpinned by the need to deliver quality services for older people whilst maintaining the highest level of dignity. The Older People's LIT has a sub-group specifically looking at Dignity and ensuring that the Dignity challenge is fully implemented across the whole sector. The Dignity Network is a multi-agency group and all representatives are signed up as Dignity Champions for their organisation, this ensures that all areas of service are considered and the many elements of good practice are quickly and easily shared. The Dignity Challenge has ten elements to it and apply to any provider of services, they are:

Respect - Support people with same respect you would want for yourself or a member of your family

Abuse - Have a zero tolerance of all forms of abuse

Privacy - Respect people's right to privacy

Autonomy - Maintain the maximum possible level of independence, choice and control

Person-centered Care - Treat each person as an individual by offering a personalised service

Self-esteem - Assist people to maintain confidence and a positive self-esteem

Loneliness & Isolation - Act to alleviate people's loneliness and isolation

Communication - Listen and support people to express their needs and wants

Complaints - Ensure people feel able to complain without fear of retribution

Engage with Care Partners - Engage with family members and carers as care partners

The Older People's LIT was instrumental in the development of a dedicated post of Dignity Co-ordinator to implement the Dignity Challenge across the borough. This post is the only one of it's kind in the country and played an important role in the recent Care Quality Commission inspection which resulted in an Excellent rating in Safeguarding. This work is further strengthened by the fact that both the Chair of the Dignity Network and the Dignity Co-ordinator sit on the Older People's LIT Multi-agency board and are able to directly feed into the meeting progress and potential issues.

Challenges

Despite positive moves in a number of priority areas the Older People's Local Implementation Team faces some major challenges over the next twelve months. Liberating the NHS (2010) is a Government strategy that will see the end of Primary Care Trust with responsibility shifting to GP Consortia. It will also see the introduction of Healthwatch and increased requirements on professionals to consult with people who use services. There can be no doubt that this will be a very turbulent time, particularly as it coincides with difficult economic times and a reduction in public spending, however it also offers older people an opportunity to get their voice heard in a new and exciting way. The Older People's LIT plans to ensure that Older People are fully involved in meaningful consultation no matter how services are redesigned in the future.

The Older People's Local Implementation Team will need to consider a number of other changes both Nationally and Locally. The development of Health and Wellbeing Boards will change the current Governance and Commissioning structures that The Older People's LIT currently operates in. This is further complicated by the plans to shift the delivery of Public Health from Primary Care Trusts to Local Authorities in the coming years. These shifts will need to be carefully considered by the Older People's LIT to ensure that local older people are still able to have a voice and feel supported.

In relation to performance the Older People's LIT needs to ensure that it's current performance framework, despite evolving well, is considering other policy documents such as the operating framework for adult social care. It also needs to improve communication with the Local Involvement Networks

(LINks), to avoid duplication and improve the quality of the evidence that they are producing.

The Way Forward

2010/11 will see the Older People's LIT continue to drive forward the work that has already seen significant progress as identified in this report, however it will also see the following actions:

- The new priorities being discussed and agreed
- Links with GP consortia being developed
- Performance monitoring of the redesigned Low-Level Prevention services
- Enhanced links with Halton OPEN
- Develop joint working with Halton OPEN and Local Involvement Networks (LINks)
- Consider the future positioning, terms of reference and structure of the Older People's LIT in relation to local recommendations for commissioning and Health and Wellbeing Boards.
- Further develop the Older People's LIT performance Framework to cover any specific requirements of the Operating Framework for Adult Social Care.

Appendix 1

OLDER PEOPLE'S LOCAL IMPLEMENTATION TEAM PERFORMANCE OVERVIEW

The table below shows the number of Green, Amber, Red ratings (for 2010/11) these form the overview of progress against the 150 different targets that the Older People's LIT are involved in. These targets relate to relevant areas of work in voluntary sector, Carers, Dignity, Dementia, Prevention and Early Intervention, Stroke and Housing.

Green ratings are only given if a target has been completed or is progressing inside of the timescale agreed. Amber includes areas that are progressing, but there is some possibility of not achieving agreed timescale.

No of targets = 150		
Green	79	52,6%
Amber	62	41.3%
Red	9	6%

Below each of the three ratings data is collected to evidence the rationale for a Green, Amber or Red rating. The following are some examples of the work that has been carried out and overseen by the Older People's LIT.

1.1 **GREEN RATING**

- Halton OPEN has seen a significant improvement in its performance and activity, planned focus groups and the establishment of a newsletter are further enhancing their work.
- Red cross merged service, Home from Hospital has over performed against its targets by 21%.
- The Dementia reading group has increased people accessing the service by 7% and has now developed into a stroke reading group working with the Stroke Association
- Prevention and Early Intervention steering group has now been established, along with performance framework, governance and associated working groups
- Dignity action plan is 100% green and plans to evaluate the impact of the dignity service are currently being developed.
- Dementia Peer support groups operating in Runcorn and Widnes with a Sunday group now operating
- Dementia steering group established
- Project Manager in place looking at implementation of the dementia strategy including Assessment, Care and Treatment Service.
- Work has progressed on 24 hour access to Thrombolysis
- Increased speech and language therapy support to stroke patients

1.2 **AMBER RATING**

The following areas have been rated as amber and will need increased scrutiny to ensure that they achieve related targets.

- Dignity awareness raising has improved in patches in relation to carers and complaints procedures, however there are still inconsistencies that need to be addressed.
- Numbers attending the participation groups have increased slightly, but still need to increase further
- Alzheimer's Society performance has improved, it is hoped that this trend will continue with additional support given to strengthen the organisation.
- Some targets within the Prevention and Early Intervention strategy remain amber as it is too early in the process to properly rate them, these include end of life, intergenerational and financial planning.
- Refresh of the accommodation strategy has been allocated, however still needs to agree acceptable timetable for completion.
- Some targets within the dementia strategy have been rated amber as timetable is currently being developed as part of the dementia steering group.

1.3 **RED RATING**

- Three services have been late in providing monitoring data so have been graded as red. Older People's commissioning manager will continue to chase these projects.

- Some delays on housing services due to waiting for the decision in relation to Extra Care funding
- Work has not yet started on the public health awareness campaign associated with raising public awareness of dementia. This is being addressed by the dementia steering group.

REPORT TO: Health Policy and Performance Board

DATE: 8 March 2011

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: Draft Affordable Warmth Strategy 2011-2013

WARDS: All

1.0 PURPOSE OF THE REPORT

1.1 This report introduces the recently developed Affordable Warmth Strategy (Appendix 1). The strategy describes the causes and consequences of and solutions to fuel poverty and relates these specifically to the impact on people in Halton.

2.0 RECOMMENDATION:

That Members of the Policy & Performance Board:

a. note and comment on the attached report before its submission to the Executive Board to seek its approval.

3.0 SUPPORTING INFORMATION

3.1 Fuel poverty is a problem that affects approximately 600,000 households in the North West and 4,900 (12.2%) of households in Halton. Although this figure is lower than the national average of 13.2 per cent it still represents a substantial number of households. Fuel poverty is a problem that has become worse in recent years due to the rise in fuel prices and given the current financial climate it is likely to become an even greater issue for a wider number of households.

3.2 Households in fuel poverty, many of which include vulnerable people, are unable to heat their homes adequately in order to maintain comfort and health. Living in cold homes can lead to an increase in cold related illnesses, affecting quality of life, increasing the risk of hospitalisation and/or dependence on informal carers or care services.

3.4 Since 2000 Halton has directed significant resources towards improving the energy efficiency of private sector housing through the Energy Zone Scheme which provides cavity wall and loft insulation to homeowners at significantly reduced costs. Additionally, in recognition of the health inequalities prevalent in the borough the HEARTH programme was launched in 2005 to install adequate heating in the homes of people with heart and respiratory conditions. Complementing the HEARTH programme, npower Health through Warmth (HtW) operates in Halton as part of the Merseyside HtW programme.

3.5 In addition many eligible residents of Halton have accessed the government Warm Front Scheme which also provides more efficient heating systems and insulation measures. This has been the Government's flag ship scheme for tackling fuel poverty for a number of years but is likely to come to an end in the next 2 years and be replaced by a new Green Deal which is designed to off set the upfront cost of installing energy efficiency measures through households paying back as they make energy savings on their utility bills. The utility companies have also been tasked in recent years with providing funding to make dwellings more energy efficient and demonstrating the carbon savings they have made to the government through the Carbon Emissions Reduction Target (CERT). Through this CERT funding the utilities have either contributed to Local Authority schemes or developed their own initiatives, such as Health through Warmth, for providing insulation and heating measures. In 2012 CERT will be replaced by the Energy Company Obligation (ECO) which will focus on the poorest and most vulnerable people and improving hard to treat homes.

3.6 Although these various initiatives have assisted a number of households to improve the energy efficiency of their homes the benefits of a more coordinated approach to tackling fuel poverty has been recognised. In June 2009 Halton successfully bid for support from National Energy Action (NEA) to develop a comprehensive Affordable Warmth Strategy. The NEA consultant together with Energy Projects Plus and local partners, including the voluntary sector, some Registered Social Landlords and the PCT, have been involved in the preparation of the strategy. Two stakeholder events were held and a steering group established.

3.7 The key aims of the Affordable Warmth Strategy are to:

- Raise awareness and understanding of fuel poverty;
- Establish effective referral systems amongst agencies;
- Improve the housing stock so it is affordably warm;
- Maximise incomes and improve access to affordable fuel; and
- Ensure coordination and monitoring of the strategy.

Each aim has a corresponding list of associated actions contained in the Action Plan.

4.0 POLICY IMPLICATIONS

4.1 A co-ordinated approach to tackling fuel poverty will have positive impacts on a number of Strategic Partnership and Council strategies and policies, including Halton's Sustainable Community Strategy, Child and Family Poverty Strategy and Halton's Housing Strategy.

5.0 FINANCIAL IMPLICATIONS

5.1 In previous years, the Council has directed resources to the initiatives described in 3.4 above through a contribution from Halton's annual allocation from the Regional Housing Pot. However this funding source has come to an end for 2011 onwards. There is a possibility of continuation funding in the sum of £6,000 for the Health

through Warmth programme but funding for physical measures through Energy Zone and HEARTH will not continue into 2011/12.

5.2 Training activities described in the action plan will be funded from a residual £10,000 from Working Neighbourhood Fund, other elements of this the Strategy will be delivered within existing resources.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The provision of affordable warmth will make a dual contribution to the well being of children in Halton through reducing the number of children living in poverty and helping to improve their physical and emotional health.

6.2 Employment, Learning and Skills in Halton

Increasing household income and promoting the availability of support are key elements to improving affordable warmth and will contribute to the SCS objective to maximise an individual's potential to increase and manage their income, including access to appropriate, supportive advice services.

6.3 A Healthy Halton

Provision of affordable warmth will help to reduce health inequalities and promote the independence of older people and vulnerable groups. In doing so it will help meet the SCS objective to remove barriers that contribute to poor health.

6.4 A Safer Halton

The provision of upgraded heating systems through Warm Front grants or as part of programmed improvements will help to reduce the number of preventable fires in the Borough.

6.5 Halton's Urban Renewal

The provision of affordable warmth will have a significant contribution to Halton's environment through reduction of CO2 emissions, thereby helping to tackle climate change and will improve the provision of good quality residential accommodation.

7.0 RISK ANALYSIS

7.1 The lack of available funding outlined in 5.1 above could adversely impact upon delivery of the Strategy and action plan. The risk is not so significant as to warrant a full risk assessment.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Implementation of the affordable warmth strategy will help to improve the disposable income of less affluent and vulnerable households.

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

None.

HALTON BOROUGH COUNCIL

Draft

Affordable Warmth Strategy 2011 to 2015

April 2011

Appendix 1

CONTENTS

Foreword

I am pleased to introduce Halton's Affordable Warmth Strategy 2011 – 2013. The Strategy sets out how the Council and its partners aim to increase affordable warmth and reduce the incidence of fuel poverty in the Borough.

Fuel poverty has become an increasing concern in recent years not just for some of the residents of Halton but also for many thousands of other people across the United Kingdom. With the dramatic rise in fuel costs over the last few years energy bills have increased significantly and so it is not just people on income benefits that are likely to have experienced fuel poverty. Every year in winter in the UK many people die as a result of the effects of excess cold. These statistics are affected by the weather and with the much colder and prolonged weather we have experienced for the last two winters it is highly likely that the mortality statistics for seasonal excess death will reflect this.

Halton Borough Council already undertakes a number of activities designed to reduce fuel poverty. For example, since 1999/2000 it has worked in partnership with Energy Projects Plus and the Energy Saving Trust Advice Centre to offer home insulation measures and heating improvements funded under various sources e.g. direct Council funding, Government Warm Front scheme and funding from Utilities Companies to help make homes more affordably warm. Other partners also have a role to play in raising awareness of fuel poverty, promoting energy efficiency and maximising household income. Further details of the work being undertaken is provided in section 5 of this Strategy.

The Affordable Warmth Strategy aims to pull together all that is currently being done by all sections of the Council and other agencies to ensure a consistent and coordinated approach and maximise the impact for households in fuel poverty. The Strategy will also help provide a strategic focus on the issue and identify opportunities for further joint working.

I would like to take this opportunity to thank all those who participated in the development of the Strategy, which I now commend to you.

Councillor Ann Gerard
Portfolio Holder, Health and Adults

1. INTRODUCTION

Fuel poverty is a problem which affects almost 600,000 households in the North West, and the problem has become worse in recent years as domestic fuel prices have risen. Households in fuel poverty, many of which are vulnerable, are unable to heat their homes in order to maintain comfort and health. Living in cold homes means an increased risk of cold related illnesses.

Vulnerable households may be eligible for grant aid for heating and insulation, and they may also need advice on benefits and energy efficiency. Halton Borough Council has, since 2000, directed significant grant funding toward improving the energy efficiency of private sector housing. In addition, in 2005, taking account of the health inequalities prevalent in the borough, run a health focused programme HEARTH, which installs adequate heating in homes occupied by people with heart and respiratory problems. Complementing the HEARTH programme, npower Health Through Warmth (HtW) operates in the borough as part of the Merseyside HtW programme.

Tackling fuel poverty and promoting energy efficiency is best achieved by the co-operation of a range of local partners. Halton Borough Council has good links with the support agencies that operate in the borough, and the NHS. Therefore, together with these local agencies and support from NEA and Energy Projects Plus have developed this Affordable Warmth Strategy along with multi agency consultation.

The development of this strategy is seen as an important part of developing a strong lead on reducing fuel poverty and related health issues by developing a framework for action and a network of organisations committed to tackling the issues.

2. AFFORDABLE WARMTH AND FUEL POVERTY – CAUSES, CONSEQUENCES AND SOLUTIONS

A household is said to be in fuel poverty if it would be required to spend more than 10% of its income on all domestic fuel use in order to maintain a satisfactory heating regime[1]. The number of households in fuel poverty has increased since 2008 largely due to increases in domestic fuel prices. Some homes will be hard to treat, in that they may not be suitable for traditional and cost effective insulation techniques. Households may not have access to the cheapest fuels. The most vulnerable households are often the most difficult to reach, so the challenge is to put into place mechanisms to access the fuel poor, and provide the most appropriate service which will make their homes affordable to heat. The provision of affordable warmth means that households will not be living in fuel poverty.

2.1 FUEL POVERTY STATISTICS

Numbers in Fuel Poverty

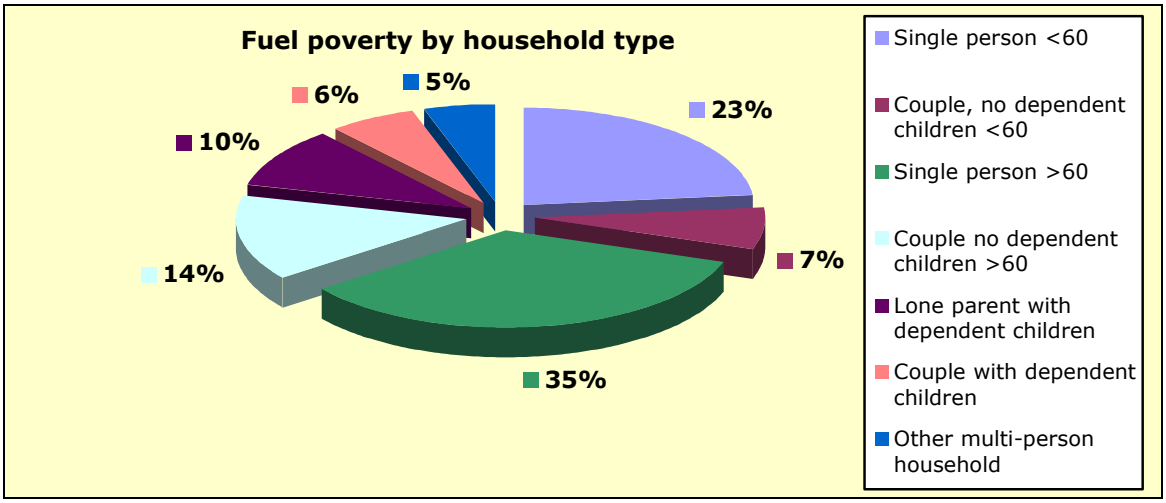
In the North West **594,000** households were living in fuel poverty in 2009, this figure represents around 22% of households and has risen over three fold since 2003[2].

Fuel Poverty	No. of fuel poor h/holds in NW 2003	% of fuel poor h/holds in NW 2003	No. of fuel poor h/holds in NW 2009	% of fuel poor h/holds in NW 2009
	178,000	**6.3%**	**594,000**	**21.9%**

Fuel Poverty by Household Type

The greater proportion of fuel poor vulnerable households in England are over 60 years of age. In addition single people under 60 yrs and households with children are also disproportionately represented in the figures[3]

[1] UK Fuel Poverty Strategy (2001) – For target setting the Government includes Housing Benefit and Income Support for Mortgage Interest.
[2] NEA 2010
[3] NEA 2008



Fuel Poverty in Halton

There are an estimated 4,900[4] (12.2%) households in fuel poverty in Halton compared to approximately 13.2% based on the findings of the EHCS 2007, as reported in the Annual Report on Fuel Poverty Statistics 2009, published by the Department of Energy & Climate Change (DECC). A lower proportion than the national average, the 4,900 dwellings still represent a substantial number of households that are in fuel poverty and will present issues in terms of both energy efficiency and occupier health. The highest rate of fuel poverty is found in the privately rented sector where 26.0% are in fuel poverty, compared with 10.0% in the owner occupied sector.

By the very nature of fuel poverty, it is almost always associated with those residents on the lowest incomes. 4,200 households (86.0% of the households in fuel poverty) were households with incomes below £10,000 per annum, with the remaining 700 (14.0%) having incomes above £10,000 per annum. This means that the rate of fuel poverty in households with income below £10,000 is 53.0%. Fuel poverty is likely to be associated with dwellings where one or more residents are in receipt of a means tested benefit as such benefits are indicative of low income. Of the 4,900 households in fuel poverty in Halton, 2,800 households (57.0% of households in fuel poverty) receive a benefit, compared with 2,100 (43%) where occupiers do not receive benefit. The 2,800 fuel poor households in receipt of a benefit therefore represent 18.0% of the overall 15,300 benefit recipients.

2.2 CAUSES OF FUEL POVERTY

Fuel poverty is caused by the combined effects of

- energy inefficient housing,
- low incomes

[4] Halton Borough Council. Private Sector House Condition Survey 2009

- high costs for domestic fuel
- under occupancy of homes

Recent increases in fuel costs, other household expenses and the credit crunch are inevitably impacting on fuel poverty levels. Many households contain individuals who may require extra warmth as a result of age or disability.

2.2.1 Energy and Housing

Tenure

The UK Fuel Poverty Strategy and subsequent progress reports note that fuel poverty is an issue that predominantly affects households in the private sector including owner occupiers and those in private rented accommodation. Compared to the national average, there is a higher proportion of public sector housing in Halton.

Tenure	Halton Dwellings	Halton Percent	EHCS 2006
Owner occupied	34,600	65%	70%
Privately Rented	5,600	10%	12%
Private Sector Stock	***40,200***	***75%***	***82%***
Housing Association (RSL)	13,700	25%	8%
Local Authority	0	0%	10%
Social Housing	***13,700***	***25%***	***18%***
All Tenures	**53,900**	**100%**	**100%**

Source: 2009 House Condition Survey & EHCS 2006

Halton Borough Council conducted a **Private Sector House Condition Survey in 2009** which considered a range of indicators relevant to fuel poverty and affordable warmth. The results are very useful in the targeting of action in term of housing and household characteristics. Some of the key findings are outlined below.

Energy Efficiency

The energy efficiency of homes is measured by SAP (on a scale of 1-100, the higher the number the better). The average in **England** was 49 in 2006. Social housing is, on average, more energy efficient than private sector housing. It is interesting to look at these figures in comparison with the SAP 65 which has been deemed as an appropriate level to keep households out of fuel poverty.

	Average SAP* England 2006	Average SAP Halton 2009
All Tenures	**49**	
Of which owner occupied	47	57
Of which private rented	47	53
Of which local authority rented	56	N/A
Of which registered social landlord rented	59	65 (2008 figures – due to programmes of work 2009 figure is likely to be higher
*Standard Assessment Procedure (SAP 2005 methodology) Source: Housing and planning key facts CLG May 2008		

Decent Homes

It is Government policy that everyone should have the opportunity of living in a "decent home". The Decent Homes Standard contains four broad criteria that a property should:

A - be above the legal minimum standard for housing, and

B - be in a reasonable state of repair, and

C - have reasonably modern facilities (such as kitchens and bathrooms) and services, and

D - provide a reasonable degree of thermal comfort (effective insulation and efficient heating).

The English House Condition Survey Annual Report 2006 notes that of the 22m households in England, 7.7m were non decent., Social housing was more likely to be decent than other tenures and also performed better on energy efficiency and CO_2 emissions. In England 35% of owner occupied and 47% or private-rented dwellings are non decent whereas in Halton the figures are more favourable at 25% of owner occupied dwellings and 34% of private rented dwellings being non decent. In both cases the most common reason for non decency is lack of thermal comfort. The house types most in Halton likely to lack thermal comfort are small terraced houses, and houses built before 1919.

Housing Health and Safety Rating System

The Housing Health and Safety Rating System (HHSRS) is intended to be a replacement for the fitness standard and is a prescribed method of assessing individual hazards, rather than a conventional standard to give a judgment of fit or unfit. The HHSRS is evidence based – national statistics on the health impacts of hazards encountered in the home are used as a basis for assessing individual hazards.

The modelling of excess cold hazards is based on the use of the individual energy efficiency (SAP) rating for each dwelling, which is scaled to give a hazard score. Where a dwelling has a SAP rating of less than 35, this produces a category 1 hazard score. The overall proportion of dwellings with a Category 1 Hazard is 10.9% (compared with 23.5% found in the EHCS 2006). This represents 4,400 dwellings across Halton, with 3,900 being houses and an estimated 500 flats. The proportion of Category 1 Hazards attributable to excess cold is the highest by a significant margin. 66.5% of all Category 1 Hazards were due to excess cold.

Incomes

The lower a household's income, the higher a proportion they will need to spend on essentials such as fuel and food. Recent increases in unemployment are likely to increase the incidence of fuel poverty in households who were previously able to afford their fuel bills.

The 2009 Halton Private Sector House Condition Survey indicates that there is a higher proportion than the national average of households with an income of less than £15,000 (33.6% compared with 26%). For the remaining income bands, with the exception of the £30,000 to £39,999 income band which has a slightly higher level, the proportions are lower, markedly so in the case of incomes above £50,000.[5]

Unclaimed Benefits (2006/07)

In Great Britain in 2006/07 approximately between £6 billion and £10 billion went unclaimed in benefits. Of this between £2 billion and £3 billion was unclaimed Pension Credit alone.[6] In addition to the obvious benefit of increasing a household's income, many welfare benefits also act as eligibility criteria for domestic energy grants.

Financial Inclusion

Financial inclusion is about ensuring everyone has the capability and opportunity to access the financial services and products needed to participate fully in modern day society. These include: access to affordable and responsible credit, access to an appropriate bank account, access to face-to-face debt advice, access to basic home contents insurance, access to savings.[7]
People are financially excluded when they do not have access to basic financial services and products, including paying more for fuel due to lack of access to discounts available for Direct Debit and other automated payment methods. This has the potential to lead to issues of fuel poverty.

Fuel Prices

Increasing fuel prices have been the main reason for increases in fuel poverty since 2003. The table below demonstrates that in Jan 2010 there had been a 114% increase (£653) since January 2003 (UK Fuel Poverty 7th Annual report 2008, updated by NEA in January 2010)

Average Dual Fuel Bill		
Jan 2003	Jan 2008	Jan 2010
£572	£922	£1225

- Domestic oil (and LPG) markets remain unregulated unlike the electricity and mains gas markets
- Providing alternative energy sources is an area of development, but such sources will need to be both economically viable (included in grant schemes) and of benefit for low-income vulnerable households in fuel poverty.

2.2 CONSEQUENCES OF FUEL POVERTY

[5] Private sector house condition survey Halton BC 2009
[6] Department for Work and Pensions, Income Related Benefits Estimates of Take-Up in 2006-07. Benefits included are Income Support, Pension Credit, Housing Benefit, Council Tax Benefit and Jobseeker's Allowance (Income-Based)
[7] Rural Money Matters: A support guide to rural financial inclusion-Council for Rural Communities July 2009

Health risks from cold homes

Living in fuel poverty has impacts on health. In many cases households may be forced to choose between expenditure on fuel, other essential items such as fuel and / or debt repayments. Faced with such stark choices many households may put themselves at increased risk of cold-related illness.

It has been established that indoor temperatures have an effect on health (ref)

- 18-24°C, no risk to sedentary, healthy people
- Below 16°C, diminished resistance to respiratory infections
- Below 12°C, increased blood pressure and viscosity
- Below 9°C, after 2 or more hours, deep body temperature falls

Cold conditions also lower resistance to respiratory infections and exacerbates asthma and Chronic Obstructive Pulmonary Disorder (COPD). Allergens associated with mould growth in damp homes also affect respiratory conditions. A person's mobility and dexterity reduce when they are cold increasing risk of falls and injury as well as affecting arthritis. Much of this illness is both largely predictable and preventable and would save the NHS millions each year in treatment costs.

Poor housing conditions in general increase the risk of severe ill-health or disability by up to 25 per cent during childhood and early adulthood 1 People with asthma are twice as likely to be living in damp homes . One in 12 children in Britain are more likely to develop diseases such as bronchitis, TB, or asthma, because of bad housing"[8] Making homes affordably warm can improve indoor temperatures and reduce the incidence of mould growth so will assist in health improvement.
There is growing body of research suggests a causal link between older, poorly insulated, poorly heated housing and poverty to low indoor temperatures and cold-related deaths[9]. This would suggest that there are likely to be improvements in health of individuals provided with measures aimed at improving the thermal efficiency of homes and the affordability of heating them.

Providing affordable warmth for households reduces inequalities in health and may improve life expectancy; it improves the mental health and well being of households; improves educational attainment and school attendance; can reduce childhood asthma; promotes independent living and whole house use; and potentially reduces/ delays admission to hospital and other care facilities. Improving homes and household incomes may also promote social inclusion within communities.

Benefit to health sector of reducing 'Excess Cold' hazard

Excess cold has the highest Category 1 Hazard rate both within Halton and at the national level (EHCS 2006). Comparing the costs of treatment to the NHS (£2,165,800) against that of energy efficiency measures to alleviate the problem (£629,118), it can be seen that, with a

[8] Chance of a lifetime: The impact of bad housing on children's lives Shelter 2006
[9] For example, Cold comfort - The social and environmental determinants of excess winter deaths in England, 1986-96; Dr P Wilkinson; Joseph Rowntree Foundation; 2001

payback of only 0.3 years, the remedial works are a cost effective way of reducing some of the financial burden on the NHS. The high cost to the NHS results from the high likelihood of an extreme outcome for excess cold hazards. This is due to the fact that the most vulnerable group (the elderly) are very likely to suffer health problems, resulting in a hospital stay, if they are exposed to cold conditions in their home for prolonged periods. (From Halton PS House Condition Survey 2009)

Excess Winter Deaths

Excess winter deaths are those deaths which occur in the winter quarter, compared to the rest of the year. In 2008/09 there were 5000 excess winter deaths in the North West. This represented a 49% increase on the previous winter, when the number was 3400. This increase was also apparent nationally, it is assumed due to the severity of the winter. The key diseases that cause an excess of deaths during the winter period are cardiovascular and respiratory diseases. Cardiovascular deaths occur on average, two days after a cold spell, deaths from respiratory disease occur on average 12 days after a cold spell. In 2007-8 in Halton there were 80 excess winter deaths.

Fuel Debt

If a household cannot afford the fuel they need to keep warm but, because of the age or health of household occupants, they do use their fuel, they are likely to fall into debt. Nationally, in 2008, 6.8m households (26%) were in debt to fuel suppliers with an average debt of almost £114 each[10].

2.3 SOLUTIONS - AFFORDABLE WARMTH

The solution to fuel poverty is to provide households with affordable warmth. The National Indicator NI187 as the indicator for fuel poverty uses the improvement of energy efficiency of homes of households on benefit as the indicator for households taken out of fuel poverty. However there are other causal aspects of fuel poverty, so action is required on a number of fronts:

- improving the energy efficiency of homes, heating systems and appliances,
- maximising household incomes,
- providing access to cheaper fuel and tariff options, and possibly alternative sources of energy ,
- the provision of energy advice to encourage changes in behaviour

The action plan in this strategy propose activities in all those areas

10 uSwitch, April 2008

3. NATIONAL PERSPECTIVE - FUEL POVERTY POLICY DRIVERS

The UK Fuel Poverty Strategy[11] (2001) committed the Government to the eradication of fuel poverty by 2016 'as far as reasonably practicable'. An interim target was adopted to end fuel poverty for all vulnerable households by 2010 although the Government latterly conceded that the target would not be achieve. Latest developments can be found on NEA's website www.nea.org.uk

The Government's main tools for ending fuel poverty

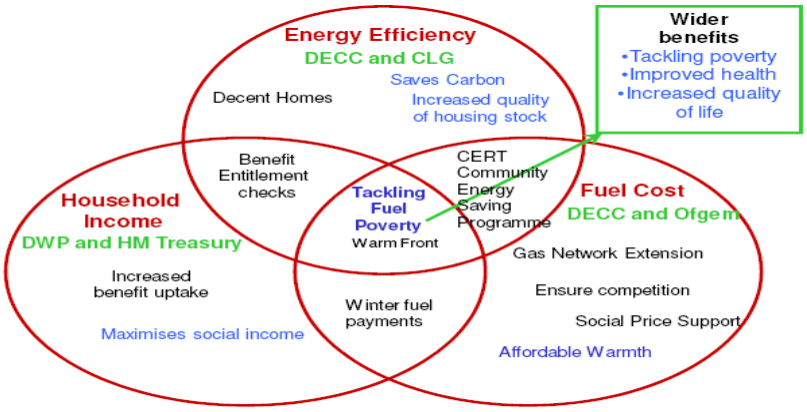
Warm Front
The Government - funded Warm Front grant offers a package of heating and insulation measures to eligible households in private sector housing on income related benefits, up to the value of £3500, or £6000 for households relying on oil heating. Warm Front also provides a Benefit Health Check to applicants. The operation of the scheme is being reviewed in spring 2011 but is set to continue until 2013. The coalition Government aims to replace Warm Front with a new Green Deal which will allow private firms to offer energy efficiency improvements at no upfront cost to the consumer, with costs recouped later as the consumer benefits through savings on energy bills. It is not clear what impact this will have on delivery on the Strategy.

Carbon Emissions Reduction Target (CERT)
The Carbon Emissions Reduction target (CERT) 2008-11 is the government's main policy reducing carbon emissions from the domestic sector. Under CERT the major gas and electricity suppliers are set a carbon emissions reduction target. Energy efficiency schemes provide insulation measures but not heating. The suppliers may also provide energy advice as part of their programme. A specific percentage of the customers for the schemes (currently 40%) must be priority customers ie on qualifying benefits. In 2012 CERT is to be replaced by the Energy Company Obligation (ECO) which will focus on the poorest and most vulnerable people and on hard to treat homes.

Decent Homes Standard
The Decent Homes Standard has been quoted by Government as helping towards fuel poverty reduction targets although the Thermal Comfort standards set within it are low. However the **Housing Health & Safety Rating System (HHSRS)** gives greater emphasis to excess cold within homes.

Winter Fuel Payments
Winter Fuel Payments are paid by government to help older people to keep warm in winter. Households over 60 receive £250 and those over 80 receive £400. The diagram below is used by the Department for Energy and Climate Change and illustrates the cross cutting nature of fuel poverty and the integrating Government programmes to reduce fuel poverty

[11] UK Fuel Poverty Strategy, 2001 – see http://www.berr.gov.uk/whatwedo/energy/fuel-poverty/strategy/index.html



4. THE HALTON PERSPECTIVE - LINKS TO OTHER STRATEGIES

Sustainable Community Strategy (SCS) 2011-2026

Halton's Sustainable Community Strategy sets out the priorities for Halton's Local Strategic Partnership for the 15 year period 2011 to 2026. The provision of affordable warmth can make a significant contribution to each of the five priorities as described below:

A Healthy Halton – Provision of affordable warmth will help to reduce health inequalities and promote the independence of older people and vulnerable groups. In doing so it will help meet the SCS objective to remove barriers that contribute to poor health.

Employment, learning and skills – Increasing household income and promoting the availability of support are key elements to improving affordable warmth and will contribute to the SCS objective to maximise an individual's potential to increase and manage their income, including access to appropriate, supportive advice services.

A Safer Halton – The provision of upgraded heating systems through Warm Front grants or as part of programmed improvements will help to reduce the number of preventable fires in the Borough.

Children and Young People in Halton – The provision of affordable warmth will make a dual contribution to the well being of children in Halton through reducing the number of children living in poverty and helping to improve their physical and emotional health.

Environment and Regeneration in Halton – The provision of affordable warmth will have a significant contribution to Halton's environment through reduction of CO2 emissions, thereby helping to tackle climate change and the provision of good quality residential accommodation.

Halton Housing Strategy 2008-2011

The Affordable Warmth Strategy can make a significant contribution to meeting some of the objectives contained in Halton's existing Housing Strategy as detailed below.

- Achieve a year on year reduction in the proportion of non decent private sector homes occupied by vulnerable households.
- Improve conditions in the private rented sector.
- Increase the number of people on income based benefits who live in energy efficient homes.
- Ensure all social housing stock in the Borough meets the Decent Homes Standard.

Child and Family Poverty Strategy

There is a link between affordable warmth, decent homes and child and family poverty, as poorer families are more likely to struggle to adequately heat their homes. 26.4%[12] of children in Halton live in Poverty and we are seeking to address this through the Halton Child and Family Poverty Strategy. In addition this Strategy directly helps to alleviate poverty by improving housing standards through support to ensure that homes are adequately insulated and have efficient heating systems, and by supporting people to claim benefits that they are entitled to reduce the financial burden of heating homes.

5. LOCAL ACTION – INITIATIVES AND SCHEMES

Halton Council has worked with a range of partners since 1995 to meet its statutory obligations under the Home Energy Conservation Act, reduce fuel poverty, and improve the health and wellbeing of residents. Projects have provided heating and insulation by securing funding from central government, utilities, Halton Council budgets and other sources. Through its local Energy Zone and HEARTH schemes linked into the national Warm Front programme in the 5 years up to 2009, alone over 6,500 homes have been improved with a spend of over £5.5m.

Energy Zone
Halton Borough Council's Energy Zone scheme, managed by Energy Projects Plus, provides grants to all home owners and privately renting households in Halton. This scheme was initially set up in 2000 with the aid of Single Regeneration Budget (SRB) funding but was later mainstreamed and is now available borough wide. It brings the cost of insulation down significantly to £49 per measure (loft or cavity wall, £98 for both) and could be free to residents who are over the age of 70 or in receipt of certain benefits. In 2009-10 Energy Zone helped over 500 households get insulation installed.

HEARTH (Health and Energy Action for Residents in Their Homes)
Responding to identified health inequalities within Halton, HEARTH commenced in 2001, funded initially by HECAction, and has since been mainstreamed into Halton Council's Health and Community Directorate programmes. It provides **funding towards new or replacement heating systems in homes occupied by residents with heart or respiratory conditions.** It will also contribute to Warmfront excess charges for eligible residents. HEARTH complements Health Through Warmth also providing training to frontline staff and promotional activities across the Borough. More recently, a programme of targeted home visits by social

[12] Halton's Child and Family Poverty Needs Assessment http://cid-9104d6a5e629b08f.office.live.com/self.aspx/ChildPoverty/CPFNeedsAssessment.pdf

care staff to residents aged over 80 has led to over 100 referrals of highly vulnerable residents into the scheme.

Health Through Warmth
The Health Through Warmth (HTW) scheme was set up by npower in 2000 in partnership with the NHS and National Energy Action (NEA). HTW operates through a locally based referral partnership which seeks to help vulnerable people whose health is adversely affected by cold, damp living conditions. This is achieved by facilitating the installation of appropriate energy efficiency and heating measures, along with the provision of related advice and information.

Clients are referred by health and other key community workers who have attended locally based awareness sessions offered by HTW. HTW Merseyside, delivered by Energy Projects Plus, commenced in late 2003 and to date has received over 4,800 referrals and secured over £4m in third party funding in addition to over £0.5m from npower's crisis fund. Key partners are health sector, local authority, and community support frontline staff who attend an awareness session and refer into the HTW scheme. Over 1,000 frontline staff have attended awareness sessions, though not all have made referrals into the referral system.

HTW operates across the local authority areas of Halton, Knowsley, Liverpool, Sefton and Wirral and works closely with other schemes that operate in these areas such as Halton's "HEARTH", Sefton's "SEARCH", and Wirral's "Cosy Homes".

Income maximization / Benefit Take up campaigns

The Welfare Rights Service
The Welfare Rights Service of Halton Borough Council provides a holistic welfare benefits and debt advice service. The team will assist with activities from basic form completion to appeal representation and complex casework. The service is provided through telephone advice, booked appointments, "drop in" and home visits are undertaken for the housebound. There is additionally a specialist Macmillan Cancer Support advice officer. Income maximisation is undertaken and where appropriate clients are signposted to agencies specialising in delivering affordable warmth services". The Welfare Rights team brought in £2 million in unclaimed benefits.

Registered Social Landlords

Halton Housing Trust employs a full time Welfare Benefits Support Officer and Financial Inclusion Officer. The Financial Inclusion team in **Riverside** is comprised of a manger and two officers. One of these officers is the Strategic Affordable Warmth Officer. In each division, this financial inclusion work is usually delivered/ supported by Community Engagement staff. There have recently been recruited, two full time Affordable Warmth Delivery Officers for the Mersey North and Mersey South (Where Halton sits) Divisions. In **Plus Dane** The Asset Management Team comprises 7 members of staff who deliver a range of planned programmes that target affordable warmth and fuel poverty issues annually.

Sure Start to Later Life
Sure Start visits clients in their homes and carry out very thorough assessments, covering most aspects of a person's life. This includes health & wellbeing, social & emotional, practical,

travel & transport, finances, living independently, housing & heating etc. Part of the assessment looks at finances in general, and if it is felt that the client is not getting what they are entitled to, the person is encouraged to allow Sure Start to contact the relevant agency to deal with it. When successful, this will result in the person's income being maximised, allowing them to have Sure Start visit increased finances and freedom. Questions are asked about heating and warmth in the home, and many older people are conscious of heating costs and may be reluctant to turn it on when needed, preferring to wrap up in the winter using extra clothing, or blankets, or to only heat one room. Also many older people have paid to have their system improved or updated, usually because they were unaware of any schemes available, or if they did know that they thought they would not qualify, so lack of knowledge is an issue. When a person is found in a cold home, staff attempt to make a referral to outside agencies like Warm Front, Energy Zone etc. Sometimes this is accepted by the individuals who have heating and insulation installed but other times it is not, as people state that they couldn't deal with the upheaval of having their system replaced so choose to go on with little or no heating.

Age Concern

Age Concern Mid Mersey is doing everything it can to help tackle health, heating & loneliness issues for older people.

Advice is available in the form of a "Help with heating costs" fact sheet and an Age UK "Winter wrapped up" booklet that includes a thermometer.

In addition Age Concern ensures that the elderly are fully aware of what grants are available to them through the "Warm Front" and "Health through Warmth" schemes. Between April – October 2010 Age Concern Mid Mersey brought in £98,220 in unclaimed benefits.

6. HOW THE STATEGY WAS DEVELOPED

The Affordable Warmth Strategy is a cross cutting strategy and as such cannot be developed by one agency alone. For this reason the development of this strategy included a variety of organisations and council departments, and was facilitated by NEA (National Energy Action) supported by Energy Projects Plus. The first stage of the process was to set up a steering group which would oversee the consultation process and the production of the strategy document.

Two consultation workshops were held to develop the strategy. (See Appendix 1 for list of delegates). The workshops provided an opportunity for partners to consider the problem of fuel poverty in particular how it affects the residents of Halton, and produce the key aims and objectives and an action plan for the delivery of the strategy. Finally local partners provided the background information to produce this document.

7. KEY THEMES FOR THE STRATEGY - ACTION PLANS

Key Aim 1: Raise awareness and understanding of fuel poverty					
Outcome	**Tasks**	**Lead agency**	**Key partners**	**Outputs**	**Timescale**
1.1 Key agencies understand fuel poverty, its causes, impacts and solutions	1.1.1 Identify HBC representative to co-ordinate and drive Affordable Warmth Strategy and Action Plan	AW Steering group	HBC	Strategic lead identified	Completed
	1.1.2 Include fuel poverty on the agenda of key directorates and agencies, and ensure it remains on agenda e.g. through Policy briefings etc	HBC coordinator	All agencies, Councillors	Fuel poverty on agenda of key depts and agencies	Immediate and ongoing
	1.1.3 Contribute to events for all key directorates and agencies, and email news on quarterly basis	HBC Coordinator		Attendance at events. Quarterly newsletter established	Programme to start April 2012
	1.1.4 Contribute to workshops / staff briefings to cascade information	HBC Coordinator		No of staff briefings	Start April 2012
1.2 Front line staff are aware of fuel poverty issues and are able to signpost	1.2.1 Promote training as part of agencies' core training, including e learning	HBC Coordinator	All agencies Training provider (Epplus / NEA)	No of staff trained	Programme start April 2012

or refer clients to appropriate agencies for assistance	1.2.2 Facilitate training for front line staff who give information 1.2.3 Use staff internal communication systems to exchange information e.g. In Touch, Core Brief, intranet	HBC Coordinator HBC Coordinator	AW steering group	No of staff trained Regular bulletins in internal communication	Programme start April 2012 Start April 2012
1.3 Households who may be vulnerable to fuel poverty are aware of what help is available and how to access it.	1.3.1 Use various publicity techniques for example – (TV, newspapers (eg 'Inside Halton'), DVDs, face to face advice, GP surgeries, buses, taxis , supermarkets, text messages, mobile surgery bus, community transport. Include successful case studies) 1.3.2 Link to national awareness raising campaigns 1.3.3 Ensure that information and events are accessible to vulnerable people. 1.3.4 Ensure systems are in place to support customers to access applications for Affordable warmth support 1.3.5 Contribute to existing literature from Halton Information and Advice Providers and other partners	HBC Coordinator As above Halton Information and Advice Providers HBC Coordinator HBC	Local groups, retail stores, Sure Start, bingo halls, and leisure centres Age Concern, Welfare Rights	No of articles, items Local publicity evident during national campaigns No of householders supported in completing applications Info included in appropriate literature	Ongoing Start April 2011 Start April 2011 Ongoing Ongoing

	1.3.6 Establish web page on Halton BC website for households to access			Page on website	May 2011

Key Aim 2 : Establish effective referral system amongst agencies in Halton					
Outcome	**Tasks**	**Lead agency**	**Key partners**	**Outputs**	**Timescale**
2.1 The Council has an understanding of existing mapping and referral structures for Affordable Warmth and is able to identify gaps	2.1.1 Gather information about mapping and referral structures	HBC Coordinator + steering group	All agencies	Clear list of referral systems	Start April 2012
	2.1.2 Identify groups of staff which have direct contact with vulnerable households who need affordable warmth	HBC Coordinator	Epplus, Crisis intervention team. Social Care and Practice	List of groups	By April 2011
	2.1.3 Produce information about Affordable Warmth for the HBC website including types of agencies linked	HBC Coordinator / HBC Communication and marketing	AW Steering group	Information about AW available to all	Start April 2011
2.2 Effective referral systems between agencies are established	2.2.1 Establish an agreed protocol for referral process, including follow up and feedback.	HBC Coordinator	AW Steering Group	Referral process in place	September 2011
	2.2.2 Develop a pro-active referral system from the Contact Centre	As above	Contact Centre	No of referrals from Contact Centre	September 2013
	2.2.3 Establish training sessions for front line staff to understand issues and refer householders, and in some cases provide advice.	As above	See 2.1.2 Energy Projects Plus	No of trained referral staff	Start April 2011 with known referral

					agencies
	2.2.4 Use trigger questions to identify fuel poverty, and build questions into Assessment Process (Single Assessment Process, Common Assessment Framework) eg for children's services, adult and older people, Sure Start	HBC, NHS,	Children's Services, Sure Start, Social Care	Trigger questions incorporated in assessment documents	By June 2013
2.3 Assistance is targeted at those households most in need	2.3.1 Identify most appropriate targeting methods eg by client group and / or by geographical area, house condition, house type, so that resources are directed effectively.	HBC Coordinator		Improved access to vulnerable households	By June 2012
	2.3.3 Look at area take up through a range of statistics	As above		Target data established	By July 2012

Key Aim 3: Improve the housing stock so it is affordably warm					
Outcome	**Tasks**	**Lead agency**	**Key partners**	**Outputs**	**Timescale**
3.1 The Council has a clear and robust understanding of the energy performance of dwellings	3.1.1 Establish what data exists, EST home energy checks, private sector stock condition surveys, etc.	HBC policy and strategy	HBC intelligence RSLs EST, Private Landlord's forum	Database of existing energy data to be built upon	Start April 2012
	3.1.2 Work with RSLs through Housing Partnership to collect data	HBC policy and strategy			Ongoing
	3.1.3 Collect data on installed measures through grant schemes	HBC policy and strategy			Ongoing
3.2 Improved SAP rating in RSL stock	3.2.1 Encourage RSLs through Housing Partnership to establish target standard to reduce fuel poverty	Housing Partnership	RSLs	Number of RSL homes at improved std	Start April 2013
	3.2.2 Explore funding sources for hard to treat properties eg those with solid walls, including installing renewable energy.	RSLs	Energy Projects Plus, Utilities,	Finance secured to improve homes	From June 2011and ongoing
3.3 Improved SAP rating in private rented stock	3.3.1 Use database of Private Landlord Accreditation Scheme to engage and encourage private landlords	HBC Housing Solutions	Landlords' Forum	No of private landlords accessing schemes	All start May 2012
	3.3.2 Work with the Private Landlords' Forum to engage private landlords	HBC Housing Solutions	Landlords' Forum		
	3.3.3 Contact local letting agents to make aware of schemes available	HBC Housing Solutions	Letting agents	Letting agents promote schemes	

	3.3.4 Contact landlords through Housing Benefit data 3.3.5 Enforce improvements to tackle cold hazard through HHSRS	HBC Housing Solutions HBC Environmental health	Housing Benefit	No of landlords contacted Cold hazard removed	
3.4 Improved SAP rating in owner occupied stock	3.4.1 Use various publicity methods – (see raising awareness Key Aim 1) and target audiences eligible for various schemes 3.4.2 Liaise with other third sector and statutory sector agencies to promote schemes 3.4.3 Regularly update partners of schemes including publicity 3.4.4 Consider developing schemes which provide assistance for fuel rich households	EST Advice Centre HBC coordinator HBC community development / EST Advice Centre HBC coordinator	All agencies AW Steering Group Energy Projects Plus, neighbouring local authorities	No of measures and advice No of promotional activities Partners increase referral rates Funding scheme set up	Ongoing Ongoing Ongoing 6 months

Key Aim 4 : Maximise incomes and improve access to affordable fuel

Outcome	Tasks	Lead agency	Key partners	Outcomes	Timescales
4.1 Opportunities to maximise household income are developed	4.1.1 Establish which agencies run benefit take up campaigns, and encourage partners keep each other informed about activities and campaigns (via central coordinator)	HBC Welfare Rights	RSLs CAB, Age Concern PCT, third sector agencies, Sure Start	Increased incomes	Ongoing
	4.1.3 Link with national campaigns including 'Keep Warm Keep Well'	HBC coordinator		Increased applications for energy grants	
	4.1.4 Train staff who provide benefits advice, the basics of affordable warmth, health impacts and the links between benefits and energy grants	HBC coordinator	Training provider		Start April 2011
	4.1.5 Look for external funding to support a larger campaign	HBC coordinator			Start April 2011
4.2 Access to affordable fuel is maximised for vulnerable households	4.2.1 Refer households to sources of known advice (Citizens' Advice Bureau, Age Concern)	HBC coordinator	HBC RSLs DWP CAB	No of Households accessing advice	Ongoing
	4.2.2 Access fuel debt training (eg from NEA) for advice providers	HBC coordinator	Training provider	No of staff trained	ongoing
	4.2.3 Produce proposal to Utility Trusts for service to advise customers on how to read meters and understand bills	HBC coordinator		Funding acquired for advisor	April 2013

Key Aim 5 : Ensure coordination and monitoring of the strategy					
Outcome	**Tasks**	**Lead agency**	**Key partners**	**Outputs**	**Timescale**
5.1 Affordable Warmth is linked into relevant strategic areas	5.1.1 Input into all relevant strategic areas to ensure affordable warmth in incorporated (eg Housing Strategy, Children's Strategy, Anti Poverty Strategy, Sustainability Strategy and Climate Change Strategy) 5.1.2 Ensure professionals in associated fields recognise and incorporate affordable warmth into their strategic plans eg NHS	HBC AW Steering Group	Energy Projects Plus (Domestic Energy Alliance) NHS	Affordable warmth incorporated into all relevant strategies	Immediate and ongoing
5.2 Opportunities to share and replicate best practice and provide value for money through joint working are idenitifed	5.2.1 Liaise with other local authorities to share best practice and discuss opportunities for joint working 5.2.2 Attend joint meetings eg NEA NW Fuel Poverty Forum to exchange information	HBC AW Steering Group	NW local authorities, Epplus NEA	X no meetings attended	Immediate and ongoing Ongoing

5.3 Affordable Warmth Strategy is monitored regularly to ensure it is effective and reviewed as neccesary	5.3.1 Establish reporting mechanisms to record progress on tasks and outcomes achieved 5.3.2 Review the strategy in the light of developments in fuel poverty at a local and national level	AW Steering Group AW Steering Group	All partners who are listed in the strategy	Up to date strategy	Review progress 6 monthly Ongoing

Appendix 1 - List of workshop delegates

Dave	Austin	Elected Member
Nicola	Bashford	Widnes and Runcorn Cancer Support Group
Joyce	Baxter	Halton Borough Council (Homeless and Housing Advice)
Paul	Berry	Riverside Housing Association
Susan	Beverley	HBC Older People Services
David	Bowie	Halton Borough Council (Social Care In Practice)
Eric	Britch	Halton & St Helens PCT (Diamond Life)
Phil	Brown	Halton Borough Council (Home Improvement & Independent Living Services)
Ruth	Campbell	Warm Front
Richard	Cobern	Liverpool Housing Trust
Chris	Durr	Community Warden Service
Noreen	Fallon	Plus Dane Housing
Rita	Furnival	Sure Start to Later Life
Oonagh	Gleave	Halton Borough Council (Community Extra Care)
Julia	Green	National Energy Action
Peter	Hallsworth	Halton Housing Trust
Pauline	Harrison	SHAP
Maxine	Henderson	Halton & St Helens PCT
Julie	Hopkins	Halton Borough Council (Welfare Rights)
Debbie	Houghton	Halton Borough Council (Corporate Policy)
Dawn	Kenwright	Age Concern
John	Lennon	Riverside Housing Association
Tina	Longworth	Halton Borough Council (Revenues and Benefits)
Lorna	Lucas	Runcorn Fire Station
Jacqui	Maguire	Halton Borough Council (Older People Services)
Mandi	McDonald	Sure Start to Later Life
Ruth	McDonogh	Halton Borough Council (Divisional Manager, Independent Living Services)
Eddie	Moss	HBC Older People Services
Lynne	Moss	HBC - Community Day Care
Julie	Obiro	Halton Borough Council (Community Extra Care)
Peter	Owen	Energy Projects Plus
Eileen	O'Meara	PCT
John	Patton	Halton Borough Council (Intermediate Care Services)
Deana	Perchard	Trading Standards
Linda	Redhead	Elected Member
Wendy	Salisbury	Halton Borough Council (Principal Environmental Health Officer)
Kerry	Smith	Halton Borough Council (Community Extra Care)
Joanne	Sutton	Halton Borough Council (Housing Strategy)
Teresa	Tierney	Halton Housing Trust
Suzanne	Toner	Sure Start to Later Life
John	Vinson	Energy Projects Plus
Claire	Williams	Halton Borough Council (Community Extra Care)
Jim	Yates	Halton Borough Council (Principal Executive Officer)

REPORT TO: Health Policy & Performance Board

DATE: 8 March 2011

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: Safeguarding Adults

WARDS: All

1.0 **PURPOSE OF REPORT**

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

2.0 **RECOMMENDATION:**

i) That the Board notes the contents of the report.

3.0 **SUPPORTING INFORMATION**

3.1 An action plan has been progressed in response to recommendations made after the Care Quality Commission's inspection of Adult Social Care.

3.2 An email has been distributed by the Chair of the SAB/Strategic Director, to all Adults & Community Directorate staff, to remind them of their responsibilities in relation to safeguarding children, for example:

- familiarising themselves with relevant protocols, procedures and guidance;
- undertaking relevant training;
- making sure that Safeguarding (for both children and adults) is a standing item at all team meetings.

3.3 Steps have been taken to strengthen links between Safeguarding Adults and Safeguarding Children training, for example:

- Periodic meetings between the Training & Development Manager, Safeguarding Adults Coordinator and Safeguarding Children Board Manager;
- Joint review of the Transport Division SAFER Training programme.

3.4 A Safeguarding Adults E-learning course has been developed and is now available via the HBC Internet website and intranet. Consideration has been given to how to ensure people know about it and how to access it. The 'flier' (Appendix 1) is attached for Members' information, with a request that they disseminate it among their contacts in order to

encourage usage of the course.

The flier will be distributed widely along with adverts for Basic Awareness courses, once the latter have been commissioned for 2011-12.

Usage of the E-learning course will be monitored and analysed.

3.5 Three brief follow up courses on Domestic Abuse, Stalking and Harassment (DASH) risk assessment and referral processes took place recently, for assessment/care management staff and managers. 89 staff attended (86 HBC & 3 from 5 Boroughs Partnership NHS Trust).

3.6 Safeguarding Adults was incorporated into the Sexual Assault Referral Centre (SARC) procedures recently agreed.

3.7 A number of initiatives have been introduced to support the personalisation agenda and to ensure appropriate safeguards are in place for service users, including:

- A comprehensive Handbook devised for Personal Assistants, incorporating Safeguarding standards.
- A workshop for Personal Assistants

3.8 The Council's Confidential Reporting Policy has been reviewed using the Safeguarding Adults policies & procedures audit tool and was subsequently updated, making specific reference to Safeguarding. A recommendation was made to other agencies that they perform a similar exercise.

3.9 Cheshire Fire & Rescue Service has devised a written guidance document and policy for their staff and Worked closely with Safeguarding Adults and Domestic Abuse leads to streamline the service's internal referral procedures.

3.10 The Marketing Plan has been reviewed and updated, after analysis of surveys, referral data and other intelligence. Dignity will be incorporated into the plan.

3.11 A Serious Case Review (SCR) was carried out during 2010. The independent chair of the review has briefed the Safeguarding Adults Board (SAB) on key findings and learning points arising from individual agency management reviews that contributed to the SCR. The Executive Summary of the SCR report will be shared with local organizations and published on the Internet.

3.12 The SAB's priorities and Work Plan have been reviewed and updated, incorporating recommendations arising from the SCR and the Adult Social Care Inspection.

4.0 POLICY, LEGAL AND FINANCIAL IMPLICATIONS

4.1 A key issue is **sustainability of the Training and Development activity** once current funding is no longer available. If the key issues are not addressed the level of knowledge and skills that staff and volunteers require to undertake their duties, may not be achieved and therefore impact negatively on vulnerable adults.

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

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

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children & Young People in Halton

Safeguarding Adults Board membership includes:

- The Chair of the Local Safeguarding Children Board and
- Divisional Manager for the Children's Safeguarding Unit in the Children and Young People's Directorate.

Halton Safeguarding Children Board membership includes adult social care representatives.

Joint protocols exist between Council services for adults and children.

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

5.2 Employment, Learning & Skills in Halton

None identified.

5.3 A Healthy Halton

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

5.4 A Safer Halton

The effectiveness of Safeguarding Adults arrangements is fundamental to making Halton a safe place of residence for vulnerable adults.

5.5 **Halton's Urban Renewal**

None identified.

6.0 **RISK ANALYSIS**

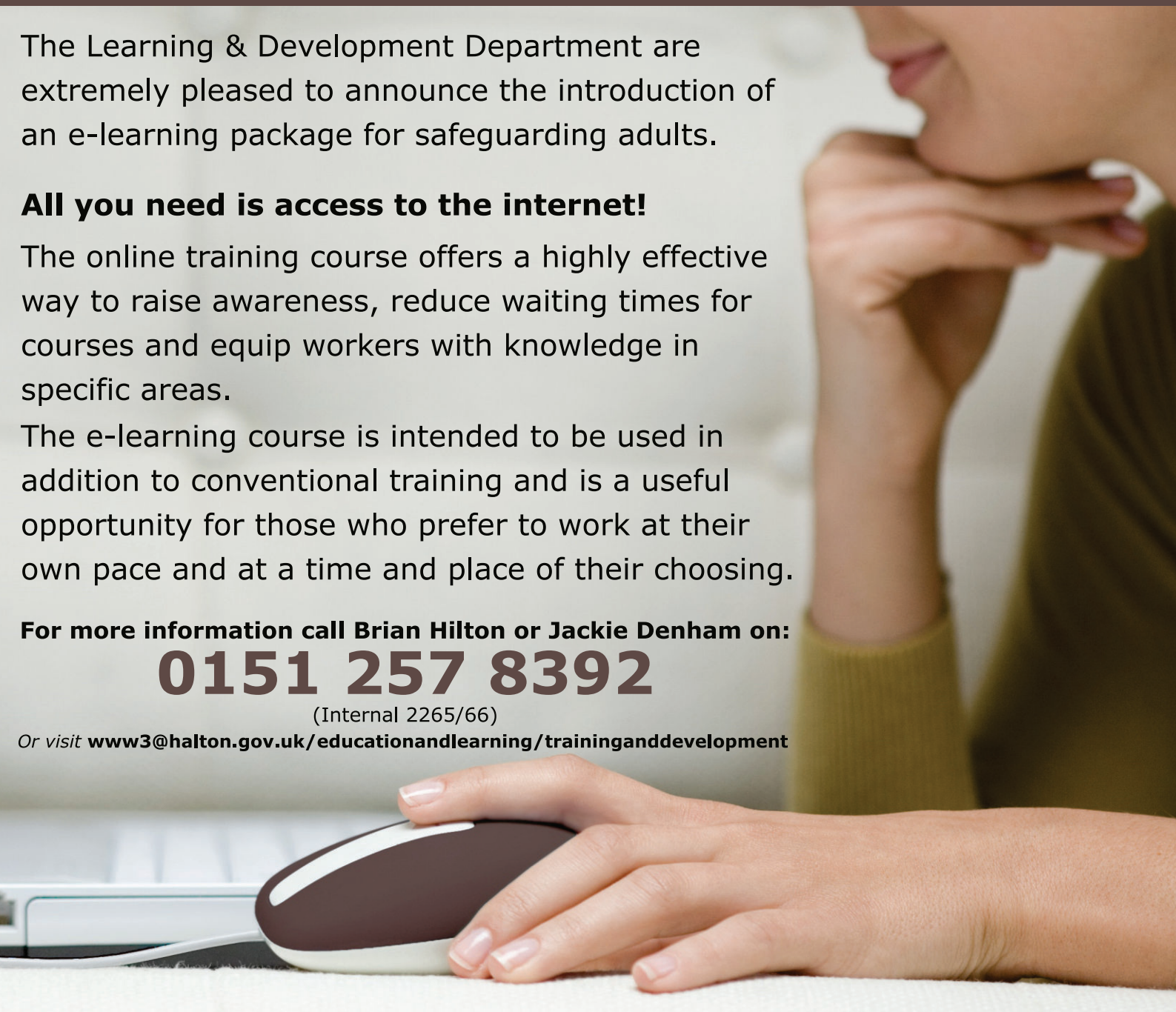
6.1 Failure to address a range of Safeguarding Adults issues could expose individuals to abuse and leave the Council vulnerable to complaint, criticism and potential litigation.

7.0 **EQUALITY AND DIVERSITY ISSUES**

7.1 It is essential that the Council addresses equality issues, in particular those regarding age, disability, gender, sexuality, race, culture and religious belief, when considering its safeguarding policies and plans.

HALTON BOROUGH COUNCIL
embrace e-learning

Safeguarding Adults E - Learning



The Learning & Development Department are extremely pleased to announce the introduction of an e-learning package for safeguarding adults.

All you need is access to the internet!

The online training course offers a highly effective way to raise awareness, reduce waiting times for courses and equip workers with knowledge in specific areas.

The e-learning course is intended to be used in addition to conventional training and is a useful opportunity for those who prefer to work at their own pace and at a time and place of their choosing.

For more information call Brian Hilton or Jackie Denham on:

0151 257 8392

(Internal 2265/66)

Or visit **www3@halton.gov.uk/educationandlearning/traininganddevelopment**

Unit 1 – Introduction

Unit 2 – Core topics covered

- Key principles of safeguarding adults
- Definition of key terms
- Recognising abuse
- Risk management and

Unit 3 – Practitioners Roles

- Raising concerns about abuse
- Procedures for alerting
- Recognising the effects of abuse in those who have to deal with it
- Laws relevant to safeguarding adults

Unit 4 – Investigators guidelines

- Agencies involved with safeguarding adults
- Promoting inter agency working
- Strategy discussions
- Adult safeguarding plans
- Inter-agency procedures

REPORT TO: Health Policy and Performance Board

DATE: 8th March 2011

REPORTING OFFICER: Strategic Director Resources

SUBJECT: Performance Management Reports for Quarter 3 of 2010/11

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

To consider and raise any questions or points of clarification in respect of performance management reports for the third quarter of 2010/11 to December 2010. The report details progress against service objectives/ milestones and performance targets, and describes factors affecting the service for:

- Prevention and Commissioning
- Complex Needs
- Enablement Services

2.0 RECOMMENDED: That the Policy and Performance Board

1) **Receive the third quarter performance management report;**

2) **Consider the progress and performance information and raise any questions or points for clarification; and**

3) **Highlight any areas of interest and/or concern where further information is to be reported at a future meeting of the Policy and Performance Board.**

3.0 SUPPORTING INFORMATION

3.1 Directorate Overview reports and associated individual Departmental Quarterly Monitoring reports have been previously circulated via a link on the Members Information Bulletin to allow Members access to the reports as soon as they become available. These reports will also provide Members with an opportunity to give advanced notice of any questions, points raised or requests for further information, to ensure the appropriate Officers are available at the Board Meeting

3.2 The departmental objectives provide a clear statement on what the services are planning to achieve and to show how they contribute to the Council's strategic priorities. Such information is central to the Council's performance management arrangements and the Policy and Performance Board has a key role in monitoring performance and strengthening accountability.

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

4.0 POLICY IMPLICATIONS

4.1 There are no policy implications associated with this report.

5.0 OTHER IMPLICATIONS

5.1 There are no other implications associated with this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

7.0 RISK ANALYSIS

7.1 Not applicable.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Not applicable.

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

Document	Place of Inspection	Contact Officer
Not applicable		

Departmental Quarterly Monitoring Report

Directorate:	Adult and Community Directorate
Department:	Prevention and Commissioning Services
Period:	1st October 2010 – 31st December 2010

1.0 Introduction

This quarterly monitoring report covers the Prevention and Commissioning Services third quarter period up to 31st December 2010. It describes key developments and progress against all objectives and performance indicators for the service.

The way in which the Red, Amber and Green, (RAG) symbols and Travel Indicator symbols have been used to reflect progress to date is explained in Appendix 6

2.0 Key Developments

Self Directed Support
The Self Directed Support and Resource Allocation policies and procedures have been completed and agreed by the Policy and Performance Board held on 10th January. The documents have been distributed to the operational teams and are available on the intranet.

Brokerage Pilot
Halton in conjunction with the Merseyside improvement and efficiency project, St Helens, Liverpool and Knowsley have developed a model to provide support brokerage to individuals receiving an indicative budget across the four authorities. The learning will inform future commissioning decisions.

Direct Payments
A training toolkit for PA's has been developed by the direct payments team. Direct Payments Officers will ensure that the toolkit is completed prior to a PA being employed to ensure that the relevant training is routinely offered and undertaken as early as possible.

Housing
It is now clear that the local authority national housing pot has been abolished. Halton's capital allocation in 2010/11 was £1.64m and the loss of resources on this scale will inevitably impact on the Council's ability to offer renovation and energy efficiency grants, and match funding of Housing Association adaptations.

On a more positive note, the Homes and Communities Agency has approved grant funding for a number of new housing projects –

- Castlefields – a further £3m to demolish 209 flats at Woodlands Walk/King Arthurs Walk/Merlin Close, and to provide 36 two bed flats, 14 three bed houses and 8 two bed houses.

- Liverpool Rd, Widnes - £1.3m to develop 47 two bed apartments within an extra care housing scheme.

- Halton Brook - £1m to provide 4 four bed houses, 10 three bed houses, 4 two bed houses, and 8 two bed flats.

Many of the planned social housing reforms announced in the Comprehensive Spending Review, and highlighted in the last quarterly report, have now been incorporated in the Localism Bill that was published in December.

Supporting People
Although the Supporting People budget has not yet been set for 2011/12, there has been a reduction in the Supporting People grant allocation that has gone into the Area Based Grant for 2010/11. Work is underway to achieve efficiencies for 2011/12, and meetings are being held with support providers to discuss proposed changes to services. Proposed changes include applying 5% efficiencies, and the rationalisation and reduction in capacity of some floating support services.

Carers Review
Following the Safeguarding Inspection, the availability of Short Breaks and the options preferred by carers was asked to be reviewed. Review of carers respite provision in the borough has taken place. There is now a five bed self contained respite unit in Widnes commissioned with the Quality Assurance Team and Hill View Care, this was remodelled as part of existing provision. This service can be block purchased in advance to make it easier for carers to access. This was implemented as a direct request from carers during the recent CQC inspection. In addition the service provider has agreed to add some further capacity within one of the existing homes in Runcorn (this is on an ad hoc basis).

Social Care in Practice 'SCIP'
Social Care in Practice project was commissioned by the Runcorn Practice Based "PPB" Commissioning Consortium in February 2008 and has run as a pilot to February 2011. The project has established formal links between Primary Care and Social Services within Runcorn, to reduce the barriers for health professionals referring people for social care issues, to provide more holistic assessments and enable more joint working. The project currently consists of three Community Care Workers (CCWs), who cover seven surgeries within Runcorn Consortium and a practice manager who manages the day to day running of the project. The Social Care staff are co-located with District nurses and Community Matrons within general practices, and work closely with them to deliver services and support to the older practice population. The PPB has agreed to this project being extended for a further two years with an additional third year subject to review.

Six Lives
Further work is required to ensure progress is maintained in responding to the Ombudsman's Report Six Lives. Work required primarily relates to healthcare services access/reasonable adjustments and Mental Capacity Act and has begun to be progressed through the multi-agency Healthcare For All sub group of the Partnership Board. The Healthcare for All group has an action plan which is reviewed.

The LD pathway was launched at Whiston hospital, and Health Passports, both electronic and paper copies have been ordered. Training sessions are being carried out at Whiston Hospital within the mandatory safeguarding training. Further in-depth training for staff is being explored. Whiston has signed up to the 'Getting it right' charter

Hearing Impairment Service
Following consultation on the development of hearing impairment services a joint Children's and Adults specification has been agreed. A tendering process was undertaken for the provision of hearing impairment services and the contract was awarded to Deafness Resource Centre who will start working with Children's and Adult services from 1st April. The Joint Commissioning Manager for Disabled Adults has also been invited to sit on the PCT Audiology Procurement Group.

3.0 Emerging Issues

Indicative Budget Pilot
Following coaching sessions care managers within the Older People Team Runcorn will independently determine the indicative budget of individuals. This pilot will be evaluated with the intention that this will be implemented across all care management teams.

Resource Directory
The citizen facing portal is still under development. Content pages are being published on Halton's intranet and the resource directory is being mapped on the externally hosted Personalisation portal. Quick search links are being approved by Adults and Community senior management. It is estimated that that this will 'Go Live' in February 2011.

Integrated Assessment Team
There is early modelling to look at the development of a generic duty team to be based with and work alongside, the contact centre and re-ablement team. They would provide better sign posting, initial assessment and safeguarding, linked closely to the development of Carefirst 6.

4.0 Service Objectives / milestones

4.1 Progress against 'key' objectives / milestones

Total	**5**	✓	5	?	0	✗	0

All the 'key' objectives/milestones are on or above target and details can be found in Appendix 1

4.2 Progress against 'other' objectives / milestones

Total	**20**	✓	15	?	2	✗	3

The majority of 'other' objectives and milestones are on or above target and details will be provided in quarter 4. Of the 3 objective/milestones that have not reached target, 2 have been affected by external factors relating to funding from other agencies. The 3rd milestone, whilst missing its December target is now on course to be completed by the end of the 2010/11 year in March. The 2 amber objectives/milestones relate to the Single Assessment Process and Supporting People 'Gateway'. Details of the red and amber 'other' objectives/milestones can be found in Appendix 2.

5.0 Performance indicators

5.1 Progress Against 'key' performance indicators

Total	**3**	✓	1	?	2	✗	0

1 indicator has achieved target. Of the remaining 2, actions are being put in place to ensure that they are achieved by the end of the financial year. Details of all key indicators can be found in Appendix 3.

5.2 Progress Against 'other' performance indicators

Total	**20**	✓	12	?	6	✗	2

Of the 2 red indicators, 1 that will not reach target relates to training. However, the number of staff trained will not reach target simply because the number of staff now employed has decreased due to restructuring and efficiency savings. From a percentage viewpoint all staff that are employed have received the appropriate training. The 'other' red indicator relates to ethnicity, which is substantially affected by very small fluctuations in numbers. Details relating to the red and amber 'other' indicators can be found in Appendix 4.

6.0 Risk Control Measures

During the development of the 2010 -11 Service activity, the service was required to undertake a risk assessment of all Key Service Objectives.

All 'high' risk, treatment measures have been identified and are progressing as planned and do not need reporting on at this time.

7.0 Data quality statement

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

8.0 Appendices

Appendix 1 Progress Against 'key' objectives / milestones
Appendix 2 Progress against 'other' objectives / milestones
Appendix 3 Progress against 'key' performance indicators
Appendix 4 Progress against 'other' performance indicators
Appendix 5 Progress against risk control measures
Appendix 6 Financial Statement
Appendix 7 Explanation of use of symbols

Appendix 1: Progress Against 'key' objectives / milestones

Ref	Objective
PCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for the community of Halton.

Milestones	Progress Q 3	Supporting Commentary
Working in partnership with the PCT, ensure appropriate mechanisms are in place to enable the Local Authority to appropriately commission services for people with learning disabilities (AOF 6 & 7)	✓	Transfer of funding has now been agreed and signed off.
Contribute to the safeguarding of vulnerable adults and children in need, by ensuring that staff are familiar with and follow safeguarding processes **Mar 2011.** (AOF6)	✓	Positive Adult safeguarding inspection. Halton judged to be excellent.
Continue to establish effective arrangements across the whole of adult social care to deliver self directed support and personal budgets **Mar 2011** (AOF6)	✓	Since October 2010 all new people accessing assessment and care management services have been subject to the self directed support process. This has allowed us to refine the system and make adjustments to the processes. This has improved people's experience of SDS and improved the numbers of support plans which have contributed to the increase in figures counted towards NI 130 targets.

Appendix 1: Progress Against 'key' objectives / milestones

Ref	Objective
PCS 2	Effectively consult and engage with the community of Halton to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required

Milestones	Progress Q 3	Supporting Commentary
Continue to support the development of the LINks to ensure it provides an effective mechanism for community engagement **Mar 2011** (AOF 32)	✓	Senior managers continue to meet with LINKS and work towards new arrangements 2012.
Continue to negotiate with housing providers & partners in relation to the provision of further extra care housing tenancies, to ensure requirements are met (including the submission of appropriate funding bids) **Mar 2011.** (AOF6 & 7)	✓	The Homes and Communities Agency (HCA) has agreed to support and fund the development of a 47 unit extra care scheme at Liverpool Rd. in Widnes subject to achieving a start on site before the end of March 2011. The planning application is due to be determined at Development Control Committee on the 14th February 2011.

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary

Ref	Objective
PCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for the community of Halton.

Milestones	Progress Q 3	Supporting Commentary
Continue to implement, monitor and review the rollout of the Single Assessment Process. ***Mar 2011*** *(AOF 6 & 7)*	?	*Report presented to SMT on 23.11.10 to determine future SAP implementation options – to cease or continue, decision taken to continue implementation. To approach Wigan, Ashton & Leigh to take over the lead (briefing report issued in Dec 10). To re-established Project Board in April 2011, after the transformation of the community health services has been completed.* *SAP principals to be adopted across all client groups and "personalisation" tools revised to ensure SAP compliance, waiting approval.*
Introduce Supporting People 'Gateway' or single point of access service ***Mar 2011*** *(AOF 6, 30 and 31)*	?	*It is still proposed to introduce the SP Gateway in line with CBL. However given the uncertainty regarding the SP budget allocation for 2011/12 it is not known if funding will be available for new services.*

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary

Ref	Objective
PCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for the community of Halton.

Milestones	Progress Q 3	Supporting Commentary
Revise and update the Supporting People Plan to ensure effective services are in place (AOF 6) ***Sept 2010***		*Due to the reduction in SP grant allocation, reports have been presented to SP Commissioning Body in September 2010 and January 201. Proposals for changes to services have been discussed with providers, and the proposed changes will realise efficiencies while ensuring SP continues to fund services for all client groups currently funded.*

Ref	Objective
PCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for the community of Halton.

Milestones	Progress Q 3	Supporting Commentary
Continue to monitor activity of the 'Virtual Ward' established with Widnes PBC, to ensure services are effectively delivered ***Mar 2011.*** *(AOF 2 & 4)*		*This project has been deferred by the PCT, consequently there is no progress to report.*

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
Introduce a Choice Based Lettings scheme to improve choice for those on the Housing Register seeking accommodation ***Dec 2010*** *(AOF11and 30.)*							*Following a formal consultation on the draft housing allocations scheme further changes are being made to the document. It is likely that a final policy proposal will be presented to the Boards of the 5 partner Councils during February and March. This will enable ICT contracts to be signed and the scheme development phase to commence, with the scheme going live in the autumn.*

Appendix 3: Progress Against 'key' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
Service Delivery							
PCS15	% of VAA Assessments completed within 28 days	69%	75%	72.5%	?	New Measure	Performance has dipped slightly from Q2 (76.99%) and was under target at end December.
NI 136	People Supported to live independently through Social Care Services	3297	3350	3030	✓		Q3 performance is slightly down compared to the same quarter last year, but still due to meet its target by the end of 2010/11.
NI 130	Social Care Clients receiving self directed support (DP's/Individualised Budgets)	16.80	30%	17.07%	?		Indicator based on clients and carers receiving self directed support as a percentage of clients and carers receiving community based services. In total 886 clients and carers are in receipt of self directed support.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
Fair Access							
PCS 4(a)	Percentage of adults assessed in year where ethnicity is not stated Key threshold <10% (Previously AWA LI4 & OP LPI5)	0.27	0.5	2.91	?		The number of clients assessed where ethnicity is not stated relates to 33 clients. Exception reports are produced of these clients for teams to action to ensure target will be met at year end.
PCS 4(b)	Ethnicity of Older People receiving assessment (Previously OP LI4/ EN 4)	0.36	1.5	0.25			Out of 812 older clients assessed, there has been 1 client whose ethnicity was other than white. This indicator is subject to great fluctuation given the small ethnic population in Halton, thus is unlikely to achieve the target at year end.
PCS 6	Clients receiving a review as a % of adult clients receiving a service (Previously AWA LI9 & OP LI7)	82.40	80	55.96	?		Performance is less than the same quarter last year, which makes it uncertain at this stage, whether the milestone/objective will be achieved within the appropriate timeframe.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
Service Delivery							
NI 135	Carers receiving Needs Assessment or Review and a specific Carer's Service, or advice and information	26.10	25	17.79%	?	↓	Exception reports are produced for teams to action of carers who are in receipt of a service but not yet had an assessment or review. This should ensure the target will be achieved.
PCS 8	No. of relevant staff in adult SC who have received training (as at 31 March) addressing work with adults whose circumstances make them vulnerable (Previously HP LI2)	475	475	428	✗	↓	A new staff list has been supplied and the number of staff identified within the list has reduced from 497 to 428, due to restructuring and efficiency savings. Therefore, a new target figure needs to be agreed.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
NI 142	Number of vulnerable people who are supported to maintain Independent Living	98.95%	99.04%	98.51%	?	↓	Performance has dropped in quarter 3, with only frail elderly, older people and teenage parents services meeting their individual targets set. Generic services have performed poorly during this period, with 2 services failing to meet their targets both during this quarter and over the year to date. The services are due to be remodelled in 2011 to achieve efficiencies. Performance issues will be addressed with the 2 service providers and future performance will be closely monitored. Meetings will be held with all services which have failed to achieve their target for 2010-11 and it is hoped this will see an improvement during quarter 4.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
Area Partner National Indicators: The indicators below form part of the new National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.							
NI 32	Repeat incidents of domestic violence	23%	27%	23%	?		In comparison to last years performance, there are less cases presenting, with a similar level of repeats. This indicates a continuing trend from Q1 and Q2 of decreasing cases. But the indicator must be viewed with caution as 2009/10 is not considered to be a reliable base line. However, it would appear from the data that there is a reduction in the number of cases presented this year.
NI 40	Drug users in effective treatment	468	529	428	?		Latest data available is for month 4 (July 2010). In month 4 Halton at 428 is 10 below the expected figure of 438. PDU planned exits for November 2010 are 6th best in the NW at 37% and higher than the national average of 32%. All drug 18+ planned exits are 9th best in NW at 48% and higher than the national average of 42%

Appendix 5 Financial Statement

ADULTS & COMMUNITY – PREVENTION & COMMISSIONING

Revenue Budget as at 31st December 2010

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	**Variance To Date** (overspend) £'000	ctual Includin Committed Items £'000
Expenditure					
Employees	4,372	3,313	3,371	(58)	3,482
Other Premises	49	42	48	(6)	45
Supplies & Services	2,171	1,352	1,338	14	1,536
Contracts & SLA's	848	521	516	5	516
Transport	59	44	47	(3)	47
Community Care:					
Residential & Nursing Care	6,362	4,638	4,631	7	4,631
Homecare	4,184	3,015	3,014	1	3,014
Direct Payments	1,830	1,334	1,350	(16)	1,350
Supported Living	545	360	361	(1)	361
Day Care	227	196	194	2	194
SP Payments to Providers	4,520	3,170	3,170	0	3,170
Other Agency	317	179	138	41	182
Total Expenditure	**25,484**	**18,164**	**18,178**	**(14)**	**18,528**
Income					
Residential & Nursing Fees	-2,780	-2,273	-2,279	6	-2,279
Direct Payment Charges	-78	-56	-62	6	-62
Fees & Charges	-70	-65	-79	14	-79
Sales & Rents Income	-146	-131	-126	(5)	-126
PCT reimbursements	-2,097	-984	-988	4	-988
Government Grant Income:					
Social Care Reform Grant	-790	-756	-756	0	-756
Mortgage Rescue Scheme	-78	-78	-78	0	-78
Homelessness Grant	-139	-89	-99	10	-99
Aids Support Grant	-11	-11	-11	0	-11
Learning Disabilities Campus Closure	-94	-94	-94	0	-94
Total Income	**-6,283**	**-4,537**	**-4,572**	**35**	**-4,572**
Net Controllable Expenditure	**19,201**	**13,627**	**13,606**	**21**	**13,956**
Recharges					
Premises Support	140	0	0	0	0
Asset Charges	11	0	0	0	0
Central Support Services	4,009	5	4	1	4
Internal Recharge Income	-8	0	0	0	0
Total Recharges	**4,152**	**5**	**4**	**1**	**4**
Net Departmental Total	**23,353**	**13,632**	**13,610**	**22**	**13,960**

Appendix 5 Financial Statement

Comments on the above figures:

In overall terms revenue spending at the end of quarter 3 is £22,000 below budget profile, due in the main to the over achievement of income. This is a considerable change from the financial position reported at quarter 2 when the department was £277,000 below budget. The reason for the change is due to expenditure on the Community Care budget rising sharply from October to December.

The total net community care budget is currently over budget profile by £19,000 within this department. Older People residential & nursing care placements have risen significantly from 363 in May to 410 as at December, an increase of almost 13%. The sharp increase is due to patients being discharged from hospital directly into residential/nursing care. Staff within the department are currently working with the PCT to aid appropriate hospital discharge.

The Community Care budget will continue to be scrutinised closely to ensure a balance budget at year end and also to ensure pressures for 2011/12 are minimised.

Employee costs are over budget profile by £58,000 due to the Principal & Practice Managers receiving back dated pay in May relating to the Job Evaluation process totalling £61,000.

Expenditure within the Prevention & Commissioning Department is currently £22,000 below the net Departmental budget. This will contribute towards the £0.5m underspend target which has been set for the Adults & Community Directorate.

HOUSING STRATEGY & SUPPORT SERVICES
Capital Projects as at 31st December 2010

	2010/11 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Private Sector Housing				
Renovation Grants	304	250	246	58
Disabled Facilities	750	560	490	260
Joint Funding RSL Adaptations	650	500	664	(14)
Energy Promotion	100	50	46	54
Stair Lifts	170	0	0	170
Modular Buildings	45	0	0	45
Homelink	50	20	18	32
Choice Based Lettings	40	0	0	40
Extra Care Housing	1,329	0	0	1,329
Out of Borough Placements	560	0	0	560
Contingency	46	0	0	46
Total Spending	**4,044**	**1,380**	**1,464**	**2,580**

Renovation Grant
Spend has been steady throughout the year and the scheme is on track to fully spend.

The Disabled Facilities Grant
Demand continues to be high for adaptations and this scheme is also expected to be utilised in full as further commitments of £250,000 are currently outstanding this financial year.

Appendix 5 Financial Statement

Joint Funding RSL Adaptations
Spending is line with expectations at this point of the year. Further commitments of £194,000 against this scheme may result in a small overspend of £30,000 if all work is completed by 31st March 2011.

Energy Promotion
Spend against this scheme is as expected and the scheme is likely to be fully spent by year end.

Stair Lifts
Demand continues to be high for this service, even more so than 2009/10. Spend to date has already exceed allocation and any additional spend will be offset against contingency or underspends on other capital projects.

Modular Buildings
Although no spend has yet been incurred to date on this scheme recent plans have been made to construct another building. As this is in the early stages, spend may not be committed until the final quarter of the financial year. If plans are not progressed funding may be used to fund further stair lifts in order to meet the increasing demand.

Homelink
This scheme is expected to be fully spent by year end.

Choice Based Lettings
This project is being developed in partnership with 4 other Local Authorities. Based on current projections the contract for system design should be signed off during the final financial quarter however expenditure is not anticipated against this scheme until early 2011/12.

Extra Care Housing
The Extra Care Housing Scheme is still waiting approval from The Homes & Communities Agency for a bid submitted in March 2010.
It is doubtful that this scheme will commence this financial year.

Out of Borough Placements
Discussions are progressing with RSL's to identify potential housing schemes or one off purchases to accommodate people repatriated. Costs are expected to be incurred during the final quarter of the year.

Appendix 6 Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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

Departmental Quarterly Monitoring Report

Directorate:	Adult and Community Directorate
Department:	Complex Care Services
Period:	Quarter 3 - 1st October 2010 – 31st December 2010

1.0 Introduction

This quarterly monitoring report covers the Complex Care Services third quarter period up to 31st December 2010. It describes key developments and progress against key objectives and performance indicators for the service.

The way in which the Red, Amber and Green, (RAG), symbols and Travel Indicator symbols have been used to reflect progress to date is explained in Appendix 5.

2.0 Key Developments

Halton Home Improvement and Independent Living Service
Following the further promotion of the Handyperson Service and the monitoring meeting with Safe Partnerships a project group has been established to re-evaluate the service and make recommendations about future service provision.

Affordable Warmth Strategy
Recruitment to the post of Affordable Warmth Coordinator was unsuccessful. Funding has been identified to train existing staff to implement and promote the principles of the strategy. The strategy has been accepted by Senior Management Team and will be presented to the Healthy Halton Policy and Performance Board.

Halton Supported Housing Network
Collection of baseline information is ongoing through the Supported Housing Network project group. The report about tenant finances is in draft format and will be presented to Senior Management Team for consideration. Staff training has been undertaken in relation to tenant finances and procedures are being revised.

Adult Placement Service
The Adult Placement Service project group has developed questionnaires to survey the views of service users, informal carers and social care staff to inform the future development of the service. This information will be collated and included in reports to senior management and Members in due course. Recent work by the team to raise the profile of the service has resulted in a steady flow of new referrals to the service.

MENTAL HEALTH SERVICES

Review of Community Mental Health Services
At the time of the last Quarterly Monitoring Report, the internal review of community mental health services (with some input from partners and stakeholders) was completed at a strategic level and was going out for consultation. The finer detail, relating to the direct impact on individual services, had yet to be identified.

Personalisation
All new referrals to mental health services are now subject to the support planning process, and all reviews of care packages are taking the same approach. Two temporary social workers have been taken on within the community mental health teams to free up capacity for permanent staff to complete this process. The targets for delivery of personalisation within mental health services are on course for being achieved by the end of the financial year.

Mental Capacity Act/Deprivation of Liberty Safeguards
Activity data on Mental Capacity Act assessments and Deprivation of Liberty Safeguards (DoLS) applications is now being reported regularly to the Mental Capacity Act Steering Group. A range of training opportunities and workshops has been provided to local residential care providers about their roles and responsibilities under DoLS, and a template has been devised to assist them in this. Direct work has taken place with one particular residential home, which was identified within a Serious Case Review, and this work continues. This will be extended to other care homes.

Older People's Mental Health Services
The work continues to redesign dementia services to deliver the outcomes on the Halton dementia strategy. All current pathways into services have been fully mapped and it is clear that redesign will be more effective for people who use services. The potential for use of existing services to deliver the Assessment, Care and Treatment Service (ACTS) model is being examined.

3.0 Emerging Issues

MENTAL HEALTH

New referral sources
The opportunity for service redesign within mental health services remains. It is clear that some areas of work are less able to demonstrate effective social care outcomes, and referral sources are increasing. This will be considered in more detail in Quarter 4.

National Mental Health Strategy
The new national strategy for mental health is expected to be delivered in Quarter 4. The implications of the strategy for Halton will be reported through usual management structures.

Deprivation of Liberty Safeguards
The impact of recent case law, which extends the scope of the Deprivation of Liberty Safeguards, has yet to be considered for Halton. This will be clarified in Quarter 4.

Autistic Spectrum Conditions (ASC)
The local strategy for the delivery of improved services for people with ASC continues to be delivered through the multi-agency Steering Group.

4.0 Service Objectives / milestones

4.1 Progress against 'key' objectives / milestones

Total	**3**	✓	3	?	0	✗	0

All 'key' objectives and milestones are on or above target. Further information can be found in Appendix 1.

4.2 Progress against 'other' objectives / milestones

Total	**11**	✓	11	?	0	✗	0

All of the 'other' objectives/milestones are progressing as planned and additional details are provided within Appendix 4.

5.0 Performance indicators

5.1 Progress Against 'key' performance indicators

Total	**3**	✓	2	?	0	✗	0

The two indicators that have been recorded have both achieved target. NI 127 relating to 'Self reported experience of Social Care Users' cannot be reported as the NHS Information Centre are in the process of developing a new methodology for this. Details can be found in Appendix 3.

5.2 Progress Against 'other' performance indicators

Total	**16**	✓	8	?	5	✗	3

Of the 16 reportable 'other' indicators 8 are on or above target and will be reported on in quarter 4. Of the remainder 5 are amber and may reach target by year end. 3 will definitely not reach target. Details of the red and amber indicators can be found in Appendix 4.

6.0 Data quality statement

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

7.0 Appendices

Appendix 1 Progress Against 'key' objectives / milestones

Appendix 2 Progress against 'key' performance indicators

Appendix 3 Progress against 'other' performance indicators

Appendix 4 Financial Statement

Appendix 5 Explanation of use of symbols

Appendix 1: Progress Against 'key' objectives / milestones

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

Milestones	Progress Q 3	Supporting Commentary
Implement the Local Dementia Strategy, to ensure effective services are in place **Mar 2011.** (AOF6 & 7)	✓	Redesign of Community Mental Health Services continues to ensure that it fits with the implementation of the Assessment, Care and Treatment Service (ACTS). This is an integral part of delivering the local dementia strategy. It is important to note that the Implementation plan for the dementia strategy covers 2010-2014 and full implementation of all elements of the service will not be completed by March 2011.

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

Milestones	Progress Q 3	Supporting Commentary
Continue to survey and quality test service user and carers experience of services to evaluate service delivery to ensure that they are receiving the appropriate outcomes **Mar 2011** (AOF 32)	✓	A Draft Corporate Engagement Strategy has now been completed that outlines how the Local Authority will consult with service users in the future. Specific consultation work has been undertaken with over 100 carers and people currently using the Adult Placement service to help review existing quality and be part of the planning and commissioning process for the future. These consultations have been included on the corporate consultation list.

Appendix 1: Progress Against 'key' objectives / milestones

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

Milestones	Progress Q 3	Supporting Commentary
Consider with our PCT partners the recommendations and implications of the review of Halton's section 75 agreement **Mar 2011** (AOF 33,34 and 35)	✓	Governance arrangements reviewed in response to 'Liberating the NHS' paper, and revised proposals are currently under discussion.

Appendix 2: Progress Against 'key' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
Quality							
NI 127	Self reported experience of Social Care Users	76.75	N/A	Refer to comment	N/A	N/A	The NHS Information Centre is currently developing a new methodology for this indicator, in view of which this PI may not be reportable until 2011/12.
Service Delivery							
NI 145	Adults with Learning Disabilities in Settled accommodation	81.99%	90%	92%	✓	↑	Target achieved. Performance is improving from last year.
CSS 8	Adults with mental health problems helped to live at home (Previously AWA LI13)	3.93	3.50	3.97	✓	↑	Target achieved. Q3 performance relates to 295 clients an increase of 15 from the previous year.

Appendix 3: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
Quality							
CCS 5	% of items of equipment and adaptations delivered within 7 working days (Previously OP LI9)	91.24	93	92.4	?		Q3 shows a downward trend from Q2, which stood at 97.25%, however it is hoped that the target may still be achieved as it is an improvement on the same quarter last year.
Service Delivery							
CCS 6	Adults with physical disabilities helped to live at home (Previously AWA LI11) Rate per thousand population	8.15	8.00	7.7	?		Q3 shows a downward trend from Q2 this year, which had reached target at 8.09, and from the same quarter last year, which stood at 8.17. However it is hoped that the trend can be reversed and the target for this year achieved.

Appendix 3: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
Area Partner National Indicators: The indicators below form part of the new National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.							
NI 39	Hospital Admissions for Alcohol related harm	2548.6 estimated	2309	2101	?	↓	Full Q3 data is not yet available and the October and November data has been extrapolated to calculate a Q3 proxy figure and will be updated in the Q4 report.
NI 120	All-age all cause mortality rate per 100,000 population	Male: 803.8 estimated Female: 597.3 estimated	Male: 755 Female: 574	Male 864.1 Female 562.5	✗ ?	↓ ↑	Data from December 2009 has yet to be verified but showed male mortality as 864 (per 100,000) Through 2010 this has fluctuated and at the end of November 2010 remains the same as last December's (2009) rate. This is off track and unexpected to hit the 2010 target of 755. There has been good improvement in Halton this year for female mortality. If the number of deaths entered in December does not increase Halton will reach the 2010 target.

Appendix 3: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
NI 121	Mortality rate from all circulatory diseases at ages under 75	88.8 estimated	78.31	104.1			November figure has been used as a proxy for Q3 as December data has not yet been released. There has been an increase in mortality due to circulatory diseases since April 10 pushing the yearly figure up for mortality in the under 75's. Halton Borough Council in conjunction with the PCT are examining the data to understand the causes of deaths, the age and where these deaths have occurred to enable better targeting of current programmes in place. This means the Circulatory Disease's in Halton are unlikely to hit the PCT calendar year end target of 78.31.
NI 122	Mortality from all cancers at ages under 75	166.8 estimated	126.41	150.7			Halton death rates from cancer under age 75 remain high, and above (worse than) target. The most recent monthly data (provisional until the 2010 national annual updates are released at the end of 2011) show an improvement. On present trends we are unlikely to meet the cancer mortality target, despite a fall in provisional death rates between 2009 and 2010.

Appendix 3: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
NI 126	Early access for women to maternity services	1319 estimated	3229 85.5%	84.72%	?	⇔	Q3 data is not yet available and Q2 data has been used as a proxy. Performance is just short of the year end target. Given continued work it is likely that the year end target will be achieved.

Appendix 4: Financial Statement

ADULTS & COMMUNITY – COMPLEX CARE
Revenue Budget as at 31st December 2010

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000	Actual Including Committed Items £'000
Expenditure					
Employees	4,870	3,608	3,584	24	3,584
Other Premises	66	44	45	(1)	61
Food Provisions	4	3	1	2	3
Supplies & Services	415	320	364	(44)	478
Transport	707	430	415	15	628
Emergency Duty Team	100	50	50	0	50
Aids & Adaptations	113	85	110	(25)	122
Contribution to Joint Equipment Service	231	0	0	0	0
Community Care:					
Residential & Nursing Care	805	566	544	22	616
Home Care	416	309	314	(5)	314
Supported Living	239	92	75	17	75
Direct Payments	123	77	85	(8)	85
Day Care	8	7	9	(2)	9
Total Expenditure	**8,097**	**5,591**	**5,596**	**(5)**	**6,025**
Income					
Residential & Nursing Fees	-64	-37	-55	18	-45
Direct Payment charges	-3	-2	-2	0	-2
Fees & Charges	-52	-34	-44	10	-44
Rents Income	-28	-21	-11	(10)	-11
PCT contribution to care	-715	-541	-561	20	-571
Capital salaries	-84	0	0	0	0
Government Grants:					
Handyman Grant	-70	-70	-70	0	-70
DFG	-40	-40	-57	17	-57
Other Income	-205	-134	-142	8	-142
Total Income	**-1,261**	**-879**	**-942**	**63**	**-942**
Net Controllable Expenditure	**6,836**	**4,712**	**4,654**	**58**	**5,083**
Recharges					
Premises Support	114	10	9	1	9
Central Support Services	1,225	2	2	0	2
Asset Charges	1,322	0	0	0	0
HBC Support Costs Income	-109	0	0	0	0
Total Recharges	**2,552**	**12**	**11**	**1**	**11**
Net Department Total	**9,388**	**4,724**	**4,665**	**59**	**5,094**

Appendix 4: Financial Statement

Comments on the above figures:

In overall terms revenue spending at the end of quarter 3 is under budget profile by £59,000. This is due to expenditure on the staffing budget being slightly less than anticipated and the overachievement of income.

Expenditure on the staffing budget remains less than anticipated at the start of the year however the under spend reported at the end of quarter 2 has not increased as the vacant front line service posts have now been filled.

The supplies and services budget continues to be over budget profile, as expected, due to IT commitments for the Carefirst system including the annual maintenance charge to the software system suppliers.

The Aids & Adaptations budget continues to be under pressure, as anticipated, as more service users are supported within their own homes as opposed to residential placements. This budget will be closely monitored throughout the year to ensure it is contained within the overall budget for the department.

The Community Care budget, including associated fees & charges, is currently £21,000 under budget profile. However the Homecare, Direct Payments and Day Care budgets continue to be under pressure as an increasing number of service users are being supported at home using home care and telecare services or opting to choose a personal budget to enable them to arrange their own care package as this offers more flexibility and choice.
The community care budget is being monitored very closely and work has now been completed to ensure the likely year end position is contained within the overall departmental budget. The trend of increasing Day care & Direct Payments is expected to continue throughout 2011/12 exerting a real and increasing pressure on the Directorate's budget which must be managed carefully.

Income received is slightly higher than anticipated at budget setting time however the variance to date is the same as at quarter 2 indicating that this trend is not likely to continue throughout the final financial quarter.

Expenditure within the Complex Department is currently £59,000 below the net Departmental budget. This will contribute towards the £0.5m underspend target which has been set for the Adults & Community Directorate.

Capital Budget as at 31st December 2010

	2010/11 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
User Led Organisation	55	0	0	55
Total Spending	**55**	**0**	**0**	**55**

User Led Organisation
A contract has been awarded to consultations to develop a hub & spoke model. Work is currently underway to identify suitable accommodation for the hub and spending against this scheme is anticipated during the remaining 3 months of the financial year.

Appendix 5 Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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

Departmental Quarterly Monitoring Report

Directorate: Adult & Community

Department: Enablement Services

Period: Quarter 3 - 1st October 2010 – 31st December 2010

1.0 Introduction

This monitoring report covers the Enablement Services third quarter period up to period end 31st December 2010. It describes key developments and progress against all objectives and performance indicators for the service.

The way in which the Red, Amber and Green, (RAG), symbols and Travel Indicator symbols have been used to reflect progress to date is explained in Appendix 6.

2.0 Key Developments

A business plan is currently being developed in relation to the modernisation of Oakmeadow.

Redesign of older peoples community day services are being considered, in line with improved access to community services and a preventative approach to supporting people in the community.

The contract for the End Of Life Service, which is commissioned by the PCT, has been agreed for three years with an increase in the number of hours care commissioned.

3.0 Emerging Issues

A small project group has been established in partnership with the PCT to ensure appropriate allocation of new Reablement funding to prevent readmissions to hospital within 28 days.

Efficiency targets are challenging and work is ongoing to ensure we continue to support effective frontline services.

4.0 Service Objectives / milestones

4.1 Progress against 'key' objectives / milestones

Total	**2**	✓	2	?	0	✗	0

Both key objectives/milestones are on target and further details of which can be found in Appendix 1.

4.2 Progress against 'other' objectives / milestones

Total	**10**	✓	10	?	0	✗	0

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

5.0 Performance indicators

5.1 Progress Against 'key' performance indicators

Total	**1**	✓	_	?	_	✗	_

The **1 key indicator** detailed in Appendix 2 is **not available** this year. The NHS information centre is currently developing a new methodology for this indicator which will most likely be available in 2011/12.

5.2 Progress Against 'other' performance indicators

Total	**6**	✓	4	?	1	✗	1

6 of the 'other' indictors are on target and will not be reported until the next quarter. The indicator that has an uncertain outcome relates to 'The number of emergency bed days per head of weighted population'. The outcome is uncertain at this stage because of seasonal variations. The indicator determined which will not be

achievable relates to long-term care, there being a greater growth of individuals requiring long-term care than expected. Details of all the red and amber 'other' indicators can be found in Appendix 3.

6.0 Data quality statement

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

7.0 Appendices

Appendix 1 Progress Against 'key' objectives / milestones

Appendix 2 Progress against 'key' performance indicators

Appendix 3 Progress against 'other' performance indicators

Appendix 4 Financial Statement

Appendix 5 Explanation of use of symbols

Appendix 1: Progress Against 'key' objectives / milestones

Ref	Objective
EN1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people

Milestones	Progress Q 3	Supporting Commentary
Ensure intergenerational issues are taken into account whilst implementing the Early Intervention/Prevention Strategy to improve outcomes for Older People in Halton **Mar 2011.** (AOF6 & 7)	✓	HBC Intergenerational group set up to further develop intergenerational issues in the borough. Group comprises staff from across the council and service users.
Following the evaluation of Telecare Services during 2009/10, develop and implement an action plan, based on the recommendations, to ensure the continued development and use of Telecare **Mar 2011** (AOF 6 & 7)	✓	Action Plan currently being implemented. Number of people supported with Telecare has increased in line with plans. Training to front line social care staff is ongoing.

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

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
Quality							
NI 128	User reported measure of respect and dignity in their treatment	92.99	95	N/A	N/A	N/A	The NHS Information Centre is currently developing a new methodology for this indicator. This PI therefore may not be reportable until 2011/12.

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

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
Service Delivery							
EN 5	Admissions of supported residents aged 65+ to permanent residential/nursing care (per 10,000 population) key Threshold < 140 (Previously OP LI9)	45.68	60	62.42			An increase is noted due to a higher number of individuals admitted to long term care and fewer service users being awarded continuing health care by the PCT. Thus performance is higher than in the same period in 2009/10.

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

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
Area Partner National Indicators: The indicators below form part of the new National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.							
NI 134	The number of emergency bed days per head of weighted population	67317.08 estimated	N/A	43275.2	?	N/A	Seasonal variations and winter pressures have contributed to the increase in emergency bed days. Q1 and Q2 data have been updated. Q3 figure has been calculated using a proxy based on averages to date. Information is supplied by the PCT. It has not been possible to set Halton Borough Council LA targets separate from the PCT footprint.

Appendix 4 Financial Statement

ADULTS & COMMUNITY – ENABLEMENT

Revenue Budget as at 31st December 2010

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000	Actual Including Committed Items £'000
Expenditure					
Employees	3,002	2,442	2,398	44	2,533
Other Premises	74	32	30	2	57
Supplies & Services	68	54	57	(3)	78
Transport	55	35	38	(3)	38
Food Provisions	47	35	18	17	47
Other Agency	1	1	1	0	2
Community Care:					
Home Care	21	4	4	0	4
Adult Stroke Services Grant	85	0	0	0	0
Contribution to Intermediate Care Pool	2,450	1,404	1,384	20	1,591
Total Expenditure	**5,803**	**4,007**	**3,930**	**77**	**4,350**
Income					
Other Fees & Charges	-214	-126	-124	(2)	-124
Other Reimbursements	-235	-66	-67	1	-67
ABG: Stroke Services Grant	-85	-85	-85	0	-85
Total Income	**-534**	**-277**	**-276**	**(1)**	**-276**
Net Controllable Expenditure	**5,269**	**3,730**	**3,654**	**76**	**4,074**
Recharges					
Asset Charges	55	0	0	0	0
Departmental Support Services	520	0	0	0	0
Internal Recharge Income	-487	-79	-79	0	**-79**
Total Recharges	**88**	**-79**	**-79**	**0**	**-79**
Net Departmental Total	**5,357**	**3,651**	**3,575**	**76**	**3,995**

Comments on the above figures:

In overall terms revenue spending at the end of quarter 3 is under budget profile by £56,000 excluding the Intermediate Care Pool Budget.
Employee costs include JE back pay received in May which amounted to approximately £32,000.
Supplies & Services is £3k over budget profile which relates to one off costs of advertising Sure Start to Later Life Services.
Transport spend is £3,000 over budget profile due to Lease Car's being taken up after the budget was set.
Expenditure on food provisions is £17,000 under budget profile, which in main relates to Oakmeadow.

Appendix 4 Financial Statement

Expenditure within the Enablement Department is currently £56,000 below the net Departmental budget, excluding the Intermediate Care Pool Budget. This will contribute towards the £0.5m underspend target which has been set for the Adults & Community Directorate.
A summary of the H.B.C. Contribution to Intermediate Care Pooled Budget is shown below.

ADULTS & COMMUNITY – ENABLEMENT

Contribution to Intermediate Care Pooled Budget

Revenue Budget as at 31st December 2010

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000	Actual Including Committed Items £'000
Expenditure					
Employees	1,283	992	1,011	(19)	1,187
Other Premises	96	0	0	0	0
Supplies & Services	439	293	254	39	282
Transport	7	11	11	0	14
Other Agency Costs	258	69	69	0	69
Total Expenditure	**2,083**	**1,365**	**1,345**	**20**	**1,552**
Income					
Total Income	0	0	0	0	0
Net Controllable Expenditure	**2,083**	**1,365**	**1,345**	**20**	**1,552**
Recharges					
Asset Charges	0	0	0	0	0
Central Support Charges	70	0	0	0	0
Departmental Support Services	297	39	39	0	39
Internal Recharge Income	0	0	0	0	0
Total Recharges	**367**	**39**	**39**	**0**	**39**
Net Departmental Total	**2,450**	**1,404**	**1,384**	**20**	**1,591**

Comments on the above figures:

In overall terms revenue spending at the end of quarter 3 is under budget profile by £20,000.

The budget will be closely monitored throughout the winter months to ensure expenditure is within budget at year end.

Appendix 4 Financial Statement

ENABLEMENT
Capital Budget as at 31st December 2010

	2010/11 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Social Care & Health				
Oakmeadow Phase 2	35	7	6	29
Total Spending	**35**	**7**	**6**	**29**

Appendix 5 Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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