Health Policy and Performance Board

Tuesday, 6 November 2012 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 Sandra Baker	**Labour**
Councillor Mark Dennett	**Labour**
Councillor Valerie Hill	**Labour**
Councillor Miriam Hodge	**Liberal Democrat**
Councillor Margaret Horabin	**Labour**
Councillor Chris Loftus	**Labour**
Councillor Pauline Sinnott	**Labour**
Councillor Pamela Wallace	**Labour**
Councillor Geoff Zygadllo	**Labour**
Mr J Chiocchi	**Co-optee**

Please contact Lynn Derbyshire on 0151 511 7975 or e-mail lynn.derbyshire@halton.gov.uk for further information.

The next meeting of the Board is on Tuesday, 8 January 2013

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

Part I

(E) ENVIRONMENTAL HEALTH ANNUAL REPORT 2011-2012   239 - 249

In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

REPORT TO: Health Policy & Performance Board

DATE: 6 November 2012

REPORTING OFFICER: Strategic Director, Policy & Resources

SUBJECT: Public Question Time

WARD(s):   Borough-wide

1.0   PURPOSE OF REPORT

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

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

2.0   RECOMMENDED: That any questions received be dealt with.

3.0   SUPPORTING INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

• Please keep your questions as concise as possible.

• Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.

• Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

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

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

REPORT TO:	Health Policy and Performance Board
DATE:	6 November 2012
REPORTING OFFICER:	Chief Executive
SUBJECT:	Shadow Health & Wellbeing 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 Health & Wellbeing Shadow Board Minutes 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.

SHADOW HEALTH AND WELLBEING BOARD

At a meeting of the Shadow Health and Wellbeing Board on Wednesday, 18 July 2012 at Karalius Suite, Stobart Stadium, Widnes

Present: Councillors Polhill, (Chairman), Philbin and Wright, M Baker, S Banks, S. Barber, P Chalmers, M. Clunie, N Goodwin, M Holt, D. Parr, P. Cooke, Dr M. Forrest, Lunt, D Lyon, E O'Meara, N Rowe, N. Sharpe, J Stephens, R Strachan, D. Sweeney, A. Williamson, J. Wilson and S Yeoman.

Apologies for Absence: Councillor Gerrard, K. Fallon, N Marr, A. McIntyre and M. Pickup

Absence declared on Council business: None

**ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD**

Action

HWB10 MINUTES OF LAST MEETING

The Minutes of the meeting held on 20th June 2012 were taken as read and signed as a correct record, subject to the following amendments:

- Under Minute No HWB2 Cardio Vascular disease was not included in the list of the Board's Health priorities; and
- Minute No HWB3 should be amended to read that 'Halton CCG had expected an allocation of around £3.2m'.

It was noted that under Minute No HWB6, The Priory Hospital, following feedback from CQC, further developments had superseded the original report and an update report would be presented to the next meeting.

D Sweeney

HWB11 HEALTH AND WELLBEING - MAPPING OF INVESTMENT

The Board considered a report of the Strategic Director Communities which provided information outlining the overall approximate spend between Halton and St Helens PCT and Halton Borough Council that contributed to supporting/improving health and wellbeing of the population

of Halton. It was noted that:

- Appendix 1 outlined the total spend attributed to acute, community and primary care provision within Halton;
- Appendix 2 contained a chart and information about the north west weighted cost per head of population; and
- Appendix 3 to the report outlined the total spend attributed to the Health and Wellbeing agenda contributed via Halton Borough Council's Communities and Children and Enterprise Directorates and included Public Health spend.

It was proposed that the information obtained as part of this exercise should be used to help inform the development of the Health and Wellbeing Strategy and the priorities agreed by the Health and Wellbeing Board on 20th June as follows:

- Mental Health;
- Falls;
- Alcohol;
- Cancer; and
- Child development

RESOLVED: That

1. the contents of the report and associated appendices be noted; and

2. the Board consider whether further work needs to take place in terms of identifying spend from other Board Member organisations which can be attributed to supporting the Health and Wellbeing agenda within Halton.

HWB12 MERSEYSIDE COMMISSIONING SUPPORT SERVICE

The Committee considered a report which highlighted progress on discussions to establish a Commissioning Support Service to the Clinical Commissioning Groups (CCG) across Merseyside. The current Merseyside CCGs would take up their new commissioning functions formally in April 2013 (subject to authorisation) and had been in shadow form across Merseyside since April 2012. Currently within the North West each CCG would be supported by a Commissioning Support Service (CSS) across a sub region. Within Merseyside this included the 5 Merseyside local authorities including Halton, St Helens, Liverpool, Knowsley

and Sefton.

The Board was advised that Merseyside Commissioning Support Service (MCSS) had been established to support the CCGs to carry out their new duties subject to meeting the requirements of the Department of Health Authorisation process. There was an expectation that any organisation set up to provide support services to CCGs must be independent of the NHS by 2016. It was reported that over the last 12 months the MCSS had developed a detailed business plan which had passed stage 2 in the (DOH) approval process. Once the MCSS was through the implementation phase it could create its own trading company or go into partnership with companies in order to provide services to all the CCGs in Merseyside. In future years it could compete or merge with neighbouring CSS.

It was noted that within the MCSS Business Plan there were a range of core services that it would offer to CCGs. In the interim, each one of the LAs specific CCGs had signed up to a 12 month Service Level Agreement with the emerging MCSS for their core offer and would continue through existing contractual mechanisms. In addition local authorities, as public sector providers, could have a significant potential role as suppliers of commissioning support services to the CCGs and enter into agreement around lead commissioning arrangements over a wider Merseyside footprint.

Members of the Board were advised that in February 2012 Merseyside Chief Executives tasked the Directors of Adults Social Services (DASS) in the 5 local authorities to identify opportunities to work more closely together on areas of mutual benefit. A pilot project exploring the benefits of integrated commissioning across CCGs, MCSS and local authorities had already begun with Knowsley taking the lead to reduce the number of 30 day re-admission rates for Liverpool, Knowsley and Halton. Staff from the co-operating local authorities were being made available to work in a virtual team under one project lead at Knowsley responsible to an overarching Board led by DASS/MCSS. Sefton and St Helens were discussing the potential of them joining this pilot.

RESOLVED: That the report be noted.

HWB13 FRAMEWORK FOR INTEGRATED COMMISSIONING IN HALTON AND ACTION PLAN

The Board considered a report of the Strategic Director Communities which outlined the framework for Integrated Commissioning in Halton document and associated Action Plan, which attempted to the capture strategic commissioning landscape across Halton in order to set the framework and recommendations for true commissioning integration across the borough. The documents highlight a number of recommendations to assist with improving local partnership working for commissioning services currently and in the future. Key recommendations made within the document included:

- Pooling resources to ensure cost effective commissioning;
- Building on partnership working to date;
- Championing the use of Joint Strategic Needs assessment amongst commissioners in the borough;
- Compiling a list of all commissioning services to ensure no duplication;
- Encouraging new commissioners to draw on local knowledge and experience of community engagement;
- Emphasising the importance of capturing service users experience and knowledge of maintaining the balance so as not to exclude valuable community group knowledge from the commissioning process;
- Developing a performance management framework that can be used for comparisons for best value and outcomes; and
- Urging commissioners to take a long term view and incorporate early intervention and prevention at the heart of commissioning intentions.

It was noted that responsibility for the review and update of the Action Plan would be held by the Commissioning Sub Group of the Health and Wellbeing Board. In addition a number of associated actions were currently being progressed e.g. the co-location of the CCG and the mapping of investment and these associated actions had been incorporated into the Action Plan.

It was agreed that Page 27, recommendation 7 be amended to include National Commissioning Board Local Area Team instead of The Merseyside Cluster.

RESOLVED: That

1. the report be noted;

2. the draft framework (Appendix 1) and associated

Action Plan (Appendix 2) be approved; and

3. Page 27, recommendation 7 be amended to include National Commissioning Board Local Area Team instead of The Merseyside Cluster and Councillor Gerrard replace Councillor Hignett within the report.

D Sweeney

HWB14   HEALTHWATCH - UPDATE

The Board received an update report on the development and commissioning of Halton's local Healthwatch.   Subject to parliamentary approval, local authorities would be under a duty to ensure there was an effective and efficient local Healthwatch in their area from April 2013.   It was noted that the current commissioning timeline had already been developed and a draft specification had been completed.   The commissioning process was due to begin on 1st October and would be concluded by January 14th 2013, with the new contract commencing on 1st April 2013.

Members were advised that Halton LINk was currently seeking external advice and support with regard to its current status and the actions required to develop sufficiently to be in position to either submit a formal tender in October or to be able to deliver the full range of duties as outlined in national guidance and the local specification.

RESOLVED: That the report be noted.

HWB15   LOCALITY HEALTH AREAS - BRANDING (UPDATE)

The Board considered a report of the Strategic Director Communities on the progress of developing a brand/logo for locality health areas.   A questionnaire was developed to gather information on residents' perceptions of what's good about living in Halton and why, what they would improve and what makes them feel good.   A sample of over 430 residents participated; this was a targeted approach to ensure a cross section of Halton's community was represented.   In addition attendees at the Health and Wellbeing Engagement Event on 30th May also contributed to the exercise.

Members were advised that a thematic analysis of the raw data was compiled which demonstrated 5 key themes had emerged

-    A sense of community;
-    A sense of belonging/wanting to belong;

- Accessibility;
- History and pride; and
- Strong value of green spaces and open environment in the borough.

It was reported that the Director of Public Health and the Community Development Manager had attended the recent round of 7 area forums to present the health picture for each area and engage with Council Members and the community on the concept of locality health areas. Each area forum had identified key priorities they would like to focus on, 4 of the forums had agreed to hold themed events in the Autumn around their health and wellbeing priorities.

Following the consultation process creative designers at Halton Borough Council had developed options for a logo for the locality health areas and copies of the proposals were circulated at the meeting.

RESOLVED: That

1. the 'My Halton, Living Life Well' logo (as circulated at the meeting) be approved as the locality health areas logo;   M Baker/N Goodwin

2. a marketing strategy be developed, considering how the logo can be used by all partner organisations, and brought back to a future meeting.

HWB16   HEALTH AND WELLBEING STRATEGY - UPDATE

The Board received an update report from the Director of Public Health on the progress and development of the Health and Wellbeing Strategy for Halton. Following the gathering and analysing of information and intelligence from a variety of sources including the Joint Strategic Needs Assessment, a comprehensive list of health and wellbeing needs for Halton had been produced. This list was then prioritised in a transparent way by Halton's Health and Wellbeing Board through the use of a prioritisation framework. This enabled the Board to agree 5 priorities for the next 12 months at which stage they would be reviewed. A prioritisation exercise produced 5 key priorities as follows:

- Mental health;
- Falls;
- Alcohol;
- Cancer; and
- Child development

It was noted that work would now need to take place to complete the final draft of the strategy to incorporate these priorities and develop associated action plans. A copy of the draft strategy document would be sent to Members in the next few weeks and a further update would be provided to the next meeting of the Board.

RESOLVED: That a copy of the draft strategy document be sent to Members in the next few weeks and a further update be provided to the next meeting of the Board.

E O'Meara

HWB17 NW HEALTH AND WELLBEING BOARD SIMULATION EVENTS

The Board was advised that the North West Health and Wellbeing Board's Simulation Event would be held on 26th and 27th September 2012 in Manchester. This was a one day event which was being repeated to allow all Boards in the North West the opportunity to attend. It was noted that 4-7 Board Members could attend the event (David Lyon, David Parr, Mel Forrest, Eileen O'Meara and Marie Wright expressed an interest in attending). Any additional Members interested in attending were invited to contact Eileen O'Meara.

E O'Meara

RESOLVED: That the information be noted.

HWB18 HEALTH AND WELLBEING BOARD SUB GROUPS - UPDATE

The Board was advised that since the last meeting in June there had been no further meeting of the sub groups. The newly formed Commissioning Sub Group had met on 17th July and it was reported that the group had discussed the development of a life styles model and sexual health commissioning.

A further meeting of the Health Strategy Group would take place on 8th August.

RESOLVED: That the report be noted.

Meeting ended at 3.30 p.m

SHADOW HEALTH AND WELLBEING BOARD

At a meeting of the Shadow Health and Wellbeing Board on Wednesday, 12 September 2012 at Karalius Suite, Stobart Stadium, Widnes

Present: Councillors Polhill (Chairman), Gerrard, Philbin and Wright, S. Banks, S. Barber, K Fallon, G Ferguson, K. Dawber, D. Parr, P. Cooke, Dr M. Forrest, D. Lyon, A. McIntyre, E. O'Meara, N. Rowe, N. Sharpe, D. Sweeney, A. Williamson, J. Wilson and S Yeoman.

Apologies for Absence: D. Johnson, J. Lunt, M. Pickup and C Richards.

Absence declared on Council business: None

**ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD**

Action

HWB19 MINUTES OF LAST MEETING

The Minutes of the meeting held on 18th July 2012 were taken as read and signed as a correct record.

HWB20 CARING FOR OUR FUTURE : REFORMING CARE AND SUPPORT

The Board considered a report which provided a summary of the White Paper 'Caring for our Future: Reforming Care and Support' which was published on 11th July 2012 and detailed the expectations/impact that this would have on Local Authorities and partner agencies. Actions from the White Paper were summarised into the following categories:

Maintaining Independence
A Better Understanding
Quality
Social Care Workforce
Control

Alongside the White Paper, the government had published a draft Care and Support Bill for consultation and pre-legislative scrutiny in Parliament, which aimed to radically simplify the current legal framework for care and support. The

draft Care and Support Bill provided enabling legislation for the reforms in the White Paper. It would be introduced into Parliament in late 2013 with a View to completing its passage by autumn 2014. Most changes requiring legislation would be implemented from April 2015 at the earliest.

Whilst retaining the principles of means testing and eligibility thresholds, the Bill introduces into legislation principles of well-being, integration, prevention and early intervention.

It was noted that comments on the Bill were to be forwarded by 19th October 2012 and Halton's response would be submitted to the Executive Board on 18th October 2012.

RESOLVED: That the report be noted.

HWB21 HALTON CLINICAL COMMISSIONING GROUP – PROGRESS ON AUTHORISATION

The Board considered a report on the progress of Halton Clinical Commissioning Group (CCG) towards authorisation as a statutory organisation as established by the Health and Social Care Act 2012. Halton CCG would be submitting all authorisation evidence by 21st September 2012 to meet the NHS Commissioning Board deadline of 1st October 2012. The key documents required for authorisation were listed, including those that related to the work of the Health and Wellbeing Board.

It was noted that as part of the authorisation process Halton CCG was required to undertake a 360° Stakeholder Survey and Ipsos MORI had been appointed to conduct the survey. Once the authorisation evidence was submitted, including the outcomes of the Stakeholder Survey, the assessment team would visit Halton CCG on 20th November 2012.

With regard to the Halton CCG in-house management and commissioning support team the following progress was reported:

- a Chief Officer Designate had been appointed and the remaining roles would be recruited by mid October 2012;
- arrangements were being made with Merseyside Commissioning Support Unit for additional support to enable the CCG to deliver statutory and other duties;

- four lay Members had been recruited, including a Deputy Chair; and
- a registered nurse and a secondary care doctor were in the process of being recruited.

RESOLVED: That the progress made towards authorisation by Halton CCG be noted.

HWB22 COMMISSIONING RESPONSIBILITIES

The Board considered a report which provided information relating to commissioning responsibilities for Clinical Commissioning Groups (CCGs). A copy of the NHS Commissioning Board (NHS CB) Fact Sheet that set out the services to be commissioned by the NHS CB, local authorities and Public Health England had been circulated to the Board. Whilst the fact sheet provided an overview of commissioning responsibilities, it needed to be read in conjunction with the publication: The Functions of CCGs – Gateway Reference 17005. The document set out the key statutory duties of CCGs – the "must dos" and the key statutory powers – the things that CCgs have the freedom to do, if they wish, to help meet these duties.

RESOLVED: That the report be noted.

HWB23 IMMUNISATION

The Board considered a report by the Director of Public Health, which provided an update on the uptake of the childhood vaccination programme in Halton during the period 2006-2012 and the current Measles outbreak across Merseyside. Following a decrease in vaccine uptake observed in 2010/11, a service re-design had taken place in Halton during April 2011 and subsequently GP practices had taken on the responsibility for childhood immunisation. It was reported that Halton now had its highest ever recorded uptake for MMR vaccine, and had one of the most improved MMR vaccine uptake rates in the North West. An increase in vaccine uptake had taken place for each of the last five quarters.

Since January 2012 there had been 400 confirmed cases of measles across Merseyside. Of these five cases had been confirmed in Halton. As vaccine uptake increased, the number of children susceptible to infection reduced and it was thought that the ongoing increasing vaccine uptake in Halton had helped to prevent further confirmed cases of measles in the area.

RECOMMENDATION: That the Board notes:

1. that Halton has been underachieving in terms of vaccine uptake but that actions have been taken to address this;

2. the improvement in immunisation uptake since 2010/2011;

3. that Halton has one of the most improved vaccine uptake rates in the North West; and

4. that Halton now has its highest ever recorded uptake of MMR vaccine.

HWB24 HEALTH AND WELLBEING STRATEGY

The Board considered a report of the Director of Public Health which presented a copy of the Health and Wellbeing Board Strategy for Halton. It was noted that in recent months:

- a wide public consultation exercise was carried out;
- information had been gathered from the Joint Strategic Needs Assessment and area health profiles;
- the emerging priorities from the CCG Commissioning Plan had been examined;
- the Board had agreed 5 priorities; and
- a vision statement was developed.

Members were advised that the Strategy built up a picture of need using information and intelligence available through JSNA and local consultation. It set out the five priorities that the Board had chosen and explained how priorities would be turned into action, who would be responsible and how success would be monitored.

The Board discussed examples of graphics which could be used as a cover for the Strategy document. The Board commented that the previously agreed logo for the Health and Wellbeing Board should be used.

RESOLVED: That

1. the Strategy be noted and feedback or comments be forwarded to the Director of Public Health; and

Director of Public Health

2. the previously agreed logo for the Health and Wellbeing Board be used for the cover of the Joint

Health and Wellbeing Strategy.

HWB25   CHILD DEVELOPMENT 0 -5 YEARS

The Board received a presentation from Michelle Bradshaw and Karen Worthington on behalf of Bridgewater Community Health Care NHS Trust which provided information regarding Child Development in Halton including an:

- introduction to Child Development;
- overview of the Healthy Child Programme (DOH2009);
- overview of Child Health in Halton; and
- considerations for inclusion in the Health and Wellbeing Strategy.

It was noted that Child Development was one of the 5 priority areas for action over the next 12 months in the Health and Wellbeing Board Strategy for Halton. Therefore the information contained within the presentation could be used to help inform the development of the Health and Wellbeing Strategy.

The Board was advised that there were five critical factors which influenced child development during the early years, these were:

- a child's health;
- good maternal mental health;
- quality of parenting and parent/child relationship;
- learning activities; and
- high quality early education.

Recent initiatives in child development included the Healthy Child Program for 0-5 years, which provided early intervention and prevention for pre-school children and their families This program was offered to all families and was led and co-ordinated by Health Visitors. In addition the Government had launched a Health Visitor Improvement Programme which aimed to strengthen the role of Health Visitors by recruiting additional staff nationally. Further, there had been an increase in the number of early years places for vulnerable 2 year olds.

The Board discussed the need for Halton to increase their number of Health Visitors by 90% and progress made. It was noted that Halton was on target to achieve this aim, five students recently recruited to the service would

hopefully be retained. It was also noted that when vacancies where advertised there was always a good response.

Arising from the discussion it was agreed that a letter be sent by the Chair, on behalf of the Board, to the NHS Commissioning Board (NHSCB) to seek assurances on how the NHSCB would integrate their commissioning responsibilities for children 0-5 with local arrangements. Also to request further information about the implementation of the programme to increase the number of health visitors on how we could explore the implementation of the family nurse partnership approach in our area.

RESOLVED: That

1. the content of the presentation be noted and help inform the development of Halton Health and Wellbeing Strategy; and

2. a letter be sent by the Chair on behalf of the Board to the NHS Commissioning Board (NHSCB) to seek assurances on how the NHSCB would integrate their commissioning responsibilities for children 0-5 with local arrangements. Also to request further information about the implementation of the programme to increase the number of health visitors and how we could explore the implementation of the family nurse partnership approach in our area. | Councillor Polhill

HWB26   MEETING DATES 2013

The following dates of Shadow Health and Wellbeing Board meetings in 2013 were noted:

23 January 2013
20th March 2013
22 May 2013
17 July 2013
18 September 2013
13 November 2013

All meetings will be held on a Wednesday at 2.00 pm in Karalius Suite, Stobart Stadium, Widnes.

Meeting ended at 3.40 pm

REPORT TO: Health Policy & Performance Board

DATE: 6th November 2012

REPORTING OFFICER: Strategic Director - Communities

PORTFOLIO: Health and Adults; Children, Young People and Families

SUBJECT: Halton's Alive 'N' Kicking Programme – Presentation

WARD(S):   Borough-wide

1.0 PURPOSE OF REPORT

1.1 To receive a presentation from Stephanie Dagger, Programme Manager and Joanne McCarrick, Programme Co-ordinator of Halton's Alive 'N' Kicking Programme.

2.0 RECOMMENDATION: That the Board Note the contents of the report and associated presentation.

3.0 SUPPORTING INFORMATION

3.1 Alive 'N' Kicking is a fun and exciting teenage healthy weight management programme for all young people aged 14 – 19 years old. The programme, which has been running since March 2010, is designed and delivered by the Weight Management Centre, which also aims to improve the health of the whole family.

3.2 It provides families with the information, skills and services needed to make healthier food choices and increase physical activity levels. Their experienced team offers support and advice to maintain a healthy weight as well as encouragement to try out new activities.

3.3 Although based at the Stobart Stadium, the free 6 week programme, which is designed to provide the young people themselves with the information to make healthier food choices and increase physical activity levels to lead a healthier lifestyle, is run across venues within Halton.

4.0 POLICY IMPLICATIONS

4.1 None identified at this stage.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1   The programme is commissioned, until 31st March 2013, by Halton and St Helens PCT.

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

6.1   **Children & Young People in Halton**
        All issues outlined in the presentation will focus directly on this priority.

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

6.3   **A Healthy Halton**
        All issues outlined in the presentation will focus directly on this priority.

6.4   **A Safer Halton**
        None identified.

6.5   **Halton's Urban Renewal**
        None identified.

7.0   **RISK ANALYSIS**

7.1   None identified at this stage.

8.0   **EQUALITY AND DIVERSITY ISSUES**

8.1   The programme offered is fully accessible.

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

        None under the meaning of the Act.

Agenda Item 6a

REPORT TO:	Health Policy & Performance Board
DATE:	6th November 2012
REPORTING OFFICER:	Strategic Director - Communities
PORTFOLIO:	Health and Adults; Children, Young People & Families
SUBJECT:	NHS Halton Clinical Commissioning Group – Progress on Authorisation
WARD(S):	Borough-wide

1.0 PURPOSE OF REPORT

1.1 To inform the Board on the progress of Halton Clinical Commissioning Group (CCG) towards authorisation as a statutory organisation as established by the Health and Social Care Act 2012.

2.0 RECOMMENDATION: That the Board Notes the content of the report and progress being made towards authorisation by Halton CCG.

3.0 SUPPORTING INFORMATION

3.1 *Clinical commissioning group authorisation: Draft guide for applicants,* published in April 2012, set out the process by which applications from CCGs would be accepted in four waves between July and November 2012. The NHS Commissioning Board (NHS CB) has agreed that NHS Halton CCG is in the third authorisation wave from October 2012.

3.2 NHS Halton CCG submitted all authorisation evidence, cross referenced against 119 key lines of enquiry, by the NHS CB submission deadline of 2359 on 1st October 2012.

3.3 As part of the authorisation process NHS Halton CCG was required to undertake a 360° Stakeholder Survey. The stakeholder survey is an important part of the CCG authorisation assessment methodology. The NHS CBA selected the independent research agency Ipsos MORI to conduct the survey on its behalf. NHS Halton CCG provided Ipsos MORI with the contact details of specific stakeholders who were invited to participate and respond to questions regarding their relationships with the CCG. One of the specific stakeholders who the CCG had to include in the survey was the Health Policy and Performance Board as represented by the Chair.

The survey returns indicated that stakeholders were generally very positive about the engagement that has taken place with NHS Halton CCG so far. The majority felt they had been engaged by the CCG, with nine in ten saying they have been engaged at least a fair amount. Among these, the vast majority are satisfied with the way in which this has been done so far. Working relationships also appear to be strong, with nine in ten describing them as good.

In addition, a large majority of stakeholders were positive about the leadership of NHS Halton CCG. At least four in five rated each aspect of leadership positively, with no more than two stakeholders expressing negative views.

3.4 The submission of evidence to the NHS CB, including the outcomes of the 360° Stakeholder Survey, is being followed by a desk top review which is undertaken in advance of a site visit by an assessment team. The assessment team will be visiting NHS Halton CCG on 20th November 2012.

3.5 NHS Halton CCG is in the process of appointing an in-house management and commissioning support team. The Chief Officer Designate was appointed on 13th August 2012 and the Chief Finance Officer shortly after. The remaining roles will be recruited by mid-November 2012. Arrangements are being made with Merseyside Commissioning Support Unit (MCSU) for additional support to enable the CCG to deliver statutory and other duties. Existing arrangements for integrated working and co-production with Halton Borough Council will also be built upon.

3.6 NHS Halton CCG has recruited four Lay Members, one of whom will be Deputy Chair. These Lay Members started with NHS Halton CCG on 1st October 2012. NHS Halton CCG still needs to recruit a registered nurse and a secondary care doctor to the Governing Body.

4.0 **POLICY IMPLICATIONS**

4.1 The Health and Social Care Act 2012 legislated for the establishment and authorisation of Clinical Commissioning Groups to replace Primary Care Trusts as part of the Coalition Government's reforms of the NHS.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no financial implications.

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

6.1 **Children & Young People in Halton**

NHS Halton CCG will work closely with the Children's Trust to commission services for children and young people and to meet statutory responsibilities in regard to safeguarding.

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

None as a result of this report.

6.3 **A Healthy Halton**

Halton CCG is a key partner in this agenda.

6.4 **A Safer Halton**

None as a result of this report.

6.5 **Halton's Urban Renewal**

None as a result of this report.

7.0 **RISK ANALYSIS**

7.1 The key risk for Halton CCG is failure to meet authorisation criteria. This is mitigated by a clear action plan and an authorisation process that will ensure evidence is gathered to achieve authorisation.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no equality and diversity issues as a result of this report. Halton CCG, as a statutory organisation, will comply with the requirements of the Equality Act 2010.

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

Document	Place of Inspection	Contact Officer
NHS Commissioning Board Authority, *Clinical commissioning group authorisation: Draft guide for applicants*, April 2012	http://www.commissioningboard.nhs.uk/files/2012/04/ccg-auth-app-guide.pdf	Simon Banks

REPORT TO: Health Policy & Performance Board

DATE: 6th November 2012

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health and Adults

SUBJECT: St Helens and Knowsley Teaching Hospitals
                        NHS Trust Quality Account 2011/12

WARD(S)   Borough-wide

1.0   **PURPOSE OF THE REPORT**

1.1   To present the Health PPB with a summary of the St Helens and
        Knowsley Teaching Hospitals NHS Trust Quality Account 2011/12

2.0   **RECOMMENDATION: That the Board note the summary report.**

3.0   **SUPPORTING INFORMATION**

3.1   The Quality Account provides detailed information regarding what
        achievements St Helens and Knowsley Teaching Hospitals NHS
        Trust Account have made over the last year and what comparisons
        can be drawn from the previous years' performance.

3.2   Last year, the Trust set quality improvement targets of reducing falls,
        hospital acquired pressure sores and health care associated
        infections as part of patient safety programme. The Trust have
        managed to achieve these improvements and in the case of falls
        and pressure ulcers, the target has been exceeded.

3.3   In addition to these quality improvement targets, the Trust also
        monitors it's performance against 12 national quality targets.   The
        Trust achieved 11/12 national quality targets, the exception being:
        the percentage of patients who have suffered a stroke and spent
        90% of their time on a dedicated stroke unit. The target was 80%
        and the Trust achieved 78.3%.

3.4   The Trust has also scored well in both local and national patient
        experience surveys. The number of formal complaints has reduced
        for the sixth consecutive year, with 401 complaints received in
        2011/12.

        An 'Excellent' rating has also been achieved by the Trust in the
        Patient Environment Action Team assessments. This rating was
        across both St Helens and Whiston Hospitals and for all categories

including cleanliness, hygiene, infection control, the environment, accessibility, food and privacy and dignity.

4.0 POLICY IMPLICATIONS

4.1 None identified

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
None identified

6.2 **Employment, Learning & Skills in Halton**
None identified

6.3 **A Healthy Halton**
The Quality Account demonstrates performance in various areas of health at St Helens and Knowsley Teaching Hospitals NHS Trust, to enable progress to be monitored and therefore improving outcomes for people using the services.

6.4 **A Safer Halton**
None identified

6.5 **Halton's Urban Renewal**
None identified

7.0 RISK ANALYSIS

7.1 Annual monitoring of the Quality Account ensures that priority areas for improvement are closely observed. Measures can then be put into place to improve standards where necessary.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified

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

None under the meaning of the Act.

St Helens and Knowsley Teaching Hospitals NHS Trust

Quality Account 2011/12

Document Version:	3.16 with annexes
Date:	26 June 2012
Completed by:	Hilda Gwilliams & Chrissie Cooke

Contents

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PART ONE: Summary Statement on Quality from the Chief Executive

St Helens and Knowsley Teaching Hospitals NHS Trust is committed to providing the highest standards of patient care, patient safety and clinical effectiveness. This Quality Account reports on the standard of care and the quality improvements that the Trust has delivered over the past year and identifies how the Trust aims to develop quality care even further in 2012/13.

Last year the Trust set quality improvement targets of reducing falls, hospital acquired pressure sores and health care associated infections as part of the patient safety programme. We are delighted to say that we achieved these improvements and in the case of falls and pressure ulcers we reduced them by more than we expected. We have also improved clinical care in a number of ways, including improving the standard of treatment for the most common conditions that people come into hospital with (heart attacks, heart failure, pneumonia and hip and knee replacements) and ensuring that more than 90% of people who are at risk of developing venous thromboembolism in hospital are assessed and prescribed treatment to prevent it. We have patient safety initiatives in place such as the national safety thermometer and the Energise for Excellence programme (both explained in more detail later in the Quality Accounts) and we have a system of quality ward rounds that are designed to ensure that board members see for themselves how the wards are managed.
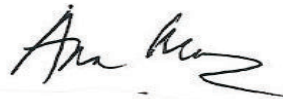
The Trust has scored well in both local and national patient experience surveys, we have seen a reduction in formal complaints and for the sixth consecutive year the Trust has achieved an "Excellent" rating in the Patient Environment Action Team (PEAT) assessments for both St Helens and Whiston Hospitals in all categories which include cleanliness, hygiene, infection control, the environment, accessibility, food, and privacy and dignity.

The Trust's most important asset is its staff so providing the highest standard of learning and development opportunities to all staff is one of our major commitments. This has been supported in July 2011 with the opening of the Education, Training and Conference centre which provides training programmes that are amongst the best in the UK. The Trust is leading the way in meeting the Department of Health's 2011 recommendation that all clinical staff should have had the opportunity to learn and rehearse all aspects of clinical practice in a simulated clinical environment, prior to delivering these aspects of care on patients.

We commend this report to you.

Les Howell,
Chairman

Ann Marr,
Chief Executive

PART TWO: Priorities for Improvement

2. Overview

Throughout 2011/12 the Trust continued to build on the improvements made in previous years to ensure further progress based on the 3 domains of quality, which are; patient safety, patient experience and clinical effectiveness, using national and local metrics to identify performance and a range of improvement techniques. The Trust's review of 2011/2012 quality performance is contained in part 3 of this report.

2.1 Review of services

During 2011/12 the Trust directly provided 53 acute/secondary care NHS services and the Trust routinely reviewed all the data available on the quality of care in these services as part of service delivery. The income generated by the services that were reviewed represented 99.9% of the total income generated from the provision of this NHS service by St Helens and Knowsley Teaching Hospitals NHS Trust

Based on the improvements that the Trust made in 2011/2012, and the findings of clinical audits, the organisation has worked with stakeholders and commissioners to identify priorities for 2012/13. The result is a wide range of planned improvements, both Trust-wide and specialty specific. They are recorded in:

- Contract targets
- Commissioning for Quality & Innovation (CQUIN) schemes
- Trust corporate objectives

The key Trust-wide improvements have been set out in the priority lists below.

Priority 1 Patient Safety

Aim	Monitored	Reported
Ensure all safety concerns are identified and acted upon by implementing the 'Safety Driver' process	Patient Safety and Experience Council	Theme-based work streams Board Patient Safety report
Improve inter-team communication by implementing the 'SBAR' communication system.	Patient Safety and Experience Council	Board Patient Safety report
Improve safety by implementing the national 'Safety Thermometer' system on all wards	Patient Safety and Experience Council	Board Patient Safety report CQUIN report

Improve care by implementing the following programmes (reportable in 2012/13
• Energise for Excellence
  ○ Transparency
  ○ Productive Series
  ○ High Impact Actions for Nursing & Midwifery
	Patient Safety and Experience Council	Board Patient Safety report CQUIN

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Introduce web-based incident reporting with real time data analysis	Patient Safety and Experience Council	Board Patient Safety Report
Analysis of specialist Medical Emergency Team performance (MET)	Clinical Performance Council	Board Patient Safety Report

Priority 2 Patient Experience

Aim	Monitored	Measured
Improve the capture of real-time patient experience feedback by ward via the bedside television system (Hospedia)	Patient Safety and Experience Council	Reports via Hospedia system Board Patient Experience report
Capture patient experience stories to use at relevant forums and promote staff learning	Patient Safety and Experience Council	Board Patient Experience report
Develop a 'Patient Experience' driver process utilising aggregate analysis of patient feedback	Patient Safety and Experience Council	Board Patient Experience report

Priority 3 Clinical Effectiveness

Aim	Monitored	Measured
Improve performance in Stroke pathway	Clinical Performance Council	CQUIN performance report
Improve error-avoidance practice by delivering human factor training for clinical staff	Human Resources Council	Learning and Development report
Reduction in Mortality Rate	Improving Outcomes Group and Clinical Performance Council	National measure of mortality – HSMI
Continue to identify areas for improvement by auditing patient care episodes using the GTT (Global Trigger Tool)	Clinical Performance Council	Board Patient Safety Report
Continue to perform well in the top 5 common conditions (Advancing Quality pathways-see page 24)	Operational Performance Meeting	Performance Report
Active participation in national and local audit and research	Clinical Performance Council	Annual Report
Implementation of best practice guidance	Clinical Performance Council	Best Practice Report
Improve equality & diversity practice by ensuring compliance with all elements of the Department of Health Equality Delivery System (EDS) framework	Human Resources Council& Patient Safety & Effectiveness Council	Annual Report

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2.2 Participation in clinical audits

During 2011/12 St Helens and Knowsley Teaching Hospitals NHS Trust engaged in 27 national clinical audits - a participation rate of 84% -in addition to four national confidential enquiries

The national clinical audits and national confidential enquiries that applied to the Trust are as follows (the table indicates the number of cases submitted to each audit or enquiry as a percentage of cases, where available):

National clinical audits 2011/12	Data collection completed	Rate of cases submitted
Perinatal mortality (MBRRACE-UK)	On-going monitoring	Not available
Paediatric pneumonia audit (BTS)	On-going	-
Paediatric asthma audit (BTS)	yes	100%
Pain management (in Children – CEM)	yes	100%
Childhood epilepsy (Epilepsy 12)	yes	100%
Paediatric diabetes audit	yes	100%
Cardiac arrest audit	On-going	100%
Severe sepsis and septic shock (CEM)	yes	100%
Adult critical care (ICNARC)	On-going monitoring	100%
Seizure management (NASH)	yes	100%
Adult diabetes audit	yes	16%
Heavy menstrual bleeding (RCOG)	yes	Not available
Ulcerative colitis and Crohn's disease (UK IBD)	On-going	-
Parkinson's disease	yes	100%
Hip, knee and ankle (National Joint Registry)	On-going	100%
Elective surgery (National PROMs programme)	On-going	Variable across the 4 areas
Acute MI and other ACS (MINAP)	On-going monitoring	100%
Heart failure audit	On-going	100%
Acute stroke (SINAP)	On-going	100%
Lung cancer	On-going	100%
Bowel cancer	On-going	100%
Head and neck cancer - DAHNO	On-going	100%
Oesophago-gastric cancer (O-G cancer)	On-going	New project - no data submitted yet
Hip fracture audit (Hip Fracture Database)	On-going	100%
Severe trauma – Trauma Audit Research Network (TARN)	On-going monitoring	100%
Bedside transfusion	yes	100%

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Care of the dying in hospitals audit – NCDAH	yes	100%
NCEPOD Surgery in Children	yes	100% - zero return as no case met study criteria
NCEPOD Alcohol -related Liver Disease	On-going	100% to date
NCEPOD Cardiac Arrest	yes	100%
NCEPOD Peri-operative care	yes	100%

The Trust reviewed 16 reports from completed national audits. Actions taken included:
- Improved documentation to facilitate consultant sign-off for patient reviews
- Posters placed in treatment areas to highlight osteoporosis and criteria for fragility fractures
- Improved patient care pathways following a stroke including early assessment by physiotherapists, development of a continence assessment tool and associated care plan
- Review of policy for the identification and management of the seriously ill child
- Production of information packs for Parkinson's Disease

The Trust reviewed more than 155 local clinical audits 2011/12. Action plans are being implemented to ensure improvements across the spectrum of care and some examples are given below:
- Implementation of enhanced recovery programmes to decrease the length of patient stay
- Provision of a new bladder scanner
- Introduction of a named nurse on each ward who has undergone a six-week education programme to enable good quality end of life care and to increase the uptake rate of the Liverpool Care Pathway (currently 50%)
- Implementation of new risk assessments for VTE (venous thrombo-embolism)
- Introduction of a treatment pathway for seriously injured patients
- Structure of Trauma Response Team revised so that it is now dictated by individual patient need
- Implementation of a Medical Emergency Team for early specialist intervention where a patient's condition is deteriorating

This is not an exhaustive list but provides an indication of completed and on-going actions.

2.3 Information on participation in clinical research

There were a total of 1074 patients recruited by the Trust to participate in clinical research during 2011/12. This level of participation in clinical research demonstrates the Trust's commitment to improving the quality of care that is offered, and to making a contribution to wider population health improvement. The Trust is working to further increase patient recruitment to research studies.

There were 105 National Institute for Health Records (NIHR)-supported clinical research studies, particularly in the areas of cancer, diabetes, intensive care rehabilitation, paediatrics, rheumatology, stroke care, and woman and child health. The Trust also supported 32 other studies which included those undertaken for education purposes, or funded through a variety of sources.

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The Department of Health performance metric of 80% recruiting to time and target which is an agreed number of patients or staff recruited to a research project within a given time frame, encourages participation in clinical trials. The Trust has consistently recruited above expectations with 82% of studies achieving this standard.

Research findings form the basis of quality and clinical standards of care and compliance with these standards are audited within the Trust Clinical Audit Programme.

The Trust continues to promote and strengthen partnerships with universities and other Trusts and the engagement with clinical research also demonstrates the Trust's commitment to testing and offering the latest medical treatments and techniques.

2.4 Goals agreed with commissioners for 2012/13

A proportion of St Helens and Knowsley Teaching Hospitals NHS Trust's income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between the Trust and Commissioners, through the Commissioning for Quality and Innovation payment framework (CQUIN). (Explained in more detail later in the Quality Account). The Trust's review of 2011/2012 quality performance is contained in part 3 of this report.

Further details of the agreed goals for 2011/12 and for the following 12 month period are available electronically at http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html.

Still more challenging goals have been agreed for 2012/13, as shown in the table below.

CQUIN Performance incentive schemes for 2012/13

Indicator	Quality Domain	Reported
National		
Improving Patient Experience (demonstrate improvement made as a result of patient feedback)	Experience	Patient Safety and Experience Council
Prevention of Venous thromboembolism VTE	Effectiveness	Clinical Performance Council
Implementing the NHS Safety Thermometer (system of identifying areas for improvement in safety)	Safety	Patient Safety and Experience Council
Dementia (standardise screening and assessment processes)	Effectiveness	Clinical Performance Council
Regional		
Advancing Quality (improve care in top 5 common conditions)	Effectiveness and Experience	Patient Safety and Experience Council
Local		
Improved communication with GPs	Safety, experience and effectiveness	Performance Management Group
Energising for Excellence (system of nursing care improvement)	Safety and Experience	Patient Safety and Experience Council
Medicines Management (better prescribing)	Safety and Effectiveness	Medicines Management Committee

Maternity (improvement in key areas such as reducing inappropriate caesarean sections and increasing take up of breastfeeding)	Effectiveness	Clinical Performance Council

2.5 Statements from the Care Quality Commission (CQC)

The Trust is required to register with the CQC and is currently "registered without condition". CQC registration resquests providers of healthcare to be compliant with the essential standards of quality and safety (http://www.cqc.org.uk/sites/default/files/media/documents/gac_-_dec_2011_update.pdf).

In 2010/11 the Trust was inspected against outcome 1 (Respecting and Involving People who use services) and outcome 5 (Meeting Nutritional Needs) as part of a national programme and was re-assessed in September 2011. In addition outcome 17 (Complaints) and outcome 7 (Safeguarding People who use services from abuse) were also assessed and the Trust was declared compliant with all standards that were assessed.

The CQC produces a Quality and Risk Profile (QRP) for each Trust using a number of different sets of information, including mortality rates, infection rates as well as patient experience surveys and staff feedback. The QRP is an essential tool for monitoring compliance with the essential standards of safety and quality. The profile is updated on a bi-monthly basis and the Trust reviews the profile to identify and action any areas for improvement. Since the QRP was initially launched the Trust has identified fewer areas in need of improvement.

2.6 Data Quality

St Helens and Knowsley Teaching Hospitals NHS Trust is committed to ensuring accurate and up-to-date patient information is available in order to communicate effectively with GPs, patients and others involved in patient care.

The Trust continues to make improvements in data quality through the implementation of a data quality framework which will closely monitor the following:

- Blank/Invalid NHS Number
- Unknown or Dummy Practice Codes
- Blank or Invalid Registered GP Practice
- Patient Postcodes
- Missing Admission Date
- Missing Discharge Date
- Discharge date before admission date
- Geriatric activity with patients aged 65
- Patients aged over 100

The Trust monitors its performance in line with national targets and reports actions and improvements on a monthly basis to the Trust Board.

2.7 NHS Number and General Medical Practice Code Validity

St Helens and Knowsley Teaching Hospitals NHS Trust submitted records during 2011/12 to the Secondary Users Service (a national health IT system) for inclusion in the Hospital Episode

Statistics. The percentage of records submitted which included the patient's valid NHS number, was:

- 99.9% for admitted inpatient care
- 100% for outpatient care
- 100% for accident and emergency care
  (Source SUS Data Quality Dashboard April 2011/Feb 2012)

2.8 Information Governance Toolkit attainment levels

Information Governance manages how organisations 'process' or handle information. It covers personal information, i.e. that relating to patients/service users and staff, and corporate information, e.g. financial and accounting records. Information Governance provides a way for staff to deal consistently with the many different rules about how information is handled.

The Information Governance Toolkit is a performance tool produced by the Department of Health. It draws together the legal rules and central guidance and presents them in one place as a set of information governance requirements. If you require any further information, please visit the Department of health website at: https://nww.igt.connectingforhealth.nhs.uk/

St Helens and Knowsley Teaching Hospitals NHS Trust Information Governance Assessment Report overall score for 2011/12 was in keeping with other acute hospitals. Where standards for this submission were not being met, action plans have been prepared and will be monitored by designated leads to ensure improvement and compliance. To supplement this, the Trust has formed an Action Group which is responsible for the management and the improvement of Information Governance compliance and in particular, requirements showing at level one or below. This additional step highlights the commitment of the Trust to the evolving Information Governance Agenda.

2.9 Clinical coding accuracy

Clinical coding translates the medical terminology written by clinicians to describe a patient's diagnosis and treatment into standard recognised codes. This is used by commissioners to pay the Trust for services under a scheme known as Payment by Results (PbR).

St Helens and Knowsley Teaching Hospitals NHS Trust had a PbR clinical coding audit during the reporting period by the Audit Commission in 2011. The results of the audit reported the error rate as 6.5%, compared to a national average (2009/10 data) error rate of 9.1%. The detailed error rates reported in the audit for that period for clinical coding were as follows:

Coding Field *	% incorrect	Accuracy Rate
Primary Coding	8.9%	91%
Secondary Coding	8.2%	92%
Primary Procedure	8.0%	92%
Secondary Procedure	3.8%	96%

PART 3: Review of Quality Performance 2011/12

3. Key Performance Overview

The Trust continues to maintain high standards of care and its performance is consistently among the top performing acute Trusts in the country. The table below shows the Trusts performance against national targets for 2010/2011 and 2011/2012

Summary of Key National Targets	2011/12 Target	2011/12 Performance
Number of Hospital Acquired MRSA bacteraemia incidences	5	Achieved
Number of Hospital Acquired C.Difficile incidences	65	Achieved
A&E Type 1: Percentage seen in less than four hours	95%	Achieved
A&E Type 1&3: Percentage seen in less than four hours	95%	Achieved
Percentage of patients first seen by specialist within two weeks when urgently referred by GP with suspected cancer	93%	Achieved
Percentage of patients seen within two weeks when referred with breast symptoms (whether or not cancer is suspected)	93%	Achieved
Percentage of patients receiving first definitive treatment for cancer within 31 days	96%	Achieved
Percentage of patients receiving first definitive treatment within 62 days following an urgent GP referral for suspected cancer	85%	Achieved
Percentage of patients whose operation was cancelled at the last minute for non clinical reasons	0.8%	Achieved
Percentage of Non-admitted patients treated within 18 weeks	95%	Achieved
Percentage of Incomplete Pathways waiting less than 18 weeks	92%	Achieved
Percentage of patients who have spent 90% or more of their time on a stroke unit	80%	78.3%

3.1 Review of Quality Performance 2011/12

The Trust has achieved all of the 12 national quality targets set for 2011/12 with the one exception: the percentage of patients who have suffered a stroke and spent 90% of their time on a dedicated stroke unit, the Trust achieved 78.3%.

3.1.1 Patient Safety

St Helens and Knowsley Teaching Hospital NHS Trust strive to embed a culture of safety improvement that reduces harm, improves outcomes, enhances patient experience and protects against hospital acquired infection. The Trust learns from mistakes and near misses and uses patient feedback to enhance delivery of care.
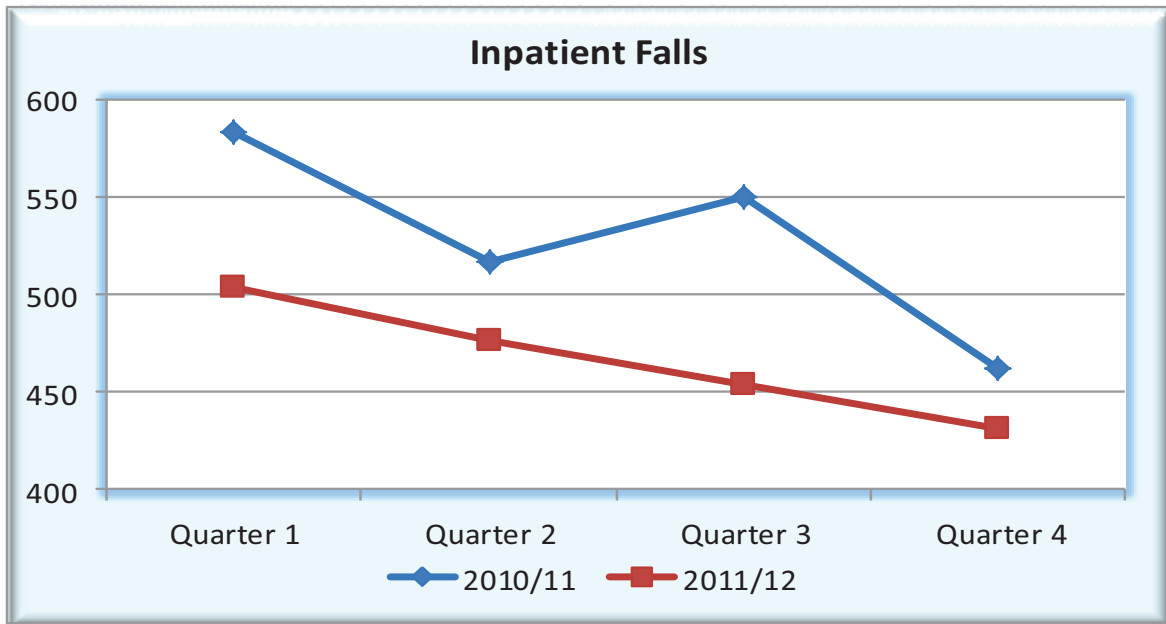
a)   Falls
Aim: To reduce inpatient falls
How much: 10% reduction
By when: March 2012
Outcome: **ACHIEVED**

Successes along the way:
  ➢ Over achieved target resulting in a 11.6% reduction in patient falls (see table below)
  ➢ Fully embedded "Falling Leaves Campaign" which is a method of identifying patients at risk of falling whilst in the Trusts care

➢ Investment in falls prevention equipment e.g. falls alarms
➢ Implementation of nurse led falls clinic
➢ Effective pathway of communication from hospital to community

Inpatient Falls

b) **Pressure Ulcers**

Pressure Ulcers are areas of localised damage to the skin and underlying tissue caused by pressure, shear or friction, or a combination of these. Although some pressures are unavoidable it is clear that many can be avoided.

Aim: Reduce hospital pressure ulcers (bed sores)
How much: By 10% across all wards
By when: March 2012
Outcome: **ACHIEVED**
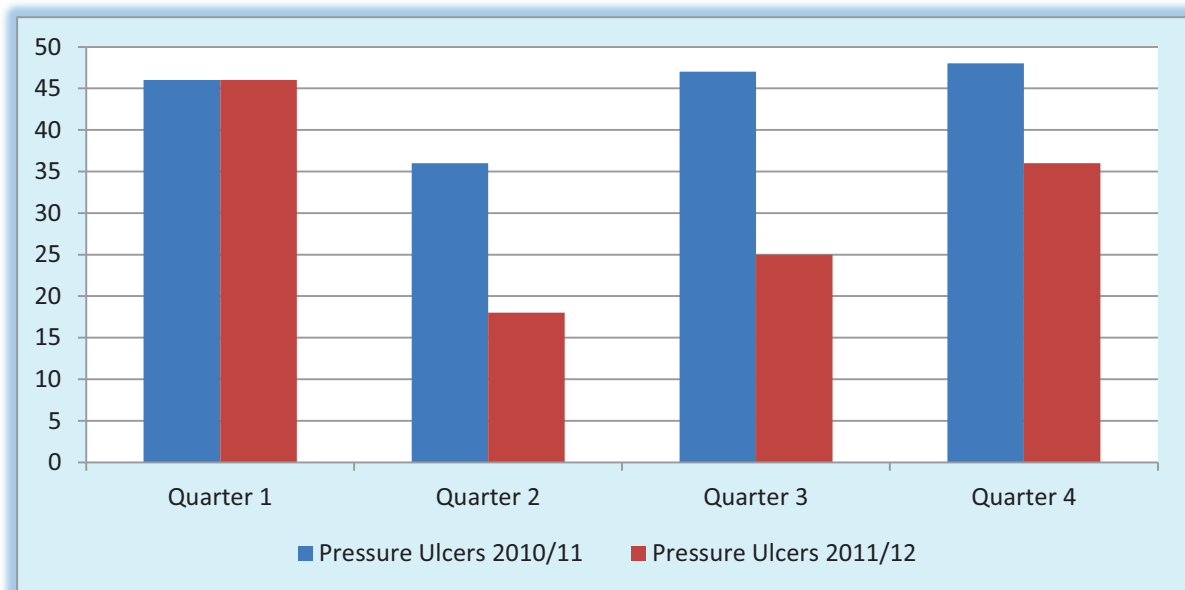
Successes along the way:
  ➢ Over achieved target resulting in a 32% reduction in pressure ulcers
  ➢ Collaborative working with partner organisations
  ➢ Investment in equipment
  ➢ Enhanced training programme delivered to clinical staff
  ➢ Steering group workshops in high risk areas

c)   Venous Thromboembolism (VTE)

Venous Thromboembolism is a term that covers both deep vein thrombosis and its possible consequence: pulmonary embolism (PE). A deep vein thrombosis (DVT) is a blood clot that develops in the deep veins of the leg and if the blood clot becomes mobile in the blood stream it can travel to the lungs and cause a potentially fatal blockage. The risk of patients developing VTE whilst in hospital can be greatly reduced by risk assessing patients and prescribing them appropriate preventative measures.

Aim: To carry out risk assessment on all adult inpatients
How much: at least 90% of patients risk assessed
By when: October 2011
Outcome: **ACHIEVED**

Successes along the way:
  ➢ Heightened awareness and training
  ➢ Improved reporting at ward level
  ➢ Development of electronic risk assessment system

d)   Infection Prevention and Control

The need for effective infection prevention and control applies to all aspects of health care. It should be an integral part of all care given to patients and all related duties. The strategy for effective infection control is to reduce healthcare-acquired infections by preventing hospital-generated infections and controlling those infections acquired in the community which may enter the hospital with patients. The Trust is dedicated to providing patients with a safe environment and works hard to reduce infection across two busy hospitals.

Methicillin Resistant Staphylococcus Aureus (MRSA)
People in hospital worry most about catching MRSA, which is a type of bacterium (bug) that is less easily treated with common antibiotics. People can have it on their skin (called colonisation) without it causing any problems. Other people can get more serious infections with it resulting in a blood stream infection (bacteraemia).

Aim: To sustain a reduction in preventable MRSA blood stream infections
How much: no more than 5 cases in 12 months
By when: March 12
Outcome: **ACHIEVED**

Clostridium Difficile (C.Difficle)
C. difficile is a bacterium which is resistant to many antibiotics. It is present in the bowel of 3% of healthy adults, 66% of healthy infants under 2 years of age and over 30% of hospital patients. The organism rarely causes illness in children or healthy adults as it is kept in check by the normal bacteria in the gut. When a patient is given antibiotics, this organism can multiply in the bowel and may produce toxins which cause colitis (inflammation of the bowel). The spores of *Clostridium difficile* can contaminate the environment and survive for long periods.

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Aim: To sustain a reduction in preventable C.Difficile infections
How much: no more than 65 cases in 12 months
By when: March 12
Outcome: **ACHIEVED**

Successes along the way:

- Met the MRSA target and over achieved the C.Difficle target (see table)
- Reviewed and revised the antibiotic prescription policy
- Appointed a third consultant microbiologist
- Introduced an anti-microbial management team who undertake regular ward rounds focussing on high risk patients
- Investment and implementation of electronic infection control dashboard to allow monitor of key performance indicators at ward level allowing real time reporting of any concerns

MRSA Infections

C Difficile Infections
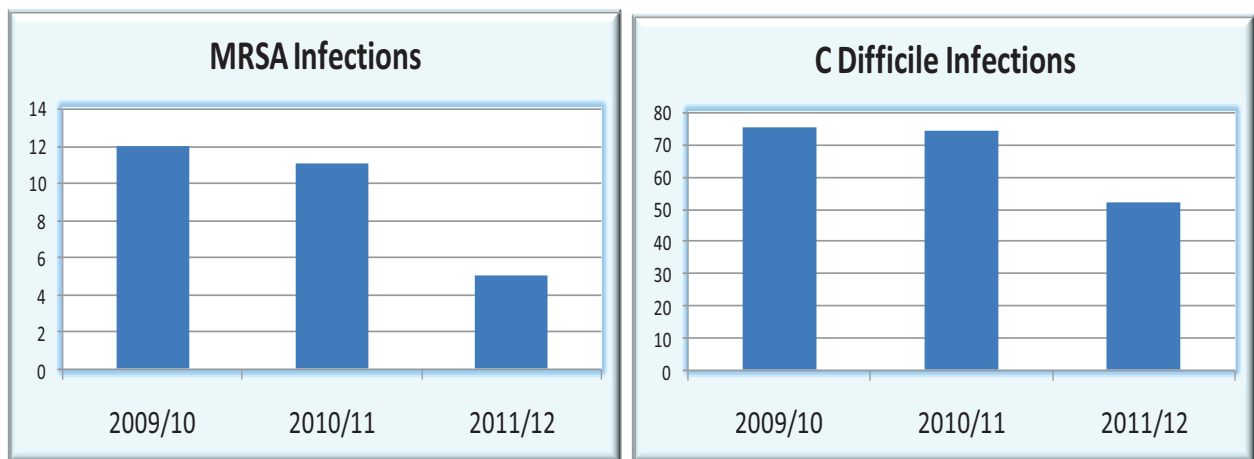
e)   Quality Ward Rounds

The Quality Ward Rounds process, developed by the Trust and was first introduced in 2010. This involves a presentation and a tour of the wards given by the Ward Manager and members of the ward team to Board members and focuses on patient safety, patient experience, quality achievements and management of the workforce and finance.

Aim: To maintain a culture of continuous improvement and safety
How much: 2 planned programmes annually
By when: March 12
Outcome: **ACHIEVED**

Successes along the way:
- Open channels of communication ensuring contact between ward staff and Trust Board members
- Standardised monitoring of safety, experience and clinical effectiveness

f)   Incident Reporting

St Helens and Knowsley Teaching Hospitals is fully committed to a safety culture throughout the organisation. Board members recognise that to promote safety there must be a spirit of openness and learning. This ensures that all incidents (this includes issues such as assaults, theft, fire alarms, slips and trips) are fully reported, managed, reviewed and lessons are learnt and improvements are made. The Trust believes that incident reporting is a fundamental tool of risk management national information suggests that there is a degree of under-reporting across the NHS and so the Trust wishes to see an overall increase in reporting.

Aim: To promote a safety reporting culture
How much: Increased reporting
By when: Year on year
Outcome: **ACHIEVED**

Successes along the way:
- Web-based incident reporting system embedded - Datix
- Increased patient safety incident reporting of low and no harm incidents
- Robust management and reporting of incidents where moderate harm or above has occurred
- Delivered a Trust wide training programme in relation to web-based risk management system.
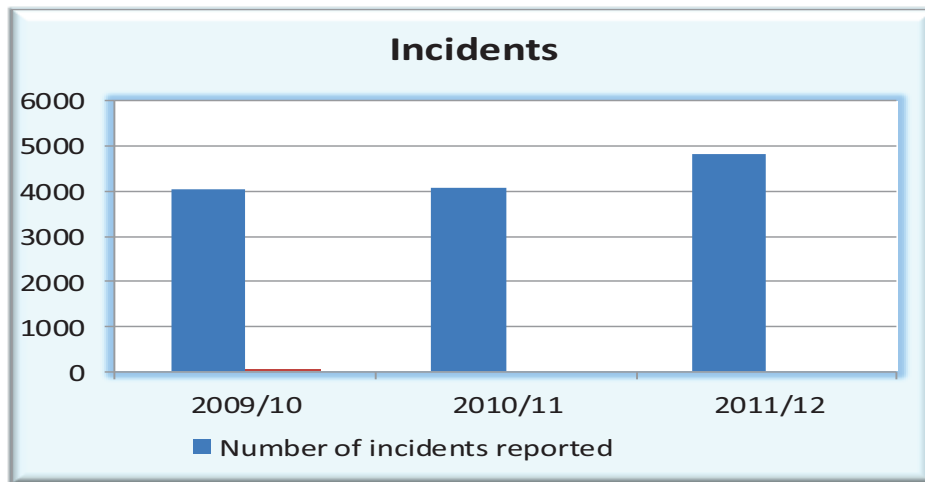
g) Never Events

'Never Events' are serious patient safety incidents that should not occur because preventative measures should be in place. The Department of Health defines 'Never Events' and publishes this list on their website - go to this web page for further information
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124552

The Trust had one incident in 2011/12 whereby a minor diagnostic procedure was performed on the wrong limb. The Trust undertook a comprehensive investigation which identified that the use and implementation of the WHO (World Health Organisation) Safer Surgery Checklist needed to improve. The Trust has implemented a system to ensure that this does not happen again.

h) Serious Incidents Requiring Investigation (SIRI)

A SIRI is defined as an incident that occurred in relation to NHS funded services and care resulting in:
- An event that prevents or threatens to prevent a provider organisation's ability to continue to deliver health care services e.g. actual or potential loss of personal/organisation information, damage to property, reputation or the environment, or IT failure
- Adverse media coverage or public concern about the organisation
- Allegations of abuse (safeguarding adult/ child)

- Serious harm to one or more patients, staff, visitors, members of public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm

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- Never Events
- Unexpected/ avoidable death of a patient, staff, visitors, members of public

A Serious Incident report is presented to the Board that provides updates regarding on-going investigations. Recommendations, actions and improvements are monitored bi-monthly at the Patient Safety and Experience Council. A total of 27 SIRI's investigations were undertaken during 2011/12. The following themes were identified:

- Communication
- Increase in Grade 3 Pressure Ulcers following a change to national grading matrix
- Delayed diagnosis
- Administration of medicines

Below are examples of the changes the Trust has implemented over the last year leading to improvements in patient safety:

- New Oxygen Administration policy with the implementation of a bedside acute oxygen management flowchart
- New Pleural Aspiration guidance
- Review of the alert system with EDMS for patients who refuse blood products
- Commencement of a specialist nurse for management and administration of oxygen in acute patients
- The addition of a mandatory section of oxygen prescribing on the patient's medication chart
- Oxygen management now included in clinical mandatory training
- A review of processes in maternity theatre so that partners and women during a caesarean section delivery are not separated unless it is an emergency
- Full review and close monitoring of the WHO Safer Surgery checklist in theatres
- A rolling secondment of team leader within the decontamination unit whose focus will be on the monitoring of quality and safety processes
- An review and update of the MEWS chart supported by and updated policy for MEWS
- The implementation of the Medical Emergency Team (MET)
- Theatre patients who are a high risk of developing a pressure ulcer are managed via an updated algorithm
- Development of a critical care skin bundle which includes the protection of skin in the administration of nasal oxygen

i)   Safeguarding
The Trust has a dedicated Head of Safeguarding and Public Protection who is supported by key staff throughout every part of the organisation and the Children's Services Policy is cited as national best practice.

Children
Following the Care Quality Commission's national review of safeguarding children processes and systems throughout the NHS, the Trust fully addressed the five main findings and enhancements include:
- All staff have an enhanced Criminal Record Bureau (CRB) check
- The Trust's Safeguarding Children policy was reviewed and includes standard operating procedures on child-in-need and child protection processes
- A full-time named nurse, midwife and consultant paediatrician have job descriptions outlining their safeguarding roles and responsibilities
- All Trust staff undergo mandatory annual training
- Members of the Trust's Safeguarding Committee also have places on the area's three Local Safeguarding Boards – Halton, St Helens and Knowsley

In addition clear pathways have been developed for any member of staff to raise concerns and Child and Adolescent Mental Health Services (CAMHS) specialists are available in the Accident and Emergency Department (A&E). The creation of a paediatric health visitor liaison role is improving communications between the hospital and the community.

Adults

The Trust has continued to significantly develop its arrangements for the protection of vulnerable adults through raising the profile of safeguarding, full support at Trust Board level and working together with all external agencies.

The Trust provide services to a wide range of people, some of whom will be vulnerable adults, so have worked to develop better ways to:

- Identify vulnerable adults and plan their journey of care
- Increase understanding of vulnerability including learning disabilities, mental capacity and other mental health needs
- Provide supportive discharge
- Offer carer support
- Create links to advocacy services.
- Integrating approaches to domestic violence

The Trust has improved closer working relationships with care homes to ensure appropriate discharge and on-going care for patients based in care homes. The development of an *Expression of Concern* process has allowed people to act at the earliest opportunity.

3.1.2   Patient Experience

The Trust is committed to providing patients with the highest standard of care and aims to provide an excellent experience, to every patient, every time.

Throughout the year a number of independent surveys of patients were published by the Care Quality Commission. The findings from these surveys illustrate the quality of care being provided by the Trust and the positive impact made on patient experience.

What: Continue to improve patient experience
How much: Improvement from previous year
By when: Year on Year
Outcome: **ACHIEVED**

a)   Inpatient Survey

The national in-patient survey for 2011 indicated that the Trust's performance was in line with the rest of the NHS but was significantly better on questions relating to privacy and the environment.

Successes along the way:
- Raising awareness through dignity champions
- Specific dignity work streams implemented
- Increase in volunteers in clinical areas

Areas for improvement
- Ward based pharmacist interaction to support medication side effects
- Revision of patient discharge information leaflet

b)   Outpatient department survey

The Care Quality Commission highlighted St Helens and Knowsley Teaching Hospitals NHS Trust as performing 'better' than most in the Outpatient Survey of each NHS Trust in England,

undertaken between June and October 2011, when a questionnaire was sent to patients who had recently attended an outpatient appointment and 471 responses were received.
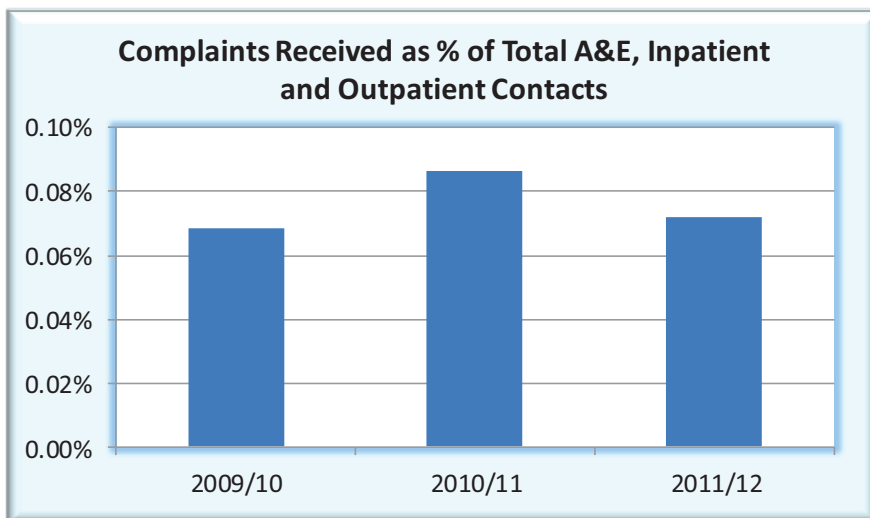
Successes along the way:
- ➢ A full review of patient pathways has improved efficiency and outcomes
- ➢ Improved utilisation of clinics ensuring better use of time
- ➢ Reduced rescheduling of appointments
- ➢ "One-Stop" Ophthalmology appointments allowing all tests in one appointment rather than the original 4 appointments
- ➢ Investment in diagnostic equipment leading to improved treatment

c) Complaints

St Helens and Knowsley Teaching Hospital NHS Trust is committed to providing the highest quality of services in partnership with patients and their carers. This means that patients should have clear information about what can be expected at all stages of their care and treatment and be involved in the decisions which affect them. This is aimed at giving patients the opportunity for their views and wishes to be heard and taken into account.

Compliments, concerns and complaints are an important measure of how well this is achieved and the Trust will use them to further improve the quality of the services it provides.

The Trust received a total of 401 complaints during 2001/12, which is significantly fewer than the previous year. The actual number of complaints is a very small percentage of the thousands of patient contacts the Trust has over the year. The graph below shows the percentage of formal complaints received during 2011/12 in comparison to previous years.

Complaints Received as % of Total A&E, Inpatient and Outpatient Contacts

Year	Percentage
2009/10	~0.068%
2010/11	~0.086%
2011/12	~0.072%

It is important that the Trust learn lessons from complaints and concerns in order to improve the services to patients. The Trust aims to get patient care right first time, every time and uses findings from complaints to improve services for all patients.

Top 5 Causes of complaints received 2011/12

April-March	2011/12
Aspects of Clinical Treatment	181
Communication (Verbal and Written)	50
Staff Attitude/Behaviour	46
Appointments Delays/Cancellations (inpatient and outpatient)	34
Admissions/Discharges/Transfer arrangements	21

The Trust has reporting and monitoring in place to assure the Trust Board that recommendations from complaints have been acted upon and improvements have been made.

d) Compliments
The Trust is always delighted to hear from patients who have been satisfied with the service. Cards and messages are an encouragement to all groups of staff who contribute to providing the high quality of care to the patients. The Trust recognises that each department receives a large number of thank you cards and letters of appreciation. Further development is underway to formalise a process for recording positive patient experiences.

e) Local improvements to enhance patient experience

Caring for patients with Dementia
In order to support patients with dementia, the Trust has developed a 'Forget Me Not' process with the aim of improving communication, interaction and patient experience. The document used in this has received positive comment from the Care Quality Commission and the Royal College of Nursing and was launched across the Trust during May 2011. This document contains basic information about the patient and what matters to them enabling others to understand and communicate effectively. Patients have contact with considerable numbers of people during their stay with us, and each one of these can make a difference to their experience. Other aspects of this process are staff trained in dementia care and dementia-friendly rooms available in various departments, including A&E, to ensure a quieter atmosphere more suitable for the patient.

Successes along the way:
➤ Social dining for patients to encourage communication, socialisation and helps to improve overall nutritional intake
➤ Provided greater availability of staff during mealtimes
➤ New initiative supported by volunteers to provide conversation and stimulation
➤ Development of weekly reminiscence sessions
➤ Orientation boards displaying day, month and year and location
➤ Large traditional style clocks visible in all bays

The Trust was one of five hospital Trusts in England to take part in the National Audit of Dementia Care in Acute Hospitals and were one of a limited number of hospital Trusts who took part in the enhanced audit last year. The results of the audit have led to a number of processes being changed within the hospital to enhance delivery of care. This year the Trust hosted its fourth national dementia care conference for acute hospitals, what is an opportunity to share good practice and learning.

Enhanced Recovery Pathway
The enhanced recovery programme is about improving patient outcomes and speeding up a patient's recovery after surgery resulting in better patient care and outcomes. The programme

focuses on making sure that patients are active participants in their own recovery process. It also aims to ensure that patients always receive evidence based care at the right time.

The programme involves working closely with patients on issues such as nutrition and pain management, as well as encouraging them to keep a diary of their treatment and providing feedback to staff caring for them. It is supported by a multi-disciplinary team to help standardise care throughout the process.

The Trust's enhanced recovery pathway, introduced 2011/12 for colorectal patients to reduce anxiety and length of stay as well as improve outcomes for patients, has now been implemented in the following specialties:

- General surgery
- Gynaecology
- Orthopaedics
- Urology

f) Equality and Diversity

The Trust is committed to ensuring that its staff and patients enjoy the benefits of an organisation that respects and upholds individuals' rights and freedoms. Equality and human rights are at the core of the organisation's beliefs and the Trust strives to ensure that people with protected characteristics under the Equality Act 2010 are afforded the same quality services as those without. The Trust ensures that all patient information is available in alternative formats and ensures that an equality impact assessment is carried out on policies and service improvement plans. This is to identify if any changes are likely to adversely affect people with protected characteristics, and where this may happen the Trust takes steps to change or minimise the impact.

The Trust has delivered on the requirements of the Equality Act 2010, for example – publishing equality objectives and implementing anti-age discrimination practice- and is developing further approaches to delivering equitable personal services.

Successes along the way:
Significant improvement in the care and treatment of patients with a learning disability who access attend the hospitals.
- Introduction of Health Passports which are individual documents compiled by the patient, their relatives and carers and can be used to provide written communication about a patient's needs, preferences, likes and dislikes which can greatly assist in the care that the Trust provides.
- Engagement with MENCAP "Getting it Right" Charter which is a campaign aimed at supporting local campaigners, health professionals, GP surgeries, hospitals and healthcare authorities to work together to make improvements for further information please visit : http://www.mencap.org.uk/campaigns/take-action/getting-it-right
- Communication tool developed and implemented in all wards to assist with staff understanding and meeting the patient's needs.
- Identified key staff to support vulnerable patients during stressful procedures e.g. anaesthetics and x-ray department.

g) Patient Environment

Patient Environment Action Team (PEAT)
The Patient Environment Action Team is required to monitor seven key topics in at least 25% of the hospital with scores ranging from 1 (Unacceptable) to 5 (Excellent). The Trust achieved top

marks for the sixth consecutive year and was the only acute Trust in Merseyside to gain maximum scores in 2011.

These inspections were carried out in during 2011/12 by a team comprising nursing, infection control, estates and facilities management specialists plus an external assessor from Lancashire NHS Trust and a patient representative. The table below shows performance over the last two years for both Trust sites.

Subject	Whiston & St Helens Hospitals 2010/11	Whiston & St Helens Hospitals 2011/12	Notes
Specific cleanliness			The external assessor commented that the cleanliness at Whiston Hospital was 'outstanding'
Toilet and bathroom cleanliness	Achieved 5/5 In all areas for both hospitals		
Infection control			The team noted the excellent adherence to hand hygiene
Environment			The team commented on the additional installation of wall protection
Access and external areas			
Food and food service			The external assessor was very impressed with the Braille menus and picture menus
Privacy and dignity			

Cleanest hospitals in the country

The Trust achieved the highest score of all acute Trusts in the country for how patients rated the cleanliness of their room or ward, according to the latest national survey of inpatients. In addition the Trust scored in the top 20% nationally in 26 of the 64 areas focusing on the quality of care and the hospital environment, making St Helens and Whiston hospitals the cleanest in the country.

3.1.3 Clinical Effectiveness

The Trust aims to improve clinical effectiveness to ensure that patient care, safety and outcomes are enhanced, whilst providing a more efficient service.

a) Medical Emergency Team

A Medical Emergency Team was introduced to the Trust with aim of providing a quality critical care service to acutely unwell or critically ill patients at the point of need regardless of the time of day. The team comprises of medical, surgical, nursing, cardio-respiratory, and portering staff who have the appropriate skills and competencies required.

The Whiston MET team was launched on the 9th of January 2012. The launch was preceded by a Trust wide advertising campaign which prepared all clinical staff for the new system. Specific criteria were set to enable staff to escalate deteriorating patients to a specialist team. The ALERT system is through the hospital switchboard and relayed to the team through an emergency paging system.

The Whiston MET is in its early stages of implementation and is evolving day to day. Based on the first two months of data, there has been a very good utilisation of the service, which justifies the need for rapid response to acute deterioration.

The aim of MET is to increase patient safety, reduce cardiac arrest calls, decrease the length of hospital stays and enhance patient experience.

b)   Diabetes care

The Trust continues to set best practice standards in its delivery of care for patients with diabetes, with the Diabetes Team being ranked first in England in the national diabetes audit.

Recent national Diabetes E audit (a rigorous audit endorsed by the Association of British Clinical Diabetologists, Diabetes UK, National Diabetes Information Service & NHS Diabetes) measured and assessed diabetes services against national standards. Taking part in the audit involved an assessment of each of the clinical areas and indicators of quality below and the Trust was required to provide written evidence and supporting documents to demonstrate that it met the audit criteria.   The areas the Trust was audited against were:

- Diabetes in Pregnancy
- Pre-pregnancy
- Kidney Screening & management
- Inpatient management of active foot disease
- Prevention & Management of diabetic foot disease
- Inpatient care
- Care of adults with diabetes
- Patient experience
- Staff development
- Clinical leadership

The Diabetes team achieved the top overall score, top average score and top number of perfect scores in 11 domains of specialist diabetes care.

c)   Theatre Modernisation Programme

The Trust's Theatre Modernisation Programme, the *Whiston Theatres Project*, won an award from the Lean Healthcare Academy designed to increase the efficiency of theatres and improve patient experience. Working closely and creatively with the Trust's surgeons and anaesthetists, improved time management has been introduced which see theatre sessions starting earlier and finishing later. Theatres now operate seven days per week and, where appropriate, have three-session days. As a result of the modernisation programme there has been a more efficient bed utilisation across both sites ensured that despite winter pressures of bad weather, Norovirus and Flu, the Trust continued to meet all its surgical targets.

d)   Advancing Quality

The Advancing Quality programme aims to improve standards of treatment for the most common conditions in NHS hospitals across the North West of England. The programme has focused on four to start with, these are heart attack; heart failure; hip and knee replacement, and pneumonia. The programme works with hospital staff to provide NHS trusts with a set of standards which define and measure good clinical practice. Each measure should be delivered to every patient to ensure they receive the highest standard of care in hospital**.** The performance of each Trust participating in this programme is published on the Advancing Quality website (go to http://www.advancingqualitynw.nhs.uk/listing_3.php for the latest results)

The Trust is the second top performer in the North West in relation to heart attack and pneumonia and is in the top 5 in relation to heart failure. The Trust continues to make improvements in

relation to Hip and Knee replacements by improving the timeliness of appropriate antibiotic administration and documentation.

3.2   Staff Quality Improvements in 2011/12

Quality improvements for staff
The Trust recognises that its staff are the single most important factor in providing quality care. Engaging staff fully and developing the skills, attitudes and behaviours for the future is therefore recognised as a Trust priority.

Quality improvements introduced for staff in response to the annual staff survey included:

Work life balance
- Improvements in Flexible working
- Better arrangements for Maternity, paternity and adoption leave
- Special leave

Health and well-being
- A new intranet site with information on support for both home and work-related stress
- A counselling Service and Employee Assistance programme
- Revised guidance on referral to health, work and well-being services
- Access to resilience training through a new leadership and talent management programme
- Sickness absence in 2011/12 fell to 4.6% from 5.3% in 2010/11

Support for better team working
- Introduced a more simple Raising Concerns Policy
- Reviewing the Respect at Work policy
- Set agreed standards of behaviour (ACE)

Enhanced information on equality and diversity
- An information leaflet to all staff highlighting the importance of respecting equality and diversity and issued it to all staff

Improving access to learning and development
- Developed a Core Education and Training Strategy
- Introduced a Talent Management and Leadership Development Strategy
- Revised Study Leave Policies to support equity for all in line with the needs of the organisation
- Introduced a new simplified Appraisal Policy
- Enhanced access to a Mentoring Programme which is free to all staff
In addition the Trust enhanced job-based learning by offering staff opportunities such as:
- Reflective practice
- Supervision
- Project work
- Secondments
- Shadowing
- Coaching (delivering and receiving)
- Involvement in research.

Equality and human rights are at the core of the organisation's beliefs and an Equal Opportunity Policy is in place in the Trust to support and inform staff of their rights and action to take should they feel discrimination has occurred. All current policy and practices were developed and reviewed in line with the Equality Act 2010.

Information has been provided to all staff highlighting the importance of Equality and Diversity both as employees and as providers of patient care. All new staff are also briefed as part of the induction programme.

Conclusion

St Helens and Knowsley Teaching Hospitals NHS Trust is completely committed to providing the highest standards of patient care, patient safety and clinical effectiveness and this is reflected in the objectives set by the Board. The Trust's continued focus on its transformational strategy, to achieve an excellent experience for every patient every time, is reflected in corporate objectives and has led to many improvements.

As this report describes, in 2011/12 the Trust has achieved reductions in patient harm and improvements in clinical outcomes and patient experience. The board recognises there is still work to do and the Trust has set itself some challenging targets for next year. The Trust will work with patients, staff and commissioners to achieve these over the coming year.

Comments from stakeholders

The Trust sent the draft Quality Accounts to key stakeholders for their comment, as required under the *The National Health Service (Quality Accounts) Regulations 2010* and responded to the feedback by adjusting the content and layout of the report where it was possible to do so. Their comments are reproduced in the following pages. The Trust intends to work with patients and these stakeholders to inform the development of next year's Quality Accounts and where it has not been possible to change this year's report their comments will be incorporated into next year's where appropriate .

NHS
Merseyside

2011/12 Quality Account

NHS Merseyside Statement

In line with the NHS (Quality Accounts) Regulations 2011, NHS Merseyside can confirm that we have reviewed the information contained within the account and checked this against data sources where this is available to us as part of existing contract/performance monitoring discussions. We have reviewed the content of the account and can confirm that this complies with the prescribed information, form and content as set out by the Department of Health.

As Director for Service Improvement and Executive Nurse for NHS Merseyside I believe that the account represents a fair and balanced view of the 2011/12 progress that St Helens and Knowsley Teaching Hospitals NHS Trust has made against the identified quality standards. The Trust has complied with its contractual obligations and has made good progress over the last year with evidence of improvements in key quality & safety measures.

Overall NHS Merseyside is supportive of the process St Helens and Knowsley Teaching Hospitals NHS Trust has taken to engage with patients, staff and stakeholders in developing a set of quality priorities and measures for 2011/12 and applaud their continued commitment to improvement.

NHS Merseyside has an excellent relationship with the Trust and recognises their commitment to working closely with Clinical Commissioning Group to ensure the ongoing delivery of high quality services.

Trish Bennett

Trish Bennett
Director of Service Improvement & Executive Nurse
NHS Merseyside

Gill Core
Director of Nursing, Midwifery and
Governance
St Helens and Knowsley Teaching
Hospitals NHS Trust
Whiston Hospital
Warrington Road
Prescot
Merseyside L35 5DR

Adult Social Care and Health
Scrutiny Panel
Town Hall
Victoria Square
St.Helens
Merseyside
WA10 1HP

Contact:Joanne Heron
Tel: 01744 676277
Fax: 01744
joanneheron@sthelens.gov.uk
Our ref:asch/1606
Your ref:

Dear Gill   14th June 2012

Re: St Helens Adult Social Care and Health Overview and Scrutiny Panel Quality Account Commentary 2011/12

Thank you for submitting your Quality Accounts for 2011/12 to the Adult Social Care and Health Overview and Scrutiny Panel. Our comments are as follows:

The Panel accepts the Quality Accounts as being an overview of the organisations performance during the year and felt that the layout and design of the report made it clear and easy to read.

We note your improvements to patient safety and welcome the reduction in in-patient falls of 12% and the reduction of pressure sores of 32% however we felt that there was a lack of context to these statements. It would have be more helpful for the Panel to have received some further baseline data or information as to how this may compare with other Trusts. We felt unable to judge whether these statements indicated good or poor performance

We were encouraged to see the maintenance of the hygiene and infection control targets and the rise in complements towards the Trust.

We note your overall score of 68% (which is highlighted as red) for the Information Governance Assessment Report and recognise that the stringent set of assessment criteria has made this target harder to achieve. We welcome your assurances that this will improve with the appointment of an action group and look forward to seeing improvements in this area.

In summary the Panel would like to congratulate you on the developments and improvements. We hope you find our comments helpful and we would like to thank you for the opportunity to respond. I look forward to maintaining positive partnership working with you in the future.

Yours sincerely

Councillor Anthony Burns
Chairman of Adult Social Care and Health Overview and Scrutiny Panel

Halton LINk
Your Health • Your Care • **Your Say!**

Gill Core
Director of Nursing, Midwifery and Governance
St Helens and Knowsley Teaching Hospitals NHS Trust
Whiston Hospital
Warrington Road
Prescot
Merseyside
L35 5DR

7th June 2012

Dear Gill,

Re: Quality Accounts: St Helens & Knowsley Teaching Hospitals NHS Trust 2011-12

Halton LINk welcomed the Trust's commitment to share the above report widely and to seek the views of the Halton LINk members. The response from Halton LINk for your report is attached.

The Trust has been cooperative with Halton LINk and representatives attend the Patient Safety & Experience Council. The comments from LINk members, on a number of issues have been welcomed and where necessary have been acted on.

Thank you again for inviting the LINk to comment and we look forward to working with you in the future.

Yours sincerely,

Doreen Shotton

Doreen Shotton
LINk Board Member – Halton LINk Lead for Quality Accounts.

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Halton LINk
Your Health • Your Care • Your Say!

Halton LINk Statement
St Helens & Knowsley Teaching Hospitals NHS Trust
Quality Accounts 2011-12

"Halton LINk would like to thank the Trust for the opportunity to comment on the Quality Account for the year 2011-12.

General comments on the report layout:
- *A 'glossary of terms' as an appendix might be useful.*
- *Disappointed that use of pie charts & graphs, as suggested last year, has not been used. We believe that the appropriate use of such charts and graphs would enhance the understanding of statistics.*
- *Descriptive text is not always backed with evidence to demonstrate the claims made in the report.*

Specific comments:
2.3 Participation in Clinical Audits
- *We would have appreciated an explanation of the 16% rate of case ascertainment for adult diabetes audit.*
- *To facilitate understanding of clinical audit table, it would be helpful to have actual numbers as well as percentages, together with explanations of any exceptions.*

2.9 Clinical coding error rate
- *We welcome the inclusion of the clinical coding error rate table and would appreciate comparison data of previous years' statistics.*

3.1 Review of Quality Performance 2011/12
- *Members appreciate the achievements in patient safety and the improvement in infection control and hygiene.*

3.3 Summary of Quality Performance against CQUIN targets
- *We would have liked an explanation of why the targets were not achieved on stroke.*

During the past year the Trust has been co-operative with Halton LINk, with representatives attending the Patient Safety & Experience Council meetings to share experiences and to keep abreast of the activities the Trust carries out.

The LINk appreciates the improvements made during the past year and we hope that Trust will continue to have on-going dialogue with service users, carers and the wider community to help the Trust ensure their priorities are achieved."

HALTON LOCAL INVOLVEMENT NETWORK

Halton & St Helens
Voluntary and Community Action

Halton LINk, Halton & St Helens VCA, Sefton House, Public Hall Street, Runcorn, Cheshire WA7 1NG
Tel: 01928 592405 • email: info@haltonlink.org.uk • web: www.haltonlink.org.uk
Halton LINk is hosted by Halton & St Helens VCA, Charity Registration No. 1106001
A Company Limited by Guarantee, Reg. No. 2539153 Registered in England

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**St Helens and Knowsley Hospitals NHS Trust Quality Account Commentary
Knowsley LINk**

Knowsley LINk welcomes the opportunity to provide this commentary in support of the St Helens and Knowsley Hospitals NHS Trust Quality Account for 2011/12. The Quality Account report was provided to LINks in a timely manner and presented thoroughly during a question and answer session held in June.

During the last twelve months the partnership working and challenges provided through Knowsley LINk has been welcomed by the Trust. Knowsley LINk members have attended The Patient Safety and Experience Council, which has been an important means of monitoring the progress of the Trust around key Patient Experience issues and areas such as nutrition, falls prevention, Pressure Ulcers and Patient Safety. Knowsley LINk is also pleased to note that the Trust has taken steps to ensure that there are more and experienced doctors on duty at the weekend.

The involvement of LINk has been proactively encouraged and the support of LINk sought around issues such as infection control and patient experience. In particular, two unannounced Enter and View visit were undertaken jointly by Knowsley and St Helens LINks. The first of these was a "Bugwatch" style visit which focussed on cleanliness and hygiene on a number of wards, the second was focussed on dignity and nutrition in the care of the Elderly wards. Both of these visits were supported by all the staff involved

It is felt that the Priorities for Improvement identified for the coming year are both challenging and reflective of the issues Community Members, Service Users and LINk members are keen to see addressed. The priorities of improving patient safety and experience are welcomed and Knowsley LINk will continue to challenge the trust in both these areas. Knowsley LINk also welcomes the planned improvements in performance of the Stroke Pathway.

Knowsley LINk recognised that the Trust has achieved the cost savings imposed on them from the Department of Health and is concerned at the level of further savings that the Trust is expected to achieve. Knowsley LINk will continue to challenge the Trust in the coming year, particularly if it appears that cost savings are taking priorities over service provision, using the evidence we collate in our patient experience surveys and we look forward to working together to improve the experience of all patients who access services.

Comments on St. Helens & Knowsley Trust – Quality Account document – final draft

General comments

The layout and language makes it difficult for the lay person to read.

A glossary of terms both medical and acronyms should be included so that non-medical readers can understand the document fully – see quote from a Board member.

"I think the language should be simpler for the everyday person, there is a mixed approach to using medical terms and quality indicators in that in some cases it is explained whilst in others it is not. So perhaps a key or something that explains any terms initials and medical language or indicators.

The document needs to be available on request in alternative formats not just Braille but audio for example, other languages and perhaps an easy to read version. Using appendix for tables & graphs at the end with just written summaries of the statistical findings in the main body of the document."

Comment from an attendee at the presentation 6th June: include numbers alongside percentages where possible, to maximise understanding

Specific comments

2. Priorities chosen for each of the 3 domains i.e. Patient Safety, Patient Experience and Clinical Effectiveness (p4-5), LINk suggests that only one be chosen and completed fully?

e.g. for Patient Safety – prioritise implementing the Safety Thermometer on all wards

e.g. for Patient Experience – implement either 'Hospedia', as this is linked to maximising income for the Trust.

e.g. for Clinical Effectiveness – suggest priority would be performance around strokes and TIAs, which is something St. Helens CCG is working with the Trust on, so this already has partner buy-in and therefore worth concentrating on because it could produce significant results (both in terms of reputation and financial income).

[It would be useful to see what analysis has been done to show that was a "patient-centred' approach (p5) that has led to *quality parameters rocket*" (also consider re-wording this phrase, due to possible confusion if translated via British Sign Language)]

2.5 CQUIN performance Incentive Schemes (the table included on p.8 – make clear what the new ones are). Trust should detail CQUIN measures and progress made in the actual document - most readers will not go and retrieve the information from another location (web-based).

2.6 Data Quality issues (p8-9) - information quoted at 2.7 seems to show the Trust is doing well in the hospital episode statistics. Can the Trust show how it compares against other hospitals / the England mean? Are there thresholds that the hospitals are meant to reach or achieve over in recording the patients NHS number? If not what is the purpose of including this data, possibly remove?

2.8 Information Governance (p9) – it is fine to explain that there has been an increase in the standard expected in terms of the evidence required for the IGT grading scheme, and therefore it is tougher to achieve. We need more assurance than there's an action plan and an Information Governance sub-group working on it, because it is still red and therefore a risk to the Trust.

The Trust could explain further why improvements to the IG toolkit submission will mean better experiences for patients?

2.9 Clinical coding error rate (p10) – under the table there's a statement about the Trust's HRG error rate – this needs an explanation. This is perhaps a term for the glossary of acronyms and terms that has been suggested previously.

3. Key Performance Indicators and Quality Performance (p11-23)

The LINk is encouraged to see maintenance of the hygiene and infection control targets and also that compliments have risen substantially as a proportion of overall comments about the Trust.

LINk will be pleased to continue to work with the Trust on maximising their equality & diversity work, mention here working closely with LINks around the Equality Delivery Scheme.

St. Helens LINK would also wish to continue to be involved in assisting the Trust with its work around staff attitudes and improvements in 18 week waits and the availability of Choose and Book opportunities.

Statement of directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).
In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Accounts presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

NB: sign and date in any colour ink except black

26 June 2012
…........................Date…..Chair

26 June 2012

...........................Date...Chief Executive

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INDEPENDENT AUDITOR'S LIMITED ASSURANCE REPORT TO THE DIRECTORS OF ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

I am required by the Audit Commission to perform an independent assurance engagement in respect of St Helens and Knowsley Teaching Hospitals NHS Trust's Quality Account for the year ended 31 March 2012 ("the Quality Account") as part of my work under section 5(1)(e) of the Audit Commission Act 1998 (the Act). NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010 and the National Health Service (Quality Account) Amendment Regulations 2011 ("the Regulations"). I am required to consider whether the Quality Account includes the matters to be reported on as set out in the Regulations.

Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Accounts presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that the Quality Account is not consistent with the requirements set out in the Regulations.

I read the Quality Account and conclude whether it is consistent with the requirements of the Regulation and to consider the implications for my report if I become aware of any inconsistencies.

This report is made solely to the Board of Directors of St Helens and Knowsley Teaching Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010.

Assurance work performed

I conducted this limited assurance engagement under the terms of the Audit Commission Act 1998 and in accordance with the NHS Quality Accounts Auditor Guidance 2011/12 issued by the Audit Commission on 16 April 2012. My limited assurance procedures included:
- making enquiries of management;
- comparing the content of the Quality Account to the requirements of the Regulations.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.
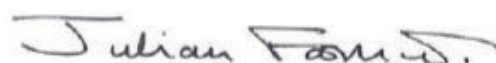
Limitations

The scope of my assurance work did not include consideration of the accuracy of the reported indicators, the content of the quality account or the underlying data from which it is derived.

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

Conclusion

Based on the results of my procedures, nothing has come to my attention that causes me to believe that the Quality Account for the year ended 31 March 2012 is not consistent with the requirements set out in the Regulations.

Julian Farmer
Officer of the Audit Commission

Audit Commission,
2nd Floor, Aspinall House,
Aspinall Close,
Middlebrook,
Horwich,
Bolton, BL6 6QQ

28 June 2012

Quality Account Glossary

A & E	Accident and Emergency
ACE	Angiotensin Converting Enzyme
ADT	Admission, Discharge, Transfer
AMD	Age Related Macular Degeneration
AQ	Advancing Quality
CAMHS	Child and Adolescent Mental Health Service
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRB	Criminal Records Bureau
DATIX	Integrated Risk Management, Incident Reporting, Complaints Management System
DNA	Did Not Attend
E4E	Energise for Excellence
ECV	External Cephalic Version
EDMS	Electronic Document Management System
EDS	Electronic Discharge System
GP	General Practitioner
GTT	Global Trigger Tool
Hospedia	Bed Side Patient Television System
HPA	Health Protection Agency
HRG	Healthcare Resource Group
HSMI	Hospital Standard Mortality Index
HSMR	Hospital Standard Mortality Rates
IGT	Information Governance Toolkit
LINk	Local Involvement Network
MET	Medical Emergency Team
MRSA	Methicillin-resistant Staphylococcus aureus
MSSA	Methicillin-sensitive Staphylococcus aureus
NICE	National Institute for Clinical Excellence
NIHR	National Institute for Health Records
PCT	Primary Care Trust
PEAT	Patient Enviornment Action Team
PHSO	Parliamentary & Health Service Ombudsman
QRP	Quality and Risk Profile
SBAR	Situation, Background, Assessment, Recommendation
SHA	Strategic Health Authority
SHMI	Summary Hospital-level Mortality Indicator
SIRI	Serious Incident Requiring Investigation

TIA	Transient Ischaemic Attack
UCAM	Urinary Catheter Assessment & Monitoring
UTI	Urinary Tract Infection
VTE	Venous Thromboembolism
WHO	World Health Organisation

REPORT TO:	Health Policy and Performance Board
DATE:	6th November 2012
REPORTING OFFICER:	Strategic Director -Communities
PORTFOLIO :	Health & Adults
SUBJECT:	Adult Social Care Customer Care Report : 1st April 2011 - 31st March 2012
WARDS:	Borough Wide

1. PURPOSE OF REPORT

1.1 To report and provide an analysis of complaints, compliments and other enquiries processed under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and to meet statutory requirement to publish an Annual Report.

2. RECOMMENDATION: That members of the Board Consider and comment on any of the key learning points identified as a result of complaints.

3. SUPPORTING INFORMATION

The Adult Social Care Complaints Process

3.1 From April 2009 a common approach to handling complaints in the NHS and Adult Social Care was introduced aimed at encouraging complaints handling that is tailored for each individual and handled more flexibly. It allows a more efficient and effective way of responding to, and learning from, complaints encouraging the best outcome for the both the individual and for the organisation.

3.2 The complaints approach has a format where, right at the start, the Customer Care Team works with the person making the complaint to agree the details of the complaint and what would resolve it.

3.3 At that point, how it is to be handled and the likely timescales, taking into account complexity and complainant's availability etc, are explored and agreed, although they can be further negotiated as required. Although it can take longer, it does encourage greater focus on getting a satisfactory outcome.

3.4 Sometimes, it becomes apparent that, due to the complexity of the issues involved, a more detailed investigation by an independent person is required. This may be after some initial investigation so, for the purposes of identification of these cases, we have referred to them at "Stage 2 cases" in this report. Alternatively, a "stage 2 case" may also be where an alternative solution has been explored (e.g. through detailed mediation or including other agencies).

3.5 If a complainant remains dissatisfied with the outcome of this statutory

complaints process, they retain the right to refer their complaint to the Local Government Ombudsman.

3.6 **The Social Care Customer Care Team**
From 1st April 2011 the Children and Enterprise, Customer Care Manager joined with the Communities Customer Care Team to form one amalgamated team responsible for the administration of Adult and Children Social Care Representations.

3.7 The Customer Care Team monitors the responses and records and reports learning from various types of feedback including:

- **Statutory Complaints;** defined as "an expression of dissatisfaction or disquiet about an action, decision or apparent failings of local authority adult social care services provision, which requires a response"

- **A Customer Care issue;** where people want to raise a concern but not make a formal complaint, or where clarification on an issue or concern has been sought and provided.

- **MP / Councillor enquiries** on behalf of a constituent.

- **Representations**; the term representations is used when making collective reference to Customer Care, MP and Councillor enquiries and they are included in reports to inform learning.

- **Compliments**; it is just as important that we learn what people are happy about so compliments are recorded and reported in the same way.

3.8 **ANNUAL REPORT : 1st April 2011 to 31st March 2012**

Contextual Information
3.8.1 Both national and local intelligence indicated that people can find it difficult to complain, particularly where they or their family are in vulnerable situations and dependent on services. They can worry about negative repercussions, or they just want a quick and less formal way of raising concerns.

3.8.2 In Halton' we responded by developing the "Help Us Help You" campaign which was launched autumn 2011. It aims to reassure people that we take their concerns seriously, whether they want us to deal with them formally or informally, and that they should not be afraid of raising them. The theme was adopted throughout the Council (social care and corporate complaints etc) with the colourful logo being included on the website and rolled out to all council documentation.

Help Us Help You - we want **your** feedback on Council services
0303 333 4300   HDL, Municipal Building, Kingsway, Widnes WA8 7QF
hdl@halton.gov.uk   www.halton.gov.uk/contact

3.8.3 Whilst we cannot be certain of the impact to date, the campaign may have been contributory to the increase in the number of complaints received in the year. However, feedback from colleagues on both local and national groups

indicate that complaints about social care have increased considerably in the last year. This may be due the public awareness of dwindling resources within Local Authorities and the perception that decisions may be made based on financial pressures.

3.8.4   In Halton this was not found to be the case. In considering a complaint of this nature what must be considered is whether the quality of the assessment sound enough to justify the decision? Complaints investigated locally found that service provision was based on Assessed Need and the resulting Support Plans.

3.8.5   In the following, complaints have been analysed by the majority processed in the normal way (Stage 1) and those of a more complex nature (Stage 2)

3.8.6   **Statutory Complaints closed at Stage 1**
There have been 73, in the year, showing an increase of 19 (35%) from the previous year. Of those 73 there were 4 that progressed to Stage 2.

77 new complaints were received in the year, 22 more than the last when it was 55, this indicates a 40% increase in complaints.

During the year 5091 people received a service from Adult Social Care Services, 1.51% of them made a complaint an increase from the previous year from 1.09%.
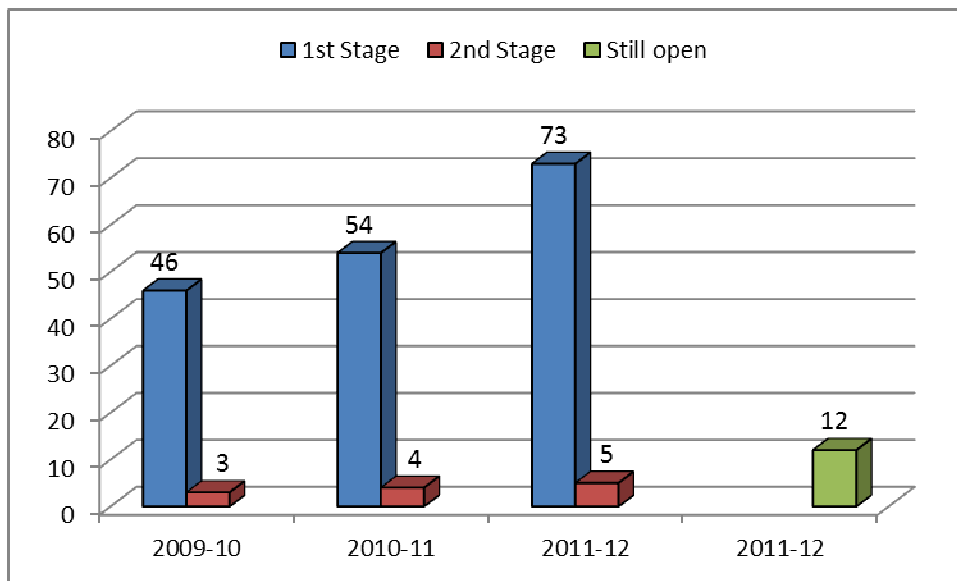
3.8.7   **Outcome of closed Stage 1 Statutory Complaints**
Of the 73 closed complaints, 21 (29%) were upheld and 18 (25%) partially upheld (complaints that are partially upheld indicate a number of issues raised, some of which were not upheld). Overall 39 (54%) of complaints had elements of their complaint upheld.

3.8.8   **Category of the 73 closed Stage 1 Statutory Complaints that were upheld in full or part**
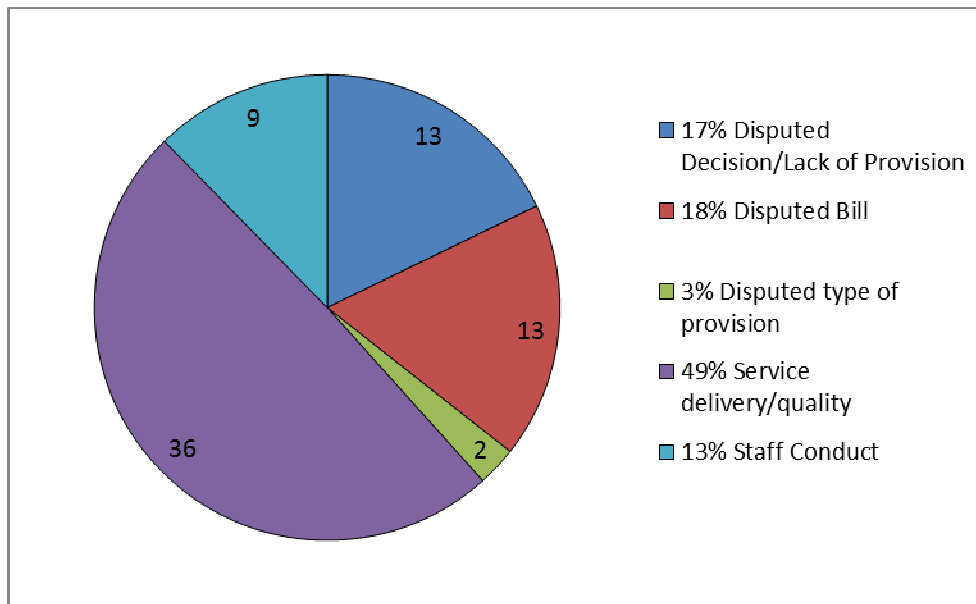
Of the 39 Statutory Complaints upheld in full or in part at Stage 1:

- 7 were in relation to a Disputed Decision/lack of provision
- 10 were due to a Disputed Bill
- 18 were about Service delivery/quality
- 4 related to Staff conduct

NB Complaints may cut across more than one category, for example communication may be linked to lack/ under provision, cost or staff conduct

3.8.9 **Timescales Stage 1 Statutory Complaints**
The procedures encourage timescales to be agreed with the complainant

Complaint Completion Timescales	2009/10	2010/11	2011/12
1. Within time agreed with complainant	N/A	93%	88%
2. Within 20 days or to resolution	80%	72%	52%

Row 1 illustrates that those targets were met in 88% of cases i.e. 64 out of 73). Although this figure has dropped from 93% (which equates to 50 out of 54) last year, there has been a significant increase in the number of complaints this year of 35%.

- 38 of the 73 were resolved within 20 days (52%)
- 54 of the 73 were resolved within 30 days (74%)
- 62 of the 73 were resolved within 40 days (85%)

Whilst, the figure in row 2 has dropped from last year, the procedures do allow more flexibility, focusing on getting the right outcome rather than satisfying any defined process or timescale; which is negotiated and agreed with the complainant. This approach is more 'person-centred' and encourages greater flexibility in finding solutions to complaints (e.g. mediation) and this can

contribute to the drop in numbers of complaints being resolved within 20 days. Emerging evidence, both regionally and nationally is that complaints are, on average, taking longer to process. It has also been commented regionally that the complexity of complaints appears to be increasing which may also have also been a contributing factor to the increased timescales to complaint resolution. In all likelihood, the approach now being taken, with early involvement of the Customer Care Team, may be more successful in identifying underlying root causes that, whilst it may take longer to resolve, will result in a more successful resolution.

Similarly the negotiated approach, although prolonging Stage 1, may also be contributing to fewer being classified as Stage 2 (e.g. although the number of complaints has increased, the numbers at Stage 2, has only increased by 1).

The Customer Care Team supports service managers when they investigate complaints, including the facilitation and mediation of meetings. Their quality assurance role in supporting managers, when they are formulating their responses to complaints, is especially valued.

Delays in dealing with complaints can give the impression of disinterest and disrespect. Regulations state that every complaint should be acknowledged no later than three working days after the complaint was received. Of the 73 closed complaints, all but one were acknowledged within this target and 88% were processed within timescales subsequently agreed with complainants.

On-going contact with complainants, and dealing with their concerns quickly and efficiently, demonstrates that we care about the fact that they have had a negative experience. It shows that we take complaints seriously, and are interested in resolving them.

3.8.10 **Analysis of complaints in relation to specific service areas**
We record complaints by specific complaint type and client groups, so that we can analyse whether there are any underlying trends or whether complaint numbers may be influenced by other factors (e.g. high profile cases from elsewhere in the country.

By way of example, following the high profile case covered by the BBC Panorama programme (May 2011), which exposed the abuses that had taken place at Winterbourne View hospital near Bristol, we have kept complaints from people in the Learning Disability are under close scrutiny.
Whilst, there has been an increase in numbers of complaints from this client area, this appears to be through a greater willingness to raise concerns rather than any abusive practice being identified through the complaints procedure.

This increase is positive as it evidences that customers with a learning disability and their families and carers are valued, included, treated equally, listened to and protected and that that one of the reporting systems in place i.e. complaints, can ensure that they are properly reported and investigated.

3.8.11 **Stage 2 complaints**

	2009/10	2010/11	2011/12
Complaints proceeding to Stage 2 (Independent Investigation)	3	4	5

There have been 5 complaints classified at stage 2. None were undertaken by an External Independent Investigator, all were conducted internally by Senior Managers. Of these, 3 Stage 2 complaints were partially upheld and 2 were completely upheld.

3.8.12 **Local Government Ombudsman**
During this financial year, two enquiries were received from the Local Government Ombudsman. Information was provided to them about those complaints and neither resulted in investigations being conducted by the Local Government Ombudsman Office.

3.8.13 **Category of people making the complaint**
- 86% of complainants made are by people representing/ supporting the person using the services, this is consistent to last year which was 89%.
- 78% are related, again this is consistent to the 80% last year.

These statistics can be attributed to the vulnerability of individuals who access adult social care services.

3.8.14 **Number of Customer Care and MP/Councillor Enquiries** (see 3.4 definition) closed in the year.
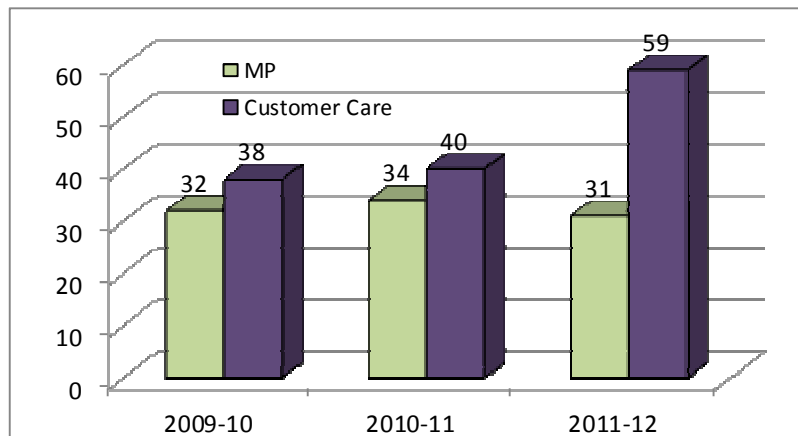
90 (68%) of the Customer Care and MP/Councillor enquiries related to social care issues, with the remainder being housing or environmental health related. This is a 22% increase in activity.

3.8.15 **Consideration and the allocation of priority of complaints**
All complaints are scrutinised at an early stage, to identify the level of personal risk or other significant factors. They are considered against a matrix that considers the level of risk, along with the likelihood of reoccurrence. From that, a priority (Low, Medium or High) is set, identifying those that require urgent

action (e.g. action under the safeguarding procedures). The analysis of classifications set in the last year are set out below.

Low - relatively minor issues, no significant implications for the service user or the service	51
Medium - more complex and/or significant issues, implications for the service user or the service in terms of practice, procedure or service delivery.	13
High - most serious and complex significant implications for the service or the complainant in terms of practice, procedure or service delivery.	9

3.8.16 **Complaints with Dignity and Safeguarding elements**
Complaints are also monitored to identify where there are elements relating to the safeguarding and dignity of the service user. Complaints that have any element of adult abuse, or suspected abuse, are immediately referred through the Safeguarding Procedures. In such cases, any complaints investigation is put on hold until discussions have taken place to decide the most appropriate course of action. 4 complaints received in the year were passed on for investigation under the Adult Safeguarding Procedures.

Dignity Factors contribute to a person's sense of self-respect. It means treating people who need care as individuals and enabling them to maintain the maximum possible level of independence, choice and control over their own lives. Complaints are categorised to assist the Dignity in Care Coordinator to improve standards of dignity in care. 41% have been categorised as having communication issues at the root of their complaint.

3.8.17 **Provider Monitoring Feedback**
The Quality Assurance Team has a process in place where feedback on providers commissioned by the Council can be provided. Similarly they can be used to trigger any Safeguarding or Dignity issues and the learning is used to monitor and improve service delivery.

3.8.18 **Learning and Service improvement**
The vast majority of complaints are not due to any wilful intent, but often the unintended outcome actions of lack of actions (for example particularly communication issues such as where a lack of clarity may lead to one person misunderstanding what another means). Similarly, examination of complaints may not uphold that something has gone wrong, but may uncover a way of doing something that the individual is more comfortable with. Either way, the learning gathered from all forms of available feedback (complaints, compliments and other comments) is used to improve individual issues and fed into the service improvement process as appropriate, to inform and develop the services we provide and commission..

3.8.19 During the last year, resulting improvements have been developed include:

- Various examples of improved communication between the clients, their family or representative and services. This is the most commonly identified

theme identified in complaints, and cuts across all services. Any individual issues involving workers are addressed by managers during the supervision process, to inform individual learning.

- The opening and closing procedures of a day unit were reviewed and changes implemented.

- Medication and prescription policies were reviewed and changes implemented.

- The "Help Us, Help You" campaign resulting from the Care Quality Commission (CQC) undertook an inspection in Halton looking at "safeguarding adults whose circumstances made them vulnerable". Whilst the findings of the inspection was that Halton was performing excellently in safeguarding adults there we noted that the inspectors had received some feedback from consultation exercises where people had commented:

  ➢ That they like to have a less formal way of raising concerns; and

  ➢ Sometimes people of wary of complaining, particularly when they perceive they are in vulnerable positions (e.g. in hospital, GP's surgery register, dependent on care services e.g.),in case there are negative repercussions for themselves or their family.

3.8.20 **Feedback from Complainants**
We evaluate our complaints system by asking people how satisfied they were with the way their complaint was handled. When a complaint is closed an evaluation form is sent to the complainant

This process was in place in respect of Adult Services whereas in Children Services, primarily it was only the feedback of the Children and Young People that was sought. This is the first year of the amalgamated team and the first report covering both service areas.

Because some of the forms returned are anonymous it is impossible to identify which area the service user complained about, however the themes of the questions are such that they apply to both.

Of the 27 service users responded the summarise findings were that:

- 82 % said it was either easy or ok to make a complaint
- 74% indicated that they were happy or ok with the response
- 74% stated the staff who spoke to them was polite and friendly
- 78% stated the staff were able to give them the information they needed and help them with their complaint
- 89% stated they felt able to tell the staff about the issues they wanted to talk about
- 85% stated they were told how their complaint would be dealt with
- 70% indicated that they felt everything in their complaint was answered,

22% stated no with 8% not providing a response
- 77% replied stating they were either happy or ok with the outcome

Comments included:
It was a shame that I felt the need to complain, however once I made the complaint all I spoke to were courteous, friendly and most helpful, thank you.

Staff in the complaints department was very helpful, at first contact they quickly understood the issues and were able to identify appropriate actions.

I was sent the complaint form, told how to proceed, I was also kept informed how it was progressing. Good service

3.8.21 **Compliments**
A new and developing report for the Communities Directorate focuses on compliments and provides a more in depth analysis. Compliments provide a balance and illustrates that the services we provide make a real difference to the lives of vulnerable people and their families.
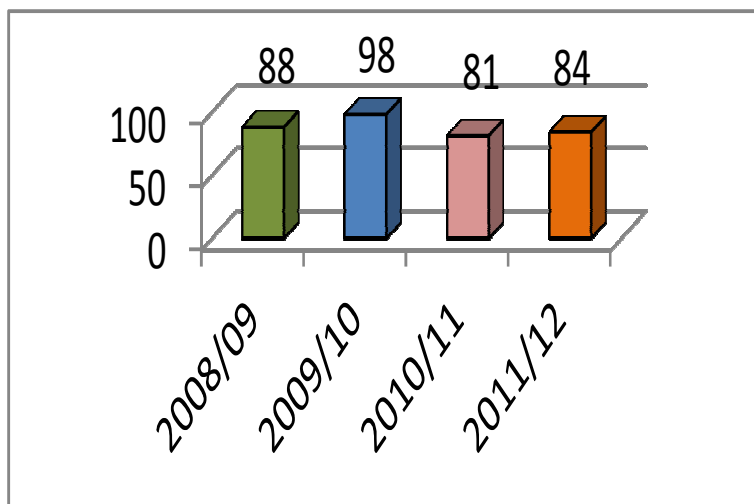
3.7% increase in Social Care compliments. Staff are now reminded every quarter to forward compliments or positive feedback to the Customer Care Team.

Compliments have been received across a broad range of service areas. Illustrative examples include:

- Daughter moved into supported accommodation. "I am writing to express true appreciation for the very helpful and thorough support offered. Many other excellent inputs over nearly 20 years have contributed to her development to greater independence. For all of us we are most grateful to Halton Council"

- "A big thank you, a couple of years ago my mum was diagnosed with dementia, it happened rapidly and was traumatic for all concerned. We tried to cope but when we needed help we turned to the council. The help we needed was there as soon as we asked, as soon as we needed it. Halton Council can be justifiably proud of their concern for and care of the vulnerable and elderly in their charge. Once again thank you".

- Client has severe and enduring complex mental health issues, it should be noted that writing this letter was a massive thing for him. "I don't know if clients ever write to the management, but I wanted to say a big thank you for the on-going support I am receiving. They treat me with dignity, respect and a smile which helps put me at ease. If I did not receive their support I feel I could not live in the community".

4.0 POLICY IMPLICATIONS

4.1 Complaint analysis can highlight where policy needs to be strengthened, reviewed, or amended to improve service delivery. Comments, Complaints and Compliments are essential feedback in developing services and policies. There are no implications identified in this year.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Learning from complaints has the potential to reduce financial consequences and help inform the development of efficient and cost effective services.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**
From March 2011 one Customer Care Team now services both Adults and Children's Directorates; this allows close working on relevant complaint issues. There is a close relationship between the social care services particularly to support young people during transition from Children and Young Peoples services to Adult Social Services.

6.2 **Employment, Learning and Skills in Halton**
Social care aims are often closely associated with these, to improve people's life chances and to be as independent as possible. Any findings from a comment, complaint or compliment relating to this priority will be used to inform the relevant service.

6.3 **A Healthy Halton**
Another core aim in social care is to prevent or delay reliance on institutional care, enabling people to be as independent as possible. Any findings from a comment, complaint or compliment relating to this priority will be used to inform the relevant service.

6.4 **A Safer Halton**
Adult social care has a close relationship with protection procedures for the vulnerable adults, the frail etc. Any findings from a comment, complaint or compliment relating to this priority will be used to inform the relevant service.

6.5 **Halton's Urban Renewal**
Many social care initiatives surround housing issues, enabling people to live as independently as possible in their community. Any findings from a comment, complaint or compliment relating to this priority will be used to inform the

relevant service.

7.0   RISK ANALYSIS

7.1   Failure to implement an efficient service could result in the local authority being challenged for not dealing with complaints in a timely and efficient manner and could result in the customer not receiving a service which could then detrimental to their health, safety and well-being.

7.2   Whilst complaints can result in changes for individuals, collectively they are a key source of information to help us develop the services we provide or commission.

8.0   EQUALITY AND DIVERSITY ISSUES

8.1   No matter who complains they receive the same equality of access and provision.

Consideration is given to what type of support, help and encouragement may be required for individuals to pursue their concerns. People whose first language is not English and those with communication difficulties may require support from a Translation Service or an Advocate.

8.2   Data on equality and diversity are recorded, analysed and reported upon as appropriate.

8.3   The age profile of service users at 31st March 2012 has changed by 1% from last year. From 29% to 28% for the age group 18-64, with that 1% difference increasing the over 65 years age group figure to 72%.

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

Document	Place of Inspection	Contact Officer
The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009	Runcorn Town Hall	John Gibbon

REPORT TO:	Health Policy & Performance Board
DATE:	6th November 2012
REPORTING OFFICER:	Strategic Director - Communities
PORTFOLIO:	Health and Adults; Community Safety
SUBJECT:	Adult Safeguarding : Halton's Integrated Safeguarding Unit and Safeguarding Adults Board Annual Report 2011/12
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 This report presents the Board with Halton's Safeguarding Adults Board (HSAB) Annual Report 2011/12 and an update of the progress on the establishment of Halton's Integrated Safeguarding Unit.

2.0 RECOMMENDATION: That the Board: Note the contents of the report and associated appendices.

3.0 SUPPORTING INFORMATION

HSAB Annual Report 2011/2012

3.1 Keeping people safe and ensuring that they are treated with respect and dignity continues to be a high priority for Halton Borough Council (HBC), Halton Clinical Commissioning Group (HCCG) and Partner agencies who are committed to continue to build on the excellent results achieved in the 2010 Safeguarding Inspection to ensure Safeguarding and Dignity are central to the work that we do as a Health and Social Care Economy.

3.2 The annual report (attached at **Appendix 1**) describes how organisations and individuals across all sectors are working together to safeguard vulnerable people. As well as reporting on the HSAB's work over the past twelve months, the Annual Report explains the national context in which we are all currently operating and lists the Board's priorities for the coming year.

3.3 In terms of the Annual Report's content:-

- The **Forward** references the on-going commitment to safeguarding and now references the link to the Shadow Health & Wellbeing Board;

- The **Vision** for the Board which hasn't changed from previous years;

- In terms of section 3, **National Context** – relevant developments have been referenced such as the Law Commission's Review, Standards for Adult Safeguarding and the Equality and Human Rights Commission's inquiry into Home Care;

- The **Structure and Reporting Arrangements** section now incorporates recent changes in the reporting structure and also references the new Integrated Adult's Safeguarding Unit and its role;

- The **Outcomes Section** references the new national outcomes frameworks and a handful of case studies;

- The **Board Priorities** reflect the priorities agreed by the Board for 2012/13 as part of its work plan;

- Section 7 outlines the **Safeguarding Data** available from both the Local Authority and Public Protection Unit;

- The **Key Developments and Local Activity** section has been developed with input from Partner agencies.

- The next 6 sections of the report concerned with :-
  o Learning & Development
  o Publicity and Communications
  o Quality and Performance
  o Policies and Procedures
  o Practitioners Network
  o Safer Workforce

All focus on the activity around the various sub groups.

Integrated Safeguarding Unit

3.4   On 1st April 2012, HBC and the HCCG established, initially as a 12 month pilot, a new Integrated Safeguarding Unit (ISU). It was agreed that financial support for the unit of £284,596 per annum was to be split 50:50 between the two organisations. A previous report was presented to the Board on 29th May 2012 regarding the establishment of the Unit.

3.5   The team, which is based at John Briggs House, Widnes, has a good skill mix and knowledge base to ensure they are effective at delivering on a multi-disciplinary basis. In leading on safeguarding across the Health and Social Care economy, the team have been dealing with cases which have a complex safeguarding element to them.

3.6   The ISU have completed one major investigation since their establishment which, in terms of their role, was very successful. The investigation involved four separate safeguarding referrals that had been received from different sources in connection with a care home in Widnes. Initially, these were investigated by individual social workers from the Initial Assessment Team and Complex Care Team in Widnes. The social worker involved in the final of the four referrals recognised similar issues with the cases and raised concerns with the Principal Manager of the ISU.

3.7   As a multi-disciplinary team, the ISU were able to investigate the cases in an integrated way, using the skill mix of the new team. The ISU investigated these four complex cases and identified the following similar issues with all cases: neglect; pressure sores; and

poor communication.

3.8 Since its establishment, the ISU have developed an operational Thresholds Guidance document (**Appendix 2**). This guidance is directed at providers/practitioners and aims to ensure all adult protection issues and concerns are reported and investigated at the appropriate level and to broker consistency of approach across agencies. New documentation for investigating cases has been created and is currently being benchmarked against recent cases to ensure it is fit for purpose prior to being approved. Implementing this guidance will help to strengthen procedures, promote consistency of approach across all agencies as well as ensuring the ISU are fully informed of all safeguarding investigations to enable thorough monitoring to take place. The draft documentation can be found at **Appendix 3.**

3.9 As the ISU went live on 1st April 2012, it has been agreed that an evaluation of the Unit will take place just before the end of the first year of establishment, i.e. January/February 2013. To support the evaluation process as the team only currently capture some basic data, such as referrals, a more detailed performance framework will be developed in conjunction with the Performance team with measurable outcomes based on the objectives of the team. This will support a more meaningful evaluation to be completed and decisions made as to whether the pilot should continue beyond one year.

3.10 Since the establishment of the Unit, there have been 55 referrals, indicating that there is an increase in the number of safeguarding cases coming through the system, in particular complex cases from care homes that require a multi-agency response. **Appendix 4** shows a more detailed breakdown of the cases.

4.0 **POLICY IMPLICATIONS**

4.1 The Safeguarding Adults Inter-agency Policy that was developed during 2010 was scheduled for review during 2012, however due to the establishment of the new Integrated Adult's Safeguarding Unit; it is now the intention for the review to take place following the first year evaluation of the Unit.

This will ensure that where procedures/systems have been identified as needing to change, or ways of working require changing, these can be incorporated into the revised policy.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The pilot Integrated Safeguarding Unit was establishment on a 50:50 funding basis with Social Care and Health, each committing £142,929. In terms of associated Council funding, appropriate funds were already in the budget and it was therefore not necessary to invest any additional resources to establish the Unit.

The funding arrangements associated with the Unit will be reviewed as part of the evaluation exercise.

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

6.1 **Children & Young People in Halton**
Strong connections continue to be developed between the Children's and Adults Safeguarding Boards, as it is being increasingly recognised that there are issues which

are common to both Boards. A number of individuals are members of both Boards, but this informal relationship is being strengthened by the development of a formal protocol between the Boards.

6.2 **Employment, Learning & Skills in Halton**
None identified.

6.3 **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.

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

6.5 **Halton's Urban Renewal**
None identified.

7.0 **RISK ANALYSIS**

7.1 There were capacity risks associated with the previous structure. The ISU has given us the opportunity to re-assess how we support the Safeguarding and Dignity agendas, thus ensuring we are appropriately resourced to effectively protect those least able to protect themselves.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment is not required for this report.

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

Document	Place of Inspection	Contact Officer
No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (March 2000)	People & Communities Policy Team	Louise Wilson

Halton's Safeguarding Adults Board
Annual Report 2011/12

Halton
Safeguarding
Adults
Board

nosecrets
Don't turn your back on abuse

Halton Safeguarding Adults Board — nosecrets — Don't turn your back on abuse

Contents

Dwayne Johnson

Chair of Halton's Safeguarding Adults Board
Strategic Director, Communities Directorate,
Halton Borough Council

Foreword

Halton's Safeguarding Adults Board believes that the safeguarding of vulnerable people is everybody's business, with communities playing a part in preventing, detecting and reporting neglect and abuse.

Although safeguarding adults is a complex and challenging area of work, effective measures are in place locally to protect those least able to protect themselves.

As Chair of the multi-agency Board, I am pleased to present this Annual Report, which describes how organisations and individuals, across all sectors, are working together to safeguard vulnerable people.

As well as reporting on its work over the past year, the Board's Annual Report explains the national context in which we all operate and lists our priorities for the coming year.

The last twelve months have been very productive, with a number of developments introduced to help consolidate the results of the Safeguarding Inspection carried out by the Care Quality Commission in 2010, which concluded that Halton is performing excellently in respect of safeguarding adults.

Locally, partner agencies dealt with nearly 1,100 referrals of alleged abuse throughout the year, investigating those concerns, putting safeguarding arrangements in place and supporting people who found themselves in abusive situations.

We have continued to make important links to the Halton Domestic Abuse Forum and the Halton Safeguarding Children's Board agendas and have maintained our communication and scrutiny of what we do through the Local Strategic Partnership and the Shadow Health and Wellbeing Board.

I want to assure local people and partner agencies of our continuing commitment to this work, which is essential to the quality of life and experience of people whose circumstances make them vulnerable, and take the opportunity to thank all those involved for their vital contribution to this essential area of activity.

2. Halton Safeguarding Adults Board Vision

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

- "A Halton where vulnerable people are safe from abuse/ harassment; empowered to make their own choices and choose risks, where professionals are supported and developed to deliver this."

- "The Safeguarding Adults Board will lead and co-ordinate Multi-agency strategy and direction with energy and commitment, to achieve our shared vision."

- "By working together with top-level commitment from all agencies, the Board will raise awareness and inspire positive changes in people's lives."

Partner agencies represented at the Board are committed to working to the following principles:-

All adults have a right to:

- Live their lives free from violence, fear and abuse;
- Be protected from harm and exploitation, and
- Independence, which involves a degree of risk.

Details of the Board's Terms of Reference and Membership can be found at *Appendices 1 and 2* respectively.
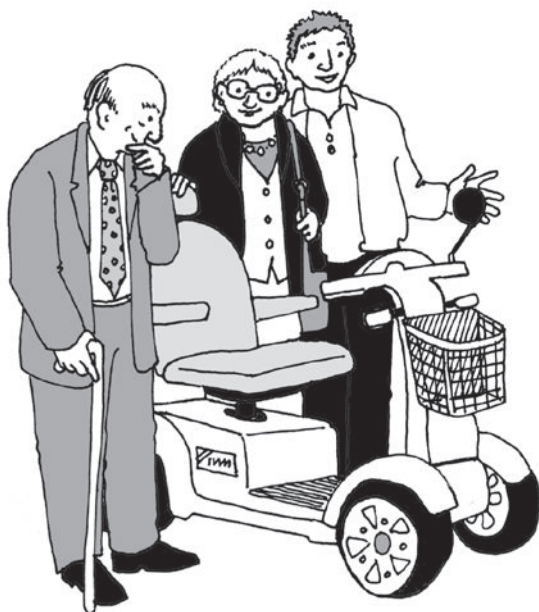
3. National Context

There have been a number of national developments over the last twelve months that have impacted/will have an impact in the context of safeguarding adults. Some of these main developments are outlined below:

Law Commission's Review

Following the publication in May 2011 of the **Law Commission's Review** report into adult social care law being outdated and confusing, the Government has signalled the biggest reform of adult social care law in 60 years, which will mean sweeping changes to adult safeguarding and carers' rights, and the extension of direct payments to residential care.

Among the Commission's recommendations were:-

- A set of statutory principles setting out the purpose of adult social care;
- The introduction of direct payments for residential care;
- A statutory basis for adult safeguarding boards;
- A duty on Councils to investigate adult safeguarding cases;
- A duty on Councils to assess carers without them having to request an assessment;
- A duty on Councils to produce a care and support plan for all eligible users and carers, including self-funders; and
- Separate care laws for England and Wales.

This signals a significant step in moving closer to a clearer and more coherent framework for adult social care.

Statement of Government Policy on Adult Safeguarding

In May 2011, the Government published a **'Statement of Government Policy on Adult Safeguarding'**. This document sets out the Government's policy on safeguarding vulnerable adults. It includes a statement of principles for use by Local Authority Social Services, housing, health, the police and other agencies both for developing and assessing the effectiveness of their local safeguarding arrangements as follows:-

- Empowerment – Presumption of person led decisions and informed consent;
- Protection – Support and representation for those in greatest need;
- Prevention – It is better to take action before harm occurs;
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented;
- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse; and
- Accountability – Accountability and transparency in delivering safeguarding.

Safeguarding Annual Report 2012

This document builds on "No Secrets", which will remain as statutory guidance until at least 2013. In the principles described above, the Government has taken account of the responses to the public consultation on "No Secrets" in 2008/09, the implementation of the Mental Capacity Act 2005 and the drive towards increasing personalisation of services. This document also outlines the Government's intent to seek to legislate for Safeguarding Adults Boards (SABs) making existing Boards statutory, whilst maintaining their freedom to operate in locally flexible ways, securing a transparent and accountable mechanism for local communities to ensure the protection of vulnerable adults.

Youth Justice and Criminal Evidence Act (1999)

Amendments to the **Youth Justice and Criminal Evidence Act (1999)** which came into force in England and Wales in June 2011, will make it easier for children and vulnerable victims and witnesses to give evidence in court. The changes included:

- Making all under-18 year olds and witnesses in gun and knife crime cases automatically eligible for Special Measures. These include: giving evidence by live-link or from behind screens and the assistance of an intermediary to help them give their best evidence in court;
- Giving child witnesses (under-18s) more choice about the way they give their evidence, allowing them to opt-out of giving video-recorded evidence and instead give evidence in court.
- Giving victims of rape and serious sexual offences the opportunity to give evidence via video-recorded statements automatically - something currently limited to child witnesses; and
- Ensuring children and vulnerable and intimidated adults can have a supporter in the room when they are giving video-link evidence.

Delivering Dignity

Maintaining people's dignity is a key consideration in the prevention of safeguarding arrangements. As such, the NHS Confederation, Local Government Association and Age UK joined to establish the Commission on Dignity in Care for Older People in July 2011. This followed the publication in February 2011 of the Health Ombudsman's *Care and Compassion* report which exposed a number of failures in the care of older people. The Commission's remit focussed on hospitals and care homes to identify the underlying causes of these persistent failings and to determine changes required within the care system to deliver dignity.

The **Delivering Dignity** consultation report made a number of recommendations to change culture, leadership, management, staff development, clinical practice and service delivery of care homes and NHS hospitals to enable more dignified care. It also set out suggested changes within the wider health and social care system to support hospitals and care homes in prioritising dignity. The Commission focussed on the care of older people with the belief that, if we get it right for older people, we get it right for everyone. The final report is due to be published summer 2012.

Police Reform and Social Responsibility Act (2011)

The Police Reform and Social Responsibility Act (2011) will ensure that the police service is more accountable to local people by replacing police authorities with directly elected police and crime commissioners. This will replace bureaucratic accountability to central Government with democratic accountability to the public.

Caring for our Future: Shared Ambitions for Care and Support

In September 2011, the Government launched **'Caring for our Future: Shared Ambitions for Care and Support'** – an engagement with people who use care and support services, carers, local councils, care providers, and the voluntary sector about the priorities for improving care and support.

Caring for our Future was an opportunity to bring together the recommendations from:-

- The Law Commission Review, published in May 2011;
- The Commission on the Funding of Care and Support;
- published in July 2011; and
- The Government's Vision for Adult Social Care, published in November 2010.

This engagement exercise, along with the recommendations from the reports/papers outlined above will help inform the White Paper on care and support and will be published alongside a progress report on funding.

Winterbourne View

Over the past 12 months there have been a number of high profile adult safeguarding cases and investigations, such as those exposed at **Winterbourne View,** an independent hospital run by Castlebeck Care (Teesdale) Ltd. The Department of Health launched a Serious Case Review into the events at Winterbourne involving all partner agencies and this has resulted in many lessons being learned in terms of ensuring that similar events do not take place in the future. Work has also taken place locally to ensure that the lessons from Winterbourne and other high profile cases have been considered in working practices etc.

Close to Home

The Equality and Human Rights Commission undertook a systematic inquiry into whether the human rights of older people wanting or receiving care in their own homes were being fully promoted and protected. The results of

the inquiry were published in November 2011 (**Close to Home**). The inquiry found that although many older people receive care at home which respects and enhances their human rights, this was by no means a universal experience. It uncovered areas of real concern in the treatment of some older people and significant shortcomings in the way that care is commissioned by local authorities.

The inquiry was undertaken at an important point for social care, when the funding and delivery of care faces fundamental reform and therefore the results presents a good opportunity to make the changes recommended.

There are a total of 25 recommendations within the report, which can be categorised into three categories, as follows:-

- Proper protection;
- More effective monitoring; and
- Better guidance.

Standards for Adult Safeguarding

The publication, at the end of 2011, of the '**Standards for Adult Safeguarding**' was part of a sector-led response in which local government and partners took responsibility for improvement. The development of the standards aimed to use the skills and expertise of professionals, managers, people who use services, councillors and partners within the sector. The standards were developed in partnership by:-

- Local Government Association;
- Association of Directors of Adult Social Services (ADASS);
- NHS Confederation; and
- Social Care Institute for Excellence (SCIE).

Prior to publication, the Standards were piloted by a range of authorities, evaluated and then further revised.

The Standards have been derived from:

- Work with local authorities;
- Care Quality Commission (CQC) performance and board reports;
- The No Secrets Review;
- LG Improvement and Development engagement with safeguarding developments; and
- Broader local government and NHS developments.

The Standards are grouped into four main themes of:-

- Outcomes for and the experiences of people who use services;
- Leadership, Strategy and Commissioning;
- Service Delivery, Effective Practice and Performance and Resource Management; and
- Working Together

Each theme aims to identify the ideal service and the questions that partners need to ask themselves in terms of assessing themselves against them. Further details of these standards can be found at *Appendix 3.*

Vetting and Barring Scheme / Criminal Records Regime

The Government has made a number of commitments to improve disclosure and barring services by scaling them back to 'common sense levels', to ensure a continued service helping to safeguard children and vulnerable adults by those who work or volunteer with them, which operate in a way that reduces the burden on employers and better respects the civil liberties of the individual. As part of these commitments government undertook a review into the **Vetting and Barring Scheme** and the **Criminal Records Regime** and the subsequent recommendations were included within the Protection of Freedoms Bill.

Protection of Freedoms Act (2012)

The **Protection of Freedoms Act (2012)** has now completed its passage through Parliament and has received Royal Assent. The Act will introduce a range of key changes. These will be phased in once the legislative timetable has been agreed. The key future changes include:

- abolishing the registration and monitoring requirements of the Vetting and Barring Scheme;
- redefining the scope of 'regulated activities'; and
- abolishing 'controlled activities';

The provisions also mean that the services of the Criminal Records Bureau and Independent Safeguarding Authority will be merged and a single, new non-departmental public body created. The new organisation will be called the Disclosure and Barring Service (DBS). The planned operational date for the DBS is December 2012.

Whistle-blowing

On 1st January 2012, the **whistle-blowing helpline for NHS staff** was extended to staff and employers in the social care sector. This service is free, independent and confidential. The helpline can be contacted if people have concerns but are unsure how to raise them or want advice on best practice. A web-based service is also being developed.

NHS and Adult Social Care Outcomes Frameworks

The safeguarding of Adults and treating people with dignity and respect feature prominently in the new **NHS and Adult Social Care Outcomes Frameworks** published during 2011/12. Further details of these frameworks are outlined in Section 5 of this report.

Getting it Right for Victims and Witnesses

In January 2012, the Ministry of Justice launched a consultation '**Getting it right for Victims and Witnesses**', about the Government's proposed approach to ensure that:

- Victims and witnesses get the support they need, both to overcome the consequences of crime and to participate fully in the criminal justice process; and

- Offenders take greater responsibility for repairing the harm they have caused, through a combination of financial reparation and restorative justice.

The consultation closed on 22nd April 2012 and was aimed at all criminal justice agencies, the victim support and advice sector, local authorities, the judiciary, and all representative bodies and charitable organisations with an interest in this area in England, Wales and Scotland.

4. Structure and Reporting Arrangements

Halton's structure and reporting framework for safeguarding adults has been established and continues to develop in accordance with Government and best practice guidance.

At the centre of local developments is:

- The multi-agency strategic decision-making body, the Safeguarding Adults Board;
- Sub-groups of the Board;
- Links with related services; and
- Individual partner agency developments

Attached at Appendix 4 is a diagram outlining the current structure and reporting framework.

The Board, its sub-groups and reporting arrangements have developed over recent years, reflecting a growing understanding of safeguarding, including a stronger focus on the prevention of abuse, the establishment of better strategic links between partners to ensure effective response to concerns, and the need to engage more effectively with the wider community.

The introduction of the Health & Social Care Act during 2011/12 represents the most fundamental transformation of the NHS since its inception and will have a far-reaching impact on local authority and its partners. As part of this transformation, the Government proposed that statutory Health & Wellbeing Boards be established in shadow form by April 2012, with full implementation anticipated in April 2013.

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

Halton's Health & Wellbeing Board has been meeting in shadow form since December 2011 and it was decided that the Safeguarding Adults Board will report formally to the Health & Wellbeing Board, which in turn forms part of the Halton Strategic Partnership.

Integrated Adults Safeguarding Unit

Due to a number of national and local drivers for change, work has also taken place during 2011/12 on the establishment of an 'Integrated Adults Safeguarding Unit' within Halton, which came into operation on 1st April 2012.

The Unit will lead on adults' safeguarding and dignity work across the health and social care economy. This will be achieved by:-

- Providing support to the Safeguarding Adults Board and its sub-groups;
- Providing support to the Halton Dignity Partnership;
- Ensuring key links continue with the Domestic Violence Coordinator and services;
- Ensuring key links with children's safeguarding;
- Ensuring links with the Local Authority Designated Officer – Children's Services;
- Supporting the development of effective Interagency Safeguarding Adults Policies and Procedures and Dignity Policies;
- Leading on prevention by responding to those cases that do not meet the threshold for a safeguarding investigation;
- Supporting the development of Clinical Commissioning Group to enable the consortium to access specific training etc.;
- Complementing the care home Quality, Innovation, Productivity and Prevention proposal and ensure the wider augmentation;
- Undertaking cases which have a complex safeguarding element including provision of Chairs for safeguarding adults strategy meetings and case conference meetings; and
- Supporting the local authority and its partner agencies to:-
  - Fully embed safeguarding adults policies and procedures and thus deliver consistent and robust outcomes for vulnerable adults
  - Monitor the effectiveness of the delivery of their safeguarding adults activity; and

- Provide advice and support regarding individual safeguarding adults cases.

There are numerous advantages to the Unit, some of which are outlined below:-

- As a Focal Point / 'Hub' for staff, managers, outside agencies etc. to contact when they have safeguarding / dignity issues where advice, support and guidance is required;
- To strengthen the support provided to the SAB, by strengthening the relationship between the local authority and partner agencies and other key stakeholders in Health, voluntary and independent sector;
- To reduce caseload, with respect to complex safeguarding issues, for the Care Management Teams, and further enhance the safeguarding expertise across care management teams;
- To ensure an effective response in relation to Health and reduce the workload/duplication with Continuing Health Care;
- To develop and share safeguarding and dignity expertise; and
- To improve communication between the operational teams, both within the Council and external agencies and partners.

The Unit will provide a hub and spoke model which is multi-agency efficient, flexible and responsive to the needs of services and the local population. The effectiveness of this model will be evaluated during 2012/13.

5. Outcomes for Service Users and Carers

The work of the Safeguarding Adults Board and its partner organisations aims to support the outcomes outlined in the following documents, as follows:-

The Department of Health's (DH) 'Adult Social Care Outcomes Framework' (2012), namely for people to:

- Enhance quality of life for people with care and support needs;
- Delay and reduce the need for care and support;
- Ensure that people have a positive experience of care and support; and
- *Safeguard people whose circumstances make them vulnerable and protect them from avoidable harm.*

The DH 'NHS Outcomes Framework' (2011):

- Preventing people from dying prematurely;
- Enhancing quality of life for people with long-term conditions;
- Helping people to recover from episodes of ill health or following injury;
- Ensuring that people have a positive experience of care; and
- *Treating and caring for people in a safe environment and protecting them from avoidable harm.*

Performance measures developed as a result of the outcomes frameworks outlined above will support any associated inspection regimes undertaken by the Care Quality Commission and other associated regulatory bodies.

Outlined below are a handful of case studies, which demonstrate the impact that adult safeguarding processes have had on the lives of vulnerable people:-

Case Study 1

A referral was made to Halton Borough Council after an elderly male had received a bank statement at the residential home where he was residing, which showed a number of discrepancies on it. A Vulnerable Adult Safeguarding investigation followed and identified that a relative of the man had been using his home address to obtain goods and services. The Social Worker undertook a number of joint visits with the Police, and the man was supported to give video evidence, which resulted in the police being able to take the case forward for prosecution.

Case Study 2

A young man with a brain injury, communication, mobility and cognition difficulties was referred for a safeguarding investigation as he was being fed solid foods by his Carer against clinical advice. The resulting meeting had a range of agencies involved: Speech and Language, Neuro Rehabilitation Team, Occupational Therapy and Independent Mental Capacity Advocacy. The input from professionals working in partnership with the man and his Carer ensured that all relevant training, support, advice and guidance were provided and a package of care was implemented. The impact of the intervention was intense at the time, but the conclusion and recommendations improved the quality of the man's life and enabled his Carer to feel more supported by a wider range of professionals.

Case Study 3

A female who was known to Social Services and had mental health issues, was experiencing harassment from her neighbours. Following the initiation of the Vulnerable Adult Safeguarding investigation, extra support and strategies, (including the use of the Community Support Officer) to reduce the risks to the female were put in place. Following on-going review of the situation, involving a range of professionals and partners, the package of support has been adjusted to ensure that it continues to meet the needs of the female and enables her to live safely and independently in the community.

6. Safeguarding Adults Board Priorities 2012 /13

The Safeguarding Adults Board's overarching priority is to safeguard and promote the welfare and dignity of vulnerable adults, both in terms of prevention and as a robust response to concerns.

The importance of including dignity emphasises that vulnerable adults' experience should reflect the right to be treated at all times with dignity as well as to be safeguarded.

The other four priorities flow from this.

Priority 1:
To promote awareness of abuse and of all individuals' right to be safe and be afforded dignity, particularly amongst people who are 'vulnerable' or at risk and others, including the wider community, staff and volunteers.

Still more needs to be done to engage with adults at risk and the wider community, particularly to provide them with information about abuse, including how it can be prevented and what individuals should do if they suspect abuse.

The Board will seek to address this through its marketing campaign, by strengthening links with related services such as Trading Standards and Community Safety, Domestic Abuse and Dignity, by reviewing and, where possible, strengthening safeguarding arrangements in personal self-directed support.

Priority 2:
To increase the contribution from service users and carers, including individuals who use services and wider communities, by seeking to ensure that their views and experience inform the Board's work and service developments, and by ensuring that individualised services are available in a way that keeps people safe but enables them to make informed decisions about risk.

The Board will address this by seeking and responding to feedback (including any learning from complaints/ compliments) from communities, people who use services and their carers, by ensuring that individuals are enabled to exercise choice and remain in control of their own lives. Where this is not possible, work will focus on ensuring that Mental Capacity Assessments are in place and Best Interest decisions are made and are supported by advocates where appropriate, so that the needs of people with limited or no capacity are addressed.

Priority 3:
To ensure there is a strong multi-agency approach to assuring the safety, wellbeing and dignity of vulnerable adults.
The Board will continue to strengthen multi-agency work by developing effective processes within a robust performance framework. This will involve embedding good practice, and the review of governance arrangements and lines of accountability, performance reports, policies, procedures and protocols, to ensure they are delivering against priorities and desired outcomes.

Priority 4:
To equip employees with the necessary tools to both safeguard vulnerable adults and ensure their dignity is respected.

The Board will seek to maintain its strong record of promoting and providing training to ensure that everyone involved in the care and support of vulnerable adults has the skills to protect them. Broader safeguarding related workforce issues will also be a priority, including recruitment and selection, hospital admission and discharge, provision of good practice guidance to the wider community, and robust 'whistle-blowing' arrangements.

Appendix 5 identifies the key actions to be taken forward during 2012/13. Work has been undertaken to ensure the Board's work plan and associated activities supports the 'Standards for Adult Safeguarding' as outlined in **Appendix**

3 and Halton's Clinical Commissioning Group's Safeguarding Assurance Framework as outlined in **Appendix 6**.

7. Adult Safeguarding Data 2011/12

The Board recognises that quantitative data does not reveal the human experience of the people to whom it relates, however, reliable data recording, analysis and reporting systems can provide a useful picture which can inform the Board and partner agencies how well the service is operating and what needs to change and develop. It can tell us what abuse is being reported, how it is being dealt with and what the outcomes are for people who experience and perpetrate abuse, whether intentional or not.

The following chart demonstrates the upward trend in the number of alleged vulnerable adult abuse referrals since April 2009.

Comparative Number of Vulnerable Adult Abuse Referrals (2009/10 - 2011/12)

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
2009/10	18	21	30	39	27	24	25	35	38	41	41	40
2010/11	38	40	81	65	56	71	51	67	54	93	96	60
2011/12	62	90	69	74	108	131	104	97	85	93	82	92
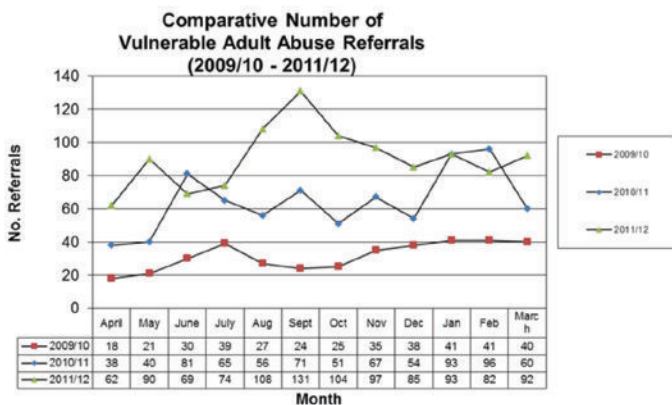
NOTE
The 'spike' in 2011/12 figures between August and November is attributable to issues raised in relation to St Lukes and St Patricks Nursing homes.

The following four charts demonstrate:
• The number of alleged adult abuse referrals by gender and age group; and
• The number of alleged adult abuse referrals compared with:-
  • The total adult population in Halton; and
  • The total number of adults referred to Halton Adult Social Services.

Halton's referral numbers show the greatest number of alleged victims to be female residents aged 65 and over. As a percentage of the overall Older People's population of Halton, the number of referrals in relation to Adult Abuse is small (about 1%). Adult Abuse referrals to Adult Social Care represents less than one third of all referrals.

Vulnerable Adult Abuse Referrals by Gender 2011/12

357 — Male
730 — Female
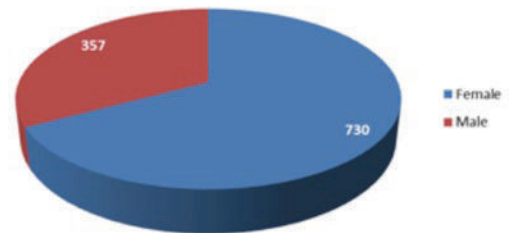
Vulnerable Adult Abuse Referrals by Age Group 2011/12

316 — 18-64
771 — 65+
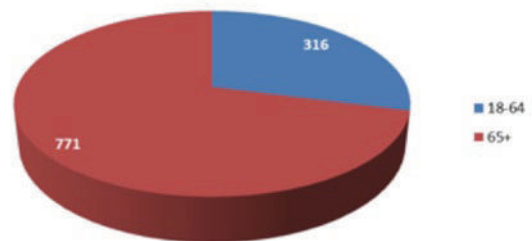
Proportion of Vulnerable Adult Abuse Referrals compared to Adult Population of Halton 2011/12

1087 — VAA Referrals
91,959 — Adult population
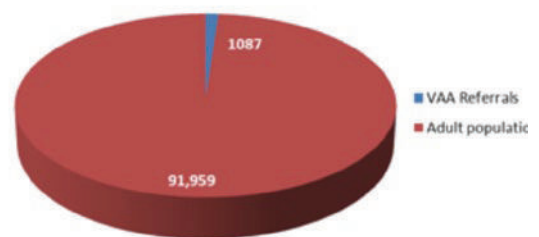
Vulnerable Adult Abuse Referrals compared to Total Referrals to Adult Social Services 2011/12

1087 — VAA Referrals
3760 — Total Referrals
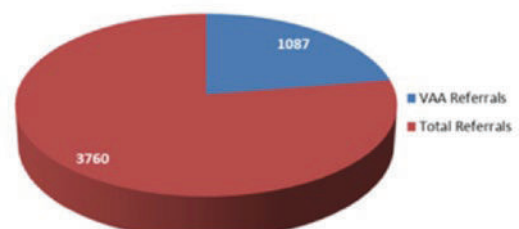
The data provided in the table below relates only to Public Protection Unit investigations and does not reflect investigations across other policing departments that have at various times dealt with vulnerable adult victims.

• Police colleagues have explained that the data supplied from their records cannot be guaranteed to be totally accurate, but if anything is likely to be an under-estimate rather than an over-estimate. More reliable data is anticipated next year.

The method of collection and analysis of data provided by the Police is being reviewed and steps taken, where possible within the constraints of IT systems, to provide a more detailed picture of all Police involvement in cases of alleged vulnerable adult abuse.

NOTE

In respect of the data outlined below:

• "Police involvement" means that a specialist Police Officer has given advice only and not physically left the office; and

• "Police Investigation" means that a specialist Police Officer attended strategy meetings or case conferences or that the alleged perpetrator voluntarily attended the Police station for an interview under caution.

	Referrals			Police Involvement			Police Investigation			CPS Advice			Alleged Perpetrator Charged		
	09/10	10/11	11/12	09/10	10/11	11/12	09/10	10/11	11/12	09/10	10/11	11/12	09/10	10/11	11/12
Runcorn	19	16	11	4	8	6	14	7	5	1	1	1	1	0	1
Widnes	10	27	22	0	7	10	9	16	8	1	1	0	1	1	0
Total	29	43	33	4	15	16	23	23	13	2	2	1	2	1	1

8. Key Developments & Local Activity 2011/12

Strategic Framework and Leadership

The Safeguarding Adults Board's priorities, structure, reporting arrangements, membership and work plan have all been reviewed, taking into account the establishment of the Health and Well-Being Board in shadow form, and the need to look creatively at mechanisms for engaging as partner agencies and individuals at a time of reducing resources and major change.

The revised work plan demonstrates a greater focus on prevention, so aims to strengthen links with Dignity and Domestic Abuse agendas, and examines Safeguarding provision in self-directed support and Personalisation.

During 2011/12, the development of strong links between services that relate to safeguarding vulnerable adults remained a priority and a number of initiatives were introduced. For example, following a report regarding a Serious Untoward Incident (SUI) in 2010 being presented to the Board, it was agreed that all NHS Trusts who interface with Halton would report SUIs with a Safeguarding element to the Board, who would monitor progress on actions to prevent any recurrence of the issues raised.

Following the Safeguarding Inspection which took place in 2010, even though CQC deemed that Halton was **performing excellently** in respect of safeguarding adults, there were some areas where developments could be undertaken. As a result, the HSAB developed an action plan to address these which was fully implemented during 2011/12. Some of the developments included the introduction of nutrition guidelines to support Care Homes etc, along with the provision of support and training to staff within Care Homes, Domiciliary Care, Sheltered Accommodation etc to improve the Health and Wellbeing of older people and their carers.

Links with Related Services

Integrated Adults Safeguarding Unit

During 2011/12, work was progressed on the development/ establishment of an Integrated Adults Safeguarding Unit within Halton. This model of delivery will be piloted for 12 months following which an evaluation of the Unit will take place to ensure that it provides an efficient and effective service. The main advantages to the establishment of the unit include:-

- Provides a focal Point / 'Hub' for staff, managers, outside agencies etc to contact when they have safeguarding / dignity issues which require advice, support and guidance;
- Reinforces the support provided to the SAB, by strengthening the relationship between the local authority

and partner agencies and other key stakeholders in Health, voluntary and independent sector;
- Reduces caseload, with respect to complex safeguarding issues, for the Care Management Teams, and further enhance the safeguarding expertise across care management teams;
- It ensures an effective response in relation to Health and reduces the workload / duplication with Continuing Health Care;
- Develops and encourages sharing of safeguarding and dignity expertise; and
- Improves the communication between the operational teams, both within the council and external agencies and partners.

Children's Services

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

- Periodic meetings between the Learning & Development Manager, Principal Manager (Safeguarding Adults) and Safeguarding Children's Board Manager to ensure that best practice and consistency is in place between Adult and Children's Services; and
- Joint review of the Transport Division SAFER Training programme.

Strong connections continue to be developed between the Children's and Adults Safeguarding Boards, as it is being increasingly recognised that there are issues which are common to both Boards. A number of individuals are members of both Boards, but this informal relationship is being strengthened by the development of a formal protocol between the Boards. A half day developmental session is being developed for both Boards in the late autumn of 2012, to examine options for closer working.

Hate Crime

Halton's Hate Crime Strategy and Action Plan was reviewed to ensure content was included relating to safeguarding vulnerable adults.

Halton's Learning Disabilities Partnership Board held a Business Planning Event in July 2011, where 'Keeping Safe' was a key theme. The resulting Business Plan included priorities and actions drawn up during the event around safeguarding vulnerable adults and hate crime/hate incidents, including the following, some of which are already being progressed:-

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

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

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

Discussions have begun, aimed at developing a pilot project in Halton based on the 'Safe Around Town' scheme which is currently running in St Helens. The scheme's purpose is to provide a safe sanctuary for people with learning disabilities in St Helens' town centre. The working group will think about widening the proposed scope of the scheme in Halton to include vulnerable people of all ages and needs in the wider community rather than limiting it to shopping areas. Halton Speak Out has a lead role in the project and it is hoped that collaboration can also be achieved with other voluntary groups, community centres and employers.

Domestic Abuse

A presentation was delivered to the Domestic Abuse Survivors Conference in November 2011, providing a 'snapshot' of the Safeguarding Adults service and its links with Domestic Abuse support services and it highlighted the importance of partnership working, including information–sharing and referral pathways. The event, attended by approximately 125 delegates, including survivors and specialist service providers, explored effective approaches to preventing violence against men, women and children whilst supporting survivors of Domestic Abuse and Sexual Violence.

Dignity

The Halton Dignity Partnership has continued to drive forward Halton's dignity campaign. This has included:-

- Successfully delivering their annual conference strengthening the key message that 'Dignity is everybody's business', helping to raise awareness, consulting local residents and providing evidence to the public and staff that Halton has listened to their views in driving forward improvements in quality;
- Whole-system performance monitoring being introduced across the multi-agencies to improve outcomes from learning, quality, and identifying trends;
- A Dignity Overview & Scrutiny Committee reviewed the effectiveness of dignity standards practice across the whole system and in particular within a hospital setting;
- The involvement and number of frontline staff, carers and public signed-up as Dignity Champions has substantially

increased helping to challenge poor practice and champion change. Their role has been strengthened through the launch of Dignity Champion Expectations of Role and Characteristics;
- A local Dignity Champion register has been introduced to support their involvement;
- The Dignity Basic Awareness E-learning module was launched January 2012 and three further modules are in development. These programmes will deliver dignity training whole-system in the context of Human Rights legislation; and
- Complaints/advocacy awareness sessions are currently in development to equip people with knowledge/information about raising concerns and to support people in feeling able to comment on services or complain without fear of retribution.

Individual Agency Developments

The following section contains information provided directly by Partner organisations in respect of their specific developments to support the safeguarding of vulnerable adults:-

Halton Borough Council

A Positive Behaviour Support Service (relating to adults and children) has been established which has the potential to reduce the number of safeguarding adult referrals involving inappropriate behaviours, (by service users who present with behaviour which challenges services), towards others. The service provides support and guidance to both prevent and respond appropriately to those challenges.

Feedback received during the Care Quality Commission inspection of Adult Social Care in Halton during 2010, and from other research, highlighted that:-

- People wanted a less formal way of raising concerns; and
- Many people were nervous about raising concerns when they, or their family member, were in a vulnerable situation (such as in hospital, care home, in a dependant position etc.)

In response, a working group was formed, which included Social Care Customer Care, Corporate Complaints, Customer Services and Communications & Marketing, to look at developing methods of encouraging the public to provide both positive and negative feedback on services. One of the outcomes was that a logo is to be added to all Council literature, which focuses on how the Council can help the public improve services to them. See below:-

Help Us Help You - we want **your** feedback on Council services
☏ 0303 333 4300 🌐 www.halton.gov.uk/contact

The strap-line 'Help us Help You' is used, moving away from focusing on telling people how to complain and emphasising that the Council welcomes feedback.

Health and private sector partners are being encouraged to adopt the Logo and approach, with their own contact details. Halton Direct Link and the Customer Care Team will monitor the number of Referrals, on a monthly basis, and Communications & Marketing will monitor all artwork produced on an on-going basis to ensure the logo is used correctly.

As a result of the Equality and Human Rights Commission's inquiry into Older People and Human Rights in Home Care (Close to Home), the Council undertook an in-house self-assessment exercise against the recommendations made by the Commission. A report and the self-assessment were presented to the Safeguarding Adults Board and the Board acknowledged that most of the recommendations made by the Commission were already in place within Halton and agreed that any outstanding action would be progressed and monitored through the Dignity Network.

During 2011/12, Councillors have been undertaking visits to care services across Halton in order to obtain and promote the views of vulnerable people who are in receipt of social care. This process supports and contributes to the current Quality Assurance systems across Halton which promote our culture of constructive challenge, learning and continuous improvement within services. Whist there is no statutory duty to carry out these visits, they have given Councillors direct experience of the services and have enabled Councillors to act as spokesperson for their constituents who may be socially isolated within their local communities because of their disability or diagnosis.

These visits contribute to the Council's commitment to proactively assessing care alongside the key assessors; Quality Assurance Team, Care Quality Commission and Halton LiNK and they will continue during 2012/13 and beyond.

Warrington & Halton Hospitals NHS Trust

Safeguarding vulnerable adults remains a high priority for the Trust and as such has ensured appropriate representation on the Board and associated Sub-Groups. The Trust's overarching responsibility is to ensure that a strategy is in place to protect vulnerable adults who attend the hospital and, where possible, to prevent abuse from occurring.

The key objectives for the Trust continue to be: to promote awareness of vulnerable adult and their right to be safe and to safeguard and promote the welfare and dignity of vulnerable adults.

Awareness raising and referral of safeguarding incidents remain the key priority and focus within the Trust.

Within the Trust there are a number of communication channels and referral systems in place for all vulnerable people. These include Learning Disability, Safeguarding Children, Safeguarding Adults and Domestic Abuse Policies and Procedures.

Over the past twelve months, the Trust has seen the development and implementation of a clinical incident reporting system which ensures next working day review by the clinical governance team who are then able to alert safeguarding concerns to the appropriate clinical Matron for timely investigation. Additionally the Safeguarding Matron will review the incidents that have a safeguarding element to them.

For the period April 2011 - March 2012 - 695 incidents have been reviewed. On reviewing the incident the safeguarding matron will conclude that:-

* The appropriate action was taken;
* Additional information is required; and
* Incident needs further investigation or referral to social care.

In addition, an electronic referral system for out of hour referrals to the Vulnerable Adults (VA) Matron is now in place which allows for real time referrals or concerns to be raised by clinical staff. Since November 2011, 73 referrals have been made using this option.

The Trust has also seen an increase in Deprivation of Liberty Standards (DOLS) assessments over the past twelve months. Working more closely with HBC MCA co-ordinator to improve referral pathways and assessments has demonstrated increased awareness and understanding of this important assessment process.

Safeguarding is now a permanent feature within the Trust Induction programme and the introduction of Consultant training sessions which have been well received and have raised awareness of incidents and the process to follow. These have been well attended and will continue for the future.

Training figures at year end 2011/2012 indicated that 70% of all clinical and non-clinical staff were trained in Basic awareness for adult safeguarding.

The Vulnerable Adults Strategy Meetings are held bimonthly and are chaired by the Vulnerable Adults Matron supported by the Associate Director of Nursing. Learning from incidents is highlighted and discussed in order that the divisional leads can take the lessons back to their own Clinical Governance meetings to cascade to front line staff.

The VA matron also provides a quarterly report to the Trust clinical Governance Sub Committee and an annual report to the Board.

The Trust underwent a Learning Disabilities (LD) peer review in 2011. In total eighteen Trusts participated in the Peer Review. The review focussed on Communication, Reasonable Adjustments, Involvement of Patient and Carer and Consent & Capacity. A full report is available from the VA Matron and the Quality Improvement Matron, who is the Trust Lead for LD.

Bridgewater Community NHS Trust

A sustained drive to promote the safeguarding agenda internally and externally has resulted in greater awareness and understanding of organisational and individual roles and responsibilities. Throughout 2011/12, Bridgewater Community Healthcare NHS Trust – Halton & St Helens Division, has been promoting the agenda with staff, patients and the public to add vigour to existing structures.

Named individuals have been elected safeguarding champions and they, with the support of the organisation have been promoting the safeguarding agenda within teams to ensure there is a shared understanding of the agenda across the Trust.

With representation at both Safeguarding boards and regular meetings with safeguarding leads from partner organisations, Bridgewater provides a range of community health services across the two boroughs and has made vigorous efforts to share best practice with colleagues and promote a culture of appropriate referral.

Between April 2011 and March 2012, the Division made a total of 28 referrals into the safeguarding units. This increase has, in part, been promoted by greater awareness among staff which has been reinforced by the introduction of a mandatory E-learning package with a specific adult safeguarding element.

During January and February 2012, the Division was responsible for a large-scale mailing to all its partners i.e. Clinical Commissioning Groups, dental and pharmacies. Posters, leaflets and business cards detailing how members of the public can access the Halton Adult Social Care team to report concerns of a safeguarding nature were distributed.

In 2011, bus adverts, advertising on TV screens in GP surgeries and articles advising of the help and support available in the borough of Halton were commissioned.

This has resulted in a greater awareness of the safeguarding agenda in the borough and representatives from partner organisations meet regularly to agree on how best the safeguarding messages can be communicated to ensure its communities are aware of the help and support available to them.

This work will be further developed during 2012/13 and internally a safeguarding assurance group will monitor the organisation's compliance with both the adult and children safeguarding agendas.

This group include the designated safeguarding professionals from NHS Merseyside in order to maintain and create whole system approach to safeguarding agenda. The Named nurse and safeguarding champion are also part of the group.

The nominated executive lead for safeguarding within Bridgewater is Dr Stephen Ward and the organisation has recently undertaken a review of safeguarding structures across the Bridgewater footprint.

The review covered Ashton, Leigh and Wigan, Halton and St Helens, Trafford and Warrington and concluded that all structures were appropriate. This was reinforced by an external review which gave significant assurance. Building on this work the organisation is developing a corporate unit for safeguarding which will support the divisional structures.

"It is essential that safeguarding is embedded in the culture of our organisations. It is not somebody else's business, it is all our business and whilst I am pleased with the work done to date, we must continue to develop and build on the progress to date." *Dr Stephen Ward*

NHS Halton & St Helens Primary Care Trust (PCT) – NHS Merseyside

Prior to receiving royal assent in 2012, the introduction of the Health and Social Care Bill in 2011 brought about a number of significant changes for Halton and St Helens PCT (NHS Merseyside) prior to it receiving royal assent in 2012, however throughout all of the changes Safeguarding Adults has remained a priority.

Halton & St Helens PCT remains a committed member of the Safeguarding Adults Board and sub-groups.

During 2011/12, the PCT has worked with the acute hospitals and the neighbouring local authorities to review the admission and discharge pathway to/ from residential care to minimise safeguarding incidents.

A safeguarding self-assessment audit was also piloted with some of the health care providers that the PCT commission. The audit asked a number of questions and for evidence about how organisations are ensuring that they are safeguarding adults and what policies and procedures are in place. The PCT will be able to use this information to support health care providers to ensure that they are safeguarding adults. From April 2012, all NHS Merseyside contracts will have safeguarding performance indicators included in their contracts.

The Health and Social Care Act 2012 gives Clinical Commissioning Groups accountability for Safeguarding Adults and Children and the PCT will work closely with them to ensure a smooth transition of responsibilities.

Safeguarding Vulnerable Adult training is always a high priority for staff employed within the PCT and workforce development recently adopted the NW Core Skills Framework which identifies the statutory and mandatory training requirements of staff across NHS Merseyside.

This framework is currently being rolled out across the organisation. Every staff member is required to complete mandatory training within this area and to access a refresher course every 3 years, as a minimum.

Staff working in specific roles will be required to access additional levels of Safeguarding Training to ensure that they have the appropriate skills required for their post.

A central system is now utilised which is able to record training being delivered to all NHS Merseyside staff working within Halton.

St Helens & Knowsley Teaching Hospitals NHS Trust

The Trust has made steady progress over the last year in improving outcomes for vulnerable patients and those who require safeguarding:-

- A new post of Head of Safeguarding and Public Protection was created and recruited to, combining oversight for both safeguarding children and adult activity and providing an improved assurance to patients;
- The Trust Safeguarding Adult and Domestic Abuse Policies were ratified, providing clear and up to date procedures for staff, with accompanying training;
- Overall, there has been a 64% increase in contacts (over a two year period) made to local authority safeguarding processes with Halton accounting for 10%, which is consistent with the Halton patient population at St Helens & Knowsley Teaching Hospitals NHS Trust;
- The Trust focused on safeguarding adult training to all senior managers which led to an increased focus on identifying and managing safeguarding alerts which arise through incident reporting, complaints and HR issues;
- 93% of all Trust staff receive level 1 training. Its training plan focusing on level 2 and 3 delivery is being reviewed;
- All safeguarding training now includes domestic abuse, mental capacity and learning disability awareness enabling the Trust to focus on the most vulnerable groups;
- In May 2011 following a visit by CQC the Trust was required to develop an action plan to improve elements of the way nutritional needs were managed. Following a review visit by CQC in September the Trust was assessed as being compliant; the review also covered safeguarding which was also assessed as being compliant;
- In September 2011, the Trust established its 'Safeguarding and Vulnerability: Adults Steering Group' which provides an overarching oversight of all aspects of patient vulnerability with a comprehensive work plan;
- Early in 2012, the Trust became a pilot site in the

'Transparency Project' alongside seven other Trusts. Publishing data on the Trust's internet site detailing all pressure sores and falls occurring in the Trust each month introduces a high level of openness to its activity and performance;
- In November 2011, the Trust was involved in the Learning Disability Peer Review and hosted a site visit demonstrating work being undertaken to a team of assessors; and
- Work continues around embedding the framework of the Mental Capacity Act in all Trust activity. This involves a review of the policy and the tools which are being used. DOLS activity continues to be low and is being closely monitored with the local mental capacity networks.

The priorities for 2012/13 are to increase the delivery of Level 2 and 3 training, to further embed the Mental Capacity Act and to increase focus on identifying and managing cases of domestic Abuse.

Cheshire Fire & Rescue Services

The Cheshire Fire & Rescue Service remains committed to safeguarding adults at risk and continues to be a member of the Board structures in all four local authority areas it serves.

The Service interacts with adults at risk in a range of contexts:- attendance at incidents; community safety activity such as Home (Fire) Safety Assessment and in its enforcement activity in residential care premises.

The Service plays an active role in partnership working in the area of adult safeguarding so as to develop organisational awareness and deal effectively with those situations where adults at risk may be in need of signposting or referral for assistance.

Current priorities for the Service include:

- Completion of whole-organisation awareness training following the launch of the policy for protecting adults at risk from abuse & neglect, launched in Sep 2011; and
- Whilst the Service has introduced systems and processes for the identification of risk and referral of matters of concern onto partner agencies we believe that more can be done to raise awareness amongst partner agencies in relation to risk from fire. In particular we are seeking to develop partner awareness so that risk from fire is seen as being integral to any risk assessment completed by any agency in relation to any adult at risk.

The Service will be expanding awareness of its Home (Fire) Safety Assessment referral arrangements across the sector but particularly so as to increase referrals from Mental Health Services, Drug and Alcohol Teams and Care Providers and Carers.

9. Learning & Development

During 2011/12, work has continued to support the implementation of the 3-year Multi-Agency Safeguarding Adults Learning and Development Strategy, which was introduced in 2010/11. The purpose of this strategy is to provide a framework and planning for the delivery of learning and development which supports the work of the Board and its partner agencies in terms of the Safeguarding agenda.

It is designed to ensure that staff and volunteers across all organisations who are providing support to vulnerable people in Halton have an understanding about the various factors that can indicate a vulnerable person is, or may be, being abused and know how to fulfil their responsibilities when abuse is indicated and how to prevent abuse wherever possible. By making the training available to all partners, the outcome will be improved safeguarding practices for Halton's most vulnerable adults.

As part of the strategy, a Safeguarding Adults E-learning course was developed and is available via the HBC Internet website. Since 2010-11, the E-Learning course has constituted our Basic Awareness training course and during 2011-2012 the completion rates have steadily increased, as outlined below:-

- Number of employees who have undertaken e-Learning (Basic Awareness) during 2011/12 = 468.

Further E-learning modules have been developed to provide training on Dignity in Halton, and Safer Recruitment. Such training has the potential to prevent abuse and a further two Dignity in Care modules are currently being developed.

Three brief follow-up courses on Domestic Abuse, Stalking and Harassment (DASH), Risk Assessment and Referral Processes took place, for assessment/care management staff and managers. A total of 89 staff attended (86 HBC & 3 from 5 Boroughs Partnership NHS Trust).

Eight Elected Members (four of whom were newly elected in May 2011) have attended dedicated Safeguarding Adults Basic Awareness training.

From October 2011, presentations regarding the safeguarding of adults and children were incorporated into Halton Borough Council's Corporate Induction Programme.

Training was provided for providers of Homelessness services and a Basic Awareness Briefing was provided for Custody Visitors (who conduct visits in either Halton, Warrington, Cheshire East or West Cheshire), and marketing materials and practice guidance were distributed.

Training courses for 2011-12 were advertised widely to organisations and representative contacts across all sectors and dedicated advertising was included in e-newsletters issued by, for example, Halton & St Helens Voluntary & Community Action, Bridgewater Healthcare and the 5 Boroughs Partnership. Courses available included:

- E-Learning;
- Referrers course;
- Train the Trainer;
- Investigators course (for Halton Borough Council and NHS staff); and
- Chairing Skills course (for Halton Borough Council managers)

A new Safeguarding Adults Induction Workbook was developed, intended for use by all staff and volunteers. This workbook has been disseminated widely to local agencies, groups and individuals including Elected Members.

Four multi-agency Joint (Safeguarding Adults and Children) Alerter training events took place during 2011-12. The events, which received very positive feedback from delegates who attended, and were delivered by a drama group and facilitated by HBC & HSCB officers who were present to deal with any queries arising that related to local issues.

The safeguarding (adults and children) customised training provided for transport staff, contracted transport service providers and volunteers, was reviewed and updated with messages about Hate Crime and Hate Incidents incorporated.

During 2012/13, work will take place in exploring the adoption of the Children's Safeguarding Unit's training needs analysis and evaluation process for measuring the effectiveness of safeguarding training courses.

The total number of employees that attended training during 2011-12 are as follows:-

	2009-10 Number attended	2010-11 Number attended	2011-12 Number attended
Basic Awareness Courses (Inc. Multi –Agency Alerter Training)	613	*196	591
Total Other Safeguarding Training Courses	884	737	**238

NOTE

*The Basic Awareness attendance figures for 2010/11 were lower than in previous years due to the launch of the E-Learning package, and resources being focused on the implementation of the new package rather than the running of actual courses.

**There has been a reduction in other courses run due to

a change in the delivery of training and development such as e-learning, off the job training etc

10. Publicity & Communication

During 2010/11, a significant amount of work was undertaken across Halton to raise the profile of adult safeguarding within the community.

The challenge in 2011/12 was to build on that work, to ensure none of the momentum was lost and that members of the public, carers, family members were aware of the adult safeguarding agenda and the help and support available to them.

It became increasingly apparent as we reviewed the marketing plan, that we needed to embrace the work of other work streams, namely the Dignity agenda to garner knowledge and expertise and avoid duplication and confusion.

It was also important that we capitalised on the significant work undertaken to date to promote the rights of vulnerable adults in the Halton area. To this end, three key work streams have opted for a closer working relationship.

This move mirrors the work being done at a corporate level to create a multi-agency "hub" which will focus on promoting the rights and responsibilities of agencies working across Halton to promote the rights of some of the most vulnerable adults in our communities.

To ensure consistency of message, representatives from the Publicity and Communications Sub Group, Halton Domestic Abuse Forum Strategic Group and Halton Dignity Partnership, have agreed to promote core messages at definitive times during the calendar year.

Working on a national and local calendar of activity / events, the three groups will promote the help and support they offer to vulnerable adults and carers.

This move is designed to ensure consistency of message, avoid confusion, ensure our most vulnerable adults are aware of the help and support available to them and recognise the key priorities of each group.

Messages will be consistent, timely and appropriate to the audience. Resources will be "pooled" where appropriate so ensuring greater value for money.

This approach will allow for a greater "reach" in our communities and provide the vulnerable with more opportunities to learn about the work being done to raise

awareness of these highly sensitive issues.

Some achievements and developments during 2011/12 include:-

- Marketing posters, flyers and cards distributed to all health centres, pharmacists, GP surgeries and dentists across the Halton area;
- Safeguarding articles run in partner publications e.g. Inside Halton, Bridgewater Bulletin;
- Updated information added to the Halton Borough Council website; and
- Information to raise awareness of the Elder Abuse Awareness Day circulated to media and key stakeholders.

11. Quality & Performance

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

Learning from people (service users and carers) who have experienced the local multi-agency safeguarding adults service is an important element towards improving quality, practice and performance. In Halton, this message is considered to be of significant importance, highlighting it as a key priority of Halton Safeguarding Adults Board work plan, and will be further explored in the forthcoming year.

A focus group of health partners has been set up to share the wider learning from incidents to ensure a joined-up approach with the local authority when investigating safeguarding allegations.

The sub group has analysed relevant national reports and documentation and presented key issues for consideration to the Safeguarding Adults Board.

The Quality and Performance Sub Group continues to analyse the data it receives to ensure that the level of safeguarding activity and any recurrent themes are brought to the attention of the Safeguarding Adults Board. The sub-group is in the process of developing an agreed data set to provide to the Board.

12. Policies & Procedures

Within Halton, all organisations are working pro-actively together to prevent abuse happening and ensure that appropriate steps are taken to respond when it happens or if it is suspected. A key element within this approach includes

policies, procedures and guidance which play an important role by providing a consistent approach; ensuring compliance with statutory requirements and good practice standards; support practice; supervision and line management; and, most importantly, provide an operational framework.

A number of achievements and developments have been introduced during 2011/12 including:-

- Appropriate references to Safeguarding Adults were incorporated into the Sexual Assault Referral Centre (SARC) procedures;
- A number of initiatives were 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 and a workshop for Personal Assistants;
- The Council's Confidential Reporting Policy was 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;
- A new cross-directorate panel procedure is being developed for dealing with positive CRB disclosures i.e. those that show cautions or convictions or other information relevant to recruitment decisions. The aim of the cross–directorate approach is to provide a consistent, high standard process in all instances that might involve applications to work as paid or unpaid employees who could have contact with vulnerable adults or children, as many such positions occur in directorates other than Communities and Children and Enterprise;
- A Service Users' Finances Policy, Procedure and Practice Guidance document has been produced for Halton Supported Housing Network. It has been shared with the Safeguarding Adults Board members and contracted providers, with a recommendation to ensure something similar is available in organisations that have responsibility for the security of service user finances;
- The protocol between Halton Borough Council Adult Social Care and the Police Public Protection Unit is being further revised to include guidance on cases where an alleged perpetrator lacks capacity for criminal intent and the offence (under the Mental Capacity Act 2005) of ill-treatment or wilful neglect of a person lacking or thought to lack capacity;
- A combined Action Plan was developed and is being progressed to combine learning from three different issues;
  - The 'Care and Compassion' Ombudsman's Report into the hospital care and treatment of a number of older people;
  - The 'Six Lives' Ombudsman's report into the care and treatment across health and social care received by six adults with learning disabilities;
  - The development of an Adult Safeguarding pathway within NHS Trusts with which Halton interfaces,

taking into account issues of concern that have occurred locally that provide learning opportunities, and national Department of Health guidance.

- Halton's Safeguarding Adults Serious Case Review (SCR) Procedure was scheduled for review, following the SCR conducted locally in 2010. In collaboration with neighbouring local authorities and Cheshire Constabulary, it was agreed that a 'Pan Cheshire' approach would be sought and this has resulted in a draft document being produced for consultation, 'Pan Cheshire Safeguarding Vulnerable Adults Interagency Serious Case Review Procedure'. This takes into account the Pan Cheshire Safeguarding Children SCR Procedure

13. Practitioners Network

Engaging with staff (practitioners) and operational managers can provide a valuable approach to developing shared learning and practice towards safeguarding vulnerable adults and maintaining dignity and respect.

During 2011/12, a Practitioners Network was established. The focus for the Network during 2011/12 has been the development of an associated action plan to ensure that the Network:-

- Strengthens and promotes inter-agency support, shared learning and understanding;
- Provides a conduit for staff experience, knowledge and learning to inform service developments, quality and work plans;
- Facilitates reflective practice; and
- Develops effective working relationships between different services and agencies.

This will include using learning from the safeguarding experience of Service Users and staff/managers.

The Practitioners Network action plan will be progressed during 2012/13.

14. Safer Workforce

The Safer Workforce Sub-Group is a joint Sub-Group that reports to both Adults and Children's Safeguarding Boards in Halton.

Chairing of the Sub-Group passed from the Children's to the Adults' sector during the year, and arrangements have been agreed for each of the partner members to undertake Chairing for a year, on a rotational basis.

During 2011-12, the Sub-Group revised its terms of reference and membership, changing its name from Safer Recruitment

to Safer Workforce, recognising the broader remit of the Sub Group. Representation now includes Cheshire Police and representatives from the Adult Residential and Day Care Provider Forums. Safer Workforce is also now a standing item on the Provider Forum agendas.

During 2011-12, the Safer Workforce Sub-Group continued its work consulting on a variety of workforce related guidance. This included:-

- A Code of Conduct for Transport staff contracted by the Local Authority;
- Halton Borough Council Confidential Reporting Code;
- Safer Recruitment procedures of St Helens & Knowsley Teaching Hospitals NHS Trust and the Rape & Sexual Abuse Support Centre (RASASC); and
- Safer recruitment training for Bridgewater Community Health Care Trust.

Priorities for 2012-13 include:-

- Development of Safer Recruitment training for the Adults' workforce;
- Overseeing implementation of the changes to the CRB disclosure scheme by the Board partners. This will include consideration of the support needed to promote the changes across the Voluntary, Community & Faith Sector; and
- Reporting on learning from allegations relating to vulnerable adults to the Sub-Group.
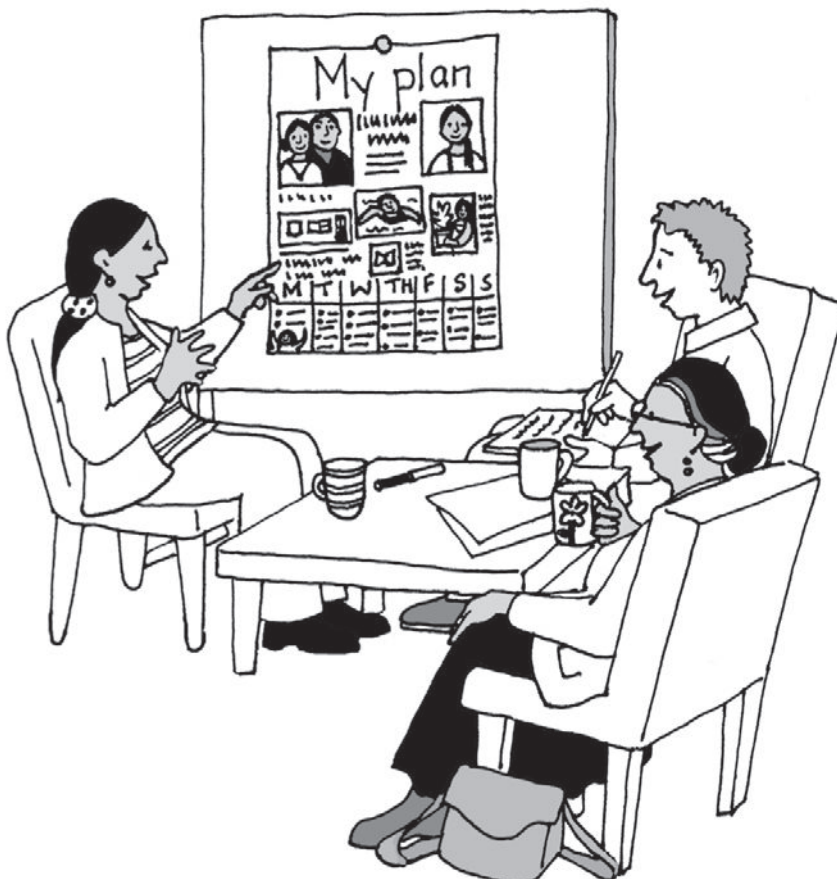
Appendix 1
Halton Safeguarding Adults Board: Terms of Reference

1.0   PURPOSE

The purpose of Halton's Safeguarding Adults Board (SAB) is to:-

1.1   Act as a multi-agency partnership board of lead officers and key representatives, which takes strategic decisions aimed at safeguarding vulnerable adults in Halton;

1.2   Determine and implement policy, co-ordinate activity between agencies, facilitate training and monitor, review and evaluate the safeguarding adults/ adult protection service;

1.3   Promote inter-agency cooperation, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust;

1.4   Develop and sustain a high level of commitment to the protection of vulnerable adults; and

1.5   Ensure the development of services to support people from hard to reach groups.

The terms "vulnerable" and "adult" are as defined in "Adult Protection in Halton – Inter-agency Policy, Procedures & Guidance" available at www.halton.gov.uk/adultprotection or www.halton.gov.uk/safeguardingadults.

2.0   RESPONSIBILITY, ACCOUNTABILITY and REPORTING

2.1   Local agencies should work together within the overall framework of Department of Health guidance on joint working. The lead agency with responsibility for the establishment and effective working of the SAB is Halton Borough Council's Communities Directorate.

2.2   All agencies should designate a lead officer and, if necessary, a nominated other representative.

2.3   All main constituent agencies are responsible for contributing fully and effectively to the work of the SAB.

2.4   The SAB reports to the Community Safety Partnership through the Safer Halton Partnership, which is chaired by the Chief Executive of Halton Borough Council and the Superintendent of Halton Police.

2.5   A formal report of the SAB will be compiled annually and presented to the Safer Halton Partnership and other forums by agreement.

3.0   FUNCTIONS

The functions of the SAB are to:-

3.1   Ensure that there is a level of agreement and understanding across agencies, about operational definitions and thresholds for intervention;

3.2   Develop, monitor, review and evaluate the implementation and effectiveness of Halton's SAB's work plan and sub-groups' work plans for the implementation of strategic decisions and policy;

3.3   Develop and keep under review, local policies, procedures, systems and protocols for inter-agency work to safeguard vulnerable adults;

3.4   Audit and evaluate the implementation and effectiveness of the safeguarding adults service and associated policies, procedures, systems and protocols;

3.5   Promote agreed policies, procedures and protocols to managers, staff, volunteers, service users and the public;

3.6   Arrange for information to be gathered and used in the evaluation of the safeguarding adults/ adult protection service, through performance assessment and monitoring systems and through consultation with stakeholders;

3.7   Develop a training and development strategy, incorporating joint training where appropriate.

3.8   Facilitate training and ensure its delivery and evaluation, to help improve the quality of adult protection and inter-agency working;

3.9   Ensure that service developments take into account the needs of all vulnerable adults, regardless of their age, gender, disability, faith / religion, race / ethnicity, sexual orientation, pregnancy/maternity, gender reassignment or marital / civil partnership status, who may experience discrimination and disadvantage;

3.10   Ensure that service developments take into account all relevant current legislation, including the Human Rights Act 1998.

3.11   Review national guidance and research information as it is issued, consider the implications and make recommendations for local implementation. Action and monitor such implementation;

3.12   Respond to consultation exercises where appropriate;

3.13   Commission serious case reviews where a vulnerable adult has died or, in certain circumstances, is seriously harmed, and abuse or neglect are confirmed or suspected, acting in accordance with Halton's Serious Case Review Procedure.

13.14   Improve local ways of working in the light of knowledge gained through national and local experience, research, Serious Case Reviews, internal and external inquires investigations and case studies. Ensure that practitioners benefit from learning and development attained through the SAB and that lessons learnt are shared, understood and acted upon.

3.15   Link with other agencies, sectors and forums that have a responsibility for protecting those at risk, such as Halton's Safeguarding Children Board, Domestic Abuse Forum   and the Safer Halton Partnership, to ensure that both adult and child protection arrangements benefit from the learning, developments and work undertaken by the other, where appropriate.

3.16   Raise awareness within the wider community, of the need to safeguard vulnerable adults, explain how the community can contribute to this process, and facilitate such involvement.

3.17   Support and ensure the implementation of the development of quality standards for vulnerable adults, both locally and nationally.

3.18   Carry out an annual audit of alleged adult abuse and adult protection in Halton, through analysis of data and outcomes; report these and forecast developments, through the Annual Report of the Safeguarding Adults Board.

4.0   MEETINGS

4.1   The SAB will meet on a quarterly basis, with the schedule of meetings published in advance for a year. Meetings can be called more frequently as circumstances dictate.

4.2   The agenda will be prepared by the Safeguarding and Dignity Officer, in consultation with the Chair of the SAB, and will be issued to all members at least one week before the meeting takes place.

4.3   Meeting agendas will progress the work plan.

4.4   All SAB members will be able to bring appropriate items to the agenda, through the Chairperson or Safeguarding Officer. Standing items on the agenda will be by agreement of SAB members.

4.5   The chairperson will arrange for minutes of meetings to be taken and a copy of the minutes sent to each SAB member and other people by agreement, including the Chairs of the Safer Halton Partnership, Practitioners Network and senior managers of public sector partner agencies.

4.6   The accuracy of minutes will be checked at the subsequent meeting.

5.0   SUB GROUPS

5.1   Sub-groups are currently as follows:

•   Publicity & Communication
•   Children & Adults Learning and Development
•   Quality & Performance
•   Policy & Procedures
•   Practitioners Network
•   Safer Workforce

5.2   Other sub-groups may be set up for particular purposes on a short term or standing basis, by agreement of the SAB, to support the work of the SAB, for example:

•   Carry out specific tasks;
•   Provide specialist advice;
•   Represent a defined geographical area within Halton's boundaries.

5.3   All groups working under the auspices of the SAB will be established by the SAB, report to the SAB, and work to agreed terms of reference and work plans or a specific, stated purpose and lines of reporting to the SAB.

6.0   CHAIRING

6.1   The SAB will be chaired by a senior manager of Halton   Borough Council's Communities Directorate, as the agency with lead responsibility for coordinating the arrangements for safeguarding vulnerable adults/adult protection in Halton.

7.0   ATTENDANCE CODE OF CONDUCT

Members of the SAB make the following undertakings:

7.1   To demonstrate a commitment to attend the meetings.

7.2   To submit apologies if they cannot attend.

7.3   To seek to arrange for an agreed representative to attend if the SAB member is unable to do so.

7.4   To send any agenda items to the chairperson at least two weeks before the meeting. Urgent items that arise outside this timescale can be raised through any other business on the agenda or as agreed by SAB members.

7.5   To feed back to their department / organisation / agency / sector and canvas views to bring to meetings where appropriate.

7.6   To act as a conduit between the SAB and the department/organisation/agency/sector they represent or whose views they reflect, to further the adoption of policies, procedures, guidance, protocols and other items endorsed by the SAB.

7.7   To listen to SAB members and other attendees and address comments to all attending.

7.8   Comments made by anyone attending the SAB, that contribute to any form of discrimination in respect of the age, gender, disability, faith/religion, race/ethnicity, sexual orientation, pregnancy/ maternity, gender reassignment or marital/civil partnership status of others, or the bullying or victimisation of others, are not acceptable and will be challenged by the chairperson and other SAB members.

8.0   MEMBERSHIP

8.1   In order to carry out its responsibilities effectively, the SAB will seek to have members from each of the main agencies in the public, private and voluntary sectors responsible for working together to safeguard vulnerable adults.

8.2   Members' roles and seniority will enable them to contribute to developing and maintaining strong and effective systems, policies, procedures and protocols.

8.3   The SAB will arrange to involve others in its work as needed, where they have a relevant interest.

8.4   Membership is detailed in a separate table that reflects changes and is routinely updated.

9.0   REFERENCES

9.1   No Secrets – Department of Health - 2000

Safeguarding Adults in Halton – Inter-Agency Policy, Procedures and Guidance

Working Together to Safeguard Children – Department of Health, Home Office, DfES 1999

Appendix 2
Halton Safeguarding Adults Board : Membership

(as at 31ST MARCH 2012)

The Board's membership includes strategic level representatives from the following agencies and forums:

- Halton Borough Council
- Halton Safeguarding Children Board
- Domestic Abuse Forum
- Learning Disability Partnership Board
- Halton Community Safety
- Warrington & Halton Hospitals NHS Trust
- St Helens and Knowsley Hospitals NHS Trust
- NHS Halton & St Helens Primary Care NHS Trust (NHS Merseyside):
- Safeguarding
- Adults Commissioning
- 5 Boroughs Partnership NHS Trust
- Cheshire Constabulary:
- Headquarters
- Northern Public Protection Unit
- Cheshire Fire & Rescue Service
- Riverside College
- Probation Service and MAPPA (Multi-Agency Public Protection Arrangements)
- Consumer Protection / Trading Standards
- Housing Trusts/Registered Providers of Social Housing
- Halton Voluntary Action
- Age UK Mid Mersey
- Care Home Services
- Community Day Services
- Domiciliary Care Services
- Halton Dignity Partnership
- Advocacy services
- Carer Representation (2 Carers)

Appendix 3
Standards for Adult Safeguarding

1. Outcomes for and the experiences of people who use services

This theme looks at what has actually been achieved as regards Adult Safeguarding and the quality of experience for people who have used the services provided.

Element	Ideal Service
1. Outcomes	1.1 Vulnerable people are safeguarded in the community and in establishments such as care homes and hospitals.
	1.2 The council and its partners' approach to safeguarding clearly has an outcome based focus
	1.3 The council demonstrates improved safeguarding outcomes alongside wider community safety improvements
2. People's experiences of safeguarding	2.1 The council has achieved high levels of expressed positive experiences from people who have used safeguarding services
	2.2 The council has fully engaged people who use services in the design of its services
	2.3 Delivery accords with the public sector Equality Duty
	2.4 Safeguarding is personalised

2. Leadership, Strategy and Commissioning

This theme looks at the overall vision for Adult Safeguarding; the strategy that is used to achieve that vision and how this is led at all levels in the organisations involved.

Element	Ideal Service
3. Leadership	3.1 There is recognised and active leadership by the council on Adult Safeguarding
	3.2 There is joint and co-ordinated leadership with and by other key partners
4. Strategy	4.1 Safeguarding is embedded in corporate and service strategies across the council and partners
	4.2 The council has a clear vision, priorities, strategies and plans for Adult Safeguarding that is shared with key partners including the police and NHS
5. Commissioning	5.1 The council and its partners commission safe and cost effective services
	5.2 The council and its partners have developed mechanisms for people who are organising their own support and services to manage risks and benefits

3. Service Delivery, performance and resource management

This theme looks at how services are actually provided, including the involvement of people using services, and how the performance and resources of the service are managed.

Element	Ideal Service
6. Delivery and effective practice	1.1 The council has robust and effective service delivery that makes safeguarding everybody's business
	1.2 Domestic violence, hate crime, anti-social behaviour and community cohesion work includes 'vulnerable adults'
	1.3 Adult Social Care Services 'Put People First' and safeguard them
	6.4 Safeguarding is personalised
7. Performance and Resource Management	7.1 Services are held accountable through performance measures, including quality measures, towards the outcomes for people in the strategy

4. Working Together

This theme looks at the role and performance of the Local Safeguarding Board and how all partners work together to ensure high quality services.

Element	Ideal Service
8. Local Safeguarding Board	8.1 There is multi-agency commitment to safeguarding
	8.2. Safeguarding is effective at all levels (prevention and intervention)

Appendix 4
Safeguarding Adults Board: Structure and Reporting Framework

STRUCTURE & REPORTING FRAMEWORK

- Health & Wellbeing Board
- Safer Policy & Performance Board
- Health Policy & Performance Board
- Mental Capacity Act & DoLS
- Hate Crime
- Dignity
- Personalisation/ Self-Directed Support
- Safeguarding Adults Board
- Halton Domestic Abuse Forum
- Halton Safeguarding Children's Board
- Community Safety
- Substance Misuse
- Quality & Performance Sub-Group
- Children & Adults Learning & Development Sub-Group
- Children & Adults Safer Workforce Sub-Group
- Publicity & Communication Sub-Group (incorporating Dignity & Domestic Abuse)
- Policies & Procedures (Task & Finish Group)
- Practitioners Network

Appendix 5
Halton Safeguarding Adults Board: Work Plan 2012 / 13

Halton's Safeguarding Adults Board (SAB) contributes to the objectives of the Health and Well-Being Board's Joint Health and Wellbeing Strategy and Halton Strategic Partnership's Sustainable Community Strategy.

The Board will do this during 2012-13 by focussing on the Board key priorities, which in turn are the focus of the SAB's Work Plan as follows :-

Priority 1: To promote awareness of abuse and of all individuals' right to be safe and be afforded dignity, particularly amongst people who are 'vulnerable' or at risk and others, including the wider community, staff and volunteers.

Priority 2:To increase the contribution from service users and carers, including individuals who use services and wider communities, by seeking to ensure that their views and experience inform the Board's work and service developments, and by ensuring that individualised services are available in a way that keeps people safe but enables them to make informed decisions about risk.

Priority 3: To ensure there is a strong multi-agency approach to assuring the safety, wellbeing and dignity of vulnerable adults.

Priority 4: To equip employees with the necessary tools to both safeguard vulnerable adults and ensure their dignity is respected.

NOTE

Timescales for completion of associated actions will be by March 2013.

The priorities and associated actions outlined below have been mapped against the **'Standards for Adult Safeguarding,** published at the end of 2011 as outlined in **Appendix 3** of this report and Halton's Clinical Commissioning Group's Safeguarding Assurance Framework outlined in **Appendix 6.**

Priority 1

Item No.	Actions by which we will achieve the priority	Responsible body / lead	Links to other area work
1.1	Review and develop the marketing strategy to particularly engage with adults at risk and the wider community, to raise awareness.	Quality & performance sub-group and publicity & communications sub-group	ADASS Std 3 & 6 CCG Std 9
1.2	Distribute information widely and in a suitable format	Publicity & communications sub-group and SAB members	ADASS Std 3 & 6 CCG Std 5
1.3	Review and update Halton's Prevention and Early Intervention strategy	HBC - Operational Director (Prevention & Assessment)	ADASS Std 1 CCG Std 3
1.4	Continue to ensure Safeguarding related policies, procedures and practice guidance take adequate account of Safeguarding and Dignity standards in terms of both prevention and response e.g. Restrictive Physical Interventions, Exclusion, Nutrition & Hydration, Recruitment & Selection, Whistle-blowing, Supervision	Quality & performance sub-group and all partner agencies represented on the SAB	ADASS Std 4 CCG Std 6
1.5	Ensure all reasonable systems and are in place to safeguard individuals directing their own support and assure their dignity	Quality & performance sub-group	ADASS Std 4 CCG Std 6

Priority 2

Item No.	Actions by which we will achieve the priority	Responsible body / lead	Links to other area work
2.1	Ensure service users', carers' and wider communities' involvement informs the work of the SAB	Task and finish group from members of Quality & performance Sub-group and publicity & communications sub-group	ADASS Std 7 CCG Std 8
2.2	Utilize existing, available resources to gain feedback from local communities e.g. existing stakeholder events, User Led Organizations, LINKs, PALS, Local Area Forums, community groups, Halton 2000 Survey, partner agencies' research and intelligence	Quality & performance sub-group	ADASS Std 7 CCG Std 8
2.3	Utilize learning and implement recommendations arising from the Service-User and Carer Survey carried out August-November 2011	SAB and Quality & performance sub-group	ADASS Std 7 CCG Std 8

Priority 3

Item No.	Actions by which we will achieve the priority	Responsible body/lead	Links to other area work
3.1	Review the structure, reporting arrangements and current activity in order to improve effectiveness and impact on outcomes	SAB	ADASS Std 1 CCG Std 7
3.2	Effective use of resources	SAB & Sub-groups	ADASS Std 1 & 5 CCG Std 5
3.3	Influence other strategic partnerships and formalise closer alignment with related services, including domestic abuse, dignity, mental capacity, personalisation/self-directed support, safeguarding children, customer care, community safety and hate crime	SAB & Sub-groups	ADASS Std 1 CCG Std 5
3.4	To ensure customer feedback informs future strategy and practice	Quality & Performance Sub-group SAB	ADASS Std 2 CCG Std 9

Priority 4

Item No.	Actions by which we will achieve the priority	Responsible body/lead	Links to other area work
4.1	Ensure robust policies, procedures, practice guidance and protocols are developed, reviewed, communicated and implemented	Quality & Performance Sub-group	ADASS Std 4 & 7 CCG Std 2
4.2	Provide feedback and direction to practitioners and managers	Quality & Performance Sub-Group	ADASS Std 6 CCG Std 6
4.3	Improve the way in which we ensure that available learning is recorded, shared, informs and drives service developments: • From the experiences of and outcomes for people who use safeguarding services • From the experiences of carers • From events occurring both locally, and in other localities, including Serious Case Reviews and Serious Untoward Incidents	Quality & Performance Sub-group Task Group from Quality & Performance sub-group membership	ADASS Std 1, 2 + 7 CCG Std 9
4.4	Develop and maintain a programme of events to develop practice and support and cascade learning	Divisional Manager (Commissioning) leading the Practitioners' & Operational Managers' Network	ADASS Std 3 & 7 CCG Std 6
4.5	Improve patient experience and hospital admission and discharge arrangements with regard to Safeguarding and Dignity.	Task Group from Quality & Performance sub-group membership	ADASS Std 2 CCG Std 9
4.6	Provide a programme of opportunities e.g. events/workshops/learning sets, to ensure good practice is embedded	Sub-group Chairs of Learning & Development Sub-group and Quality & Performance Sub-group Agency line managers	ADASS Std 6 & 7 CCG Std 8
4.7	Implement the Safeguarding Adults Learning & Development/Training Strategy	Learning & Development Sub-group	ADASS Std 7 CCG Std 6
4.8	Develop and 'roll out' Safeguarding Adults Safer Recruitment training	Learning & Development Sub-group	ADASS Std 7 CCG Std 6
4.9	Implement revised Vetting and Barring and CRB requirements	Safer Workforce sub-group	ADASS Std 1 CCG Std 6

Appendix 6
Halton's Clinical Commissioning Group's Safeguarding Assurance Framework

1.   Do we understand our responsibilities with regard to safeguarding?

2.   Are adults and children safe in our organisations?

3.   How well developed are our adult and children safeguarding processes?

4.   Are we an active members of the local adult and children's safeguarding board?

5.   How well do we share information with our partners?

6.   Does our workforce understand their adult and children's safeguarding responsibilities?

7.   Do we know the quantum of safeguarding incidents?

8.   How good are we at implementing change following safeguarding investigations or reviews?

9.   How good are we at engaging service users/patients in our approach to safeguarding?

Appendix 7
Useful Information

Safeguarding Adults in Halton

Information available via Halton Borough Council   www.halton.gov.uk/safeguardingadults
includes:

- **Safeguarding Adults in Halton** – Inter-agency Policy, Procedures and Guidance, Version 7 Revised 2010
  http://www3.halton.gov.uk/lgnl/pages/86821/86830/103251/103558/intagencyppgjan2008v6.pdf

- **Policies, procedures, protocols, practice guidance, leaflets, training course details and other useful website links**
  http://www3.halton.gov.uk/healthandsocialcare/103161/214240/

Standards for Adult Safeguarding

This information is available via: http://www.idea.gov.uk/idk/aio/29270716

Department of Health

Information available via www.dh.gov.uk includes:

- **No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse**
  http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486
- **Statement of Government Policy on Adult Safeguarding**
  http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126748
- **Caring for our Future: Shared Ambitions for Care and Support**
  http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_129923

Vetting & Barring Scheme

Information about the review and changes to the scheme is available via: http://www.homeoffice.gov.uk/crime/vetting-barring-scheme/

Care Quality Commission (CQC)

Inspection reports of Adult Social Care including Safeguarding Adults services is available via: www.cqc.org.uk/

This Annual Report was compiled by:
People & Communities Policy Team, Halton Borough Council on behalf of Halton Adults Safeguarding Board

This report is available in alternative formats upon request

For more information please contact Helen Moir, Divisional Manager, Halton Borough Council in any of the following ways:
Email: helen.moir@halton.gov.uk
Tel: 0151 906 4847

Draft

Integrated Adults Safeguarding Unit

Thresholds Guidance

July 2012

Thresholds Guidance

Due to the scale and varying needs of adult at risks it is crucial that all agencies working with adults at risk are involved in the prevention of abuse. However, identifying when safeguarding referrals should be made is not always clear cut.

In order to give some clarity to when a referral should be raised with Halton Adult Care Services, the following safeguarding referral "thresholds" have been compiled. This threshold guidance is directed at providers/practitioners and aims to firstly ensure adult protection issues and concerns are reported and investigated at the appropriate level, and secondly, to broker consistency of approach across agencies.

It is recognised that some health organisations will conduct their own investigations, however, outcomes of those investigations must be forwarded to Halton Integrated Adults Safeguarding Unit in order for them to fulfill their duty to monitor, and, record safeguarding referrals within the Halton locality.

This guidance is laid out in 4 sections: - .

Section 1 Safeguarding Referral Threshold Flowchart – lays out the basic process around an Adult Safeguarding Referral.

Section 2 Initial Considerations – what you need to consider before making a referral.

Section 3a Threshold Tiers – gives written guidance around where Adult Safeguarding concerns should be managed and when to refer in to Halton Adult Care Services.

Section 3b Thresholds Matrix – a matrix laying out practical examples of what may fall in (or out) of the threshold for a safeguarding referral.

Section 4 Risk assessment – gives written guidance in relation to assessing the level of risk involved.

However, the message remains "if in doubt, report".

Submitting a Safeguarding Referral
In order to submit a safeguarding adult referral, please contact Halton Adult Social Care Services Initial Assessment team on 0151 511 7676, who will advise how to make a safeguarding referral to Halton Borough Council.

Section 1 - Adult Safeguarding Referral Threshold Flowchart (please also refer to Initial Considerations section 2)

An adult at risk: :

A person aged 18 or over and who:

- Is eligible for or receives any adult social care service (including carers' services) provided or arranged by a local authority; or
- Receives direct payments in lieu of adult social care services; or
- Funds their own care and has social care needs; or
- Otherwise has social care needs that are low, moderate, substantial or critical; or
- Falls within any other categories prescribed by the Secretary of State; and Is at risk of significant harm, where harm is defined as ill treatment or the impairment of health or development or unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft and fraud).

Other ways for concern to be managed i.e. complaint, contract compliance, multi agency meeting, refer for assessment, human resources investigation etc.

Assess risk & vulnerability and consult Threshold Matrix

Is the person an adult at risk? → NO

YES

Has the adult at risk come to significant harm as a result of an intentional or unintentional act or failure to act? → NO

YES

Is the incident part of a pattern or trend?

Or

Is it likely that the incident(s) could recur leading to harm to an adult at risk? → NO

YES

Make a Safeguarding Referral to Halton Social Services

No Safeguarding Referral Required

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3

Section 2 Initial Considerations
The flowchart in section 1 gives a diagrammatic illustration of the guidance in this section.

There are a number of actions/questions that need to be considered before completing a referral.

a) Has the risk /vulnerability of adult at risk been assessed?(see section 4)

b) Is the person who has/ may have been abused an **adult at risk**?

For the purposes of this Threshold document and related documents, the definition of an adult at risk is as follows[1]:

A person aged 18 or over and who:
 ➢ Is eligible for or receives any adult social care service (including carers' services) provided or arranged by a local authority; or
 ➢ Receives direct payments in lieu of adult social care services; or
 ➢ Funds their own care and has social care needs; or
 ➢ Otherwise has social care needs that are low, moderate, substantial or critical; or
 ➢ Falls within any other categories prescribed by the Secretary of State; and
 ➢ Is at risk of significant harm, where harm is defined as ill treatment or the impairment of health or development or unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft and fraud).

c) Has the adult at risk experienced significant harm? (see below for explanation of significant harm)

Harm doesn't necessarily mean physical harm, but could be emotional, physiological etc (see matrix for examples).

If the answer to one or all of the above questions is "no" the alert will fall below the safeguarding threshold. However, there are other possible ways in which your concerns can be managed. Examples include (although the list is not exhaustive): -
 ➢ Incident report logged
 ➢ Cause for concern logged
 ➢ Complaint
 ➢ Multi Agency Meeting / Care Management
 ➢ Contract compliance activity
 ➢ Signpost to relevant services
 ➢ Change in internal procedures/processes
 ➢ HR investigation
 ➢ Refer for relevant assessment
 ➢ Joint Contracts / Safeguarding planning meeting to address low level concerns / poor standards of care in relation to contracted providers

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[1] Taken from the Law Commissions guidance document May 2011

d) Is there a duty of care which has been breached e.g. by a care worker or a carer?

This helps distinguish abuse (of trust) from abusive/criminal acts by strangers.
It is important to note that the abuse does not need to be deliberate. Some neglect is not deliberate.

<u>It is not the **intent** which needs to be considered but the **harm** which has resulted from an act or omission and which should trigger adult safeguarding procedures.</u>

<u>Explanation of Significant harm</u>
In order to assess whether a referral meets the safeguarding adults threshold a decision needs to be made as to whether "significant harm" is likely to have occurred.

Assessing - Significant harm varies between individuals and requires careful assessment before a threshold decision is made, including consideration of the possibility of future significant harm. The seriousness or extent of the abuse or neglect is often not clear when the safeguarding issues is raised, some incidents may not have caused immediate significant harm but if they were to recur it is highly likely that there would be significant harm to the adult at risk, other adults at risk, or children.

Because of the need for a timely response, information gathered to inform the threshold decision cannot be as detailed as that gathered in a formal safeguarding adult assessment or investigation and should not delay a referral.

No secrets refers to significant harm as:
• ill treatment (including sexual abuse and forms of ill treatment which are not physical)'
• the impairment of, or an avoidable deterioration in, physical or mental health and/or
• the impairment of physical, intellectual, emotional, social or behavioural development.

(web address for No Secrets document as follows)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486

No secrets also puts forward the following factors to be taken into account when making an assessment of the seriousness of the risk to the person:
• Vulnerability of the person
• Nature and extent of the abuse or neglect
• Length of time the abuse or neglect has been occurring
• Impact of the alleged abuse on the adult at risk
• Risk of repeated or increasingly serious acts of abuse or neglect
• Risk that serious harm could result if no action was taken
• Illegality of the act or acts.

Section 3a Threshold Tiers
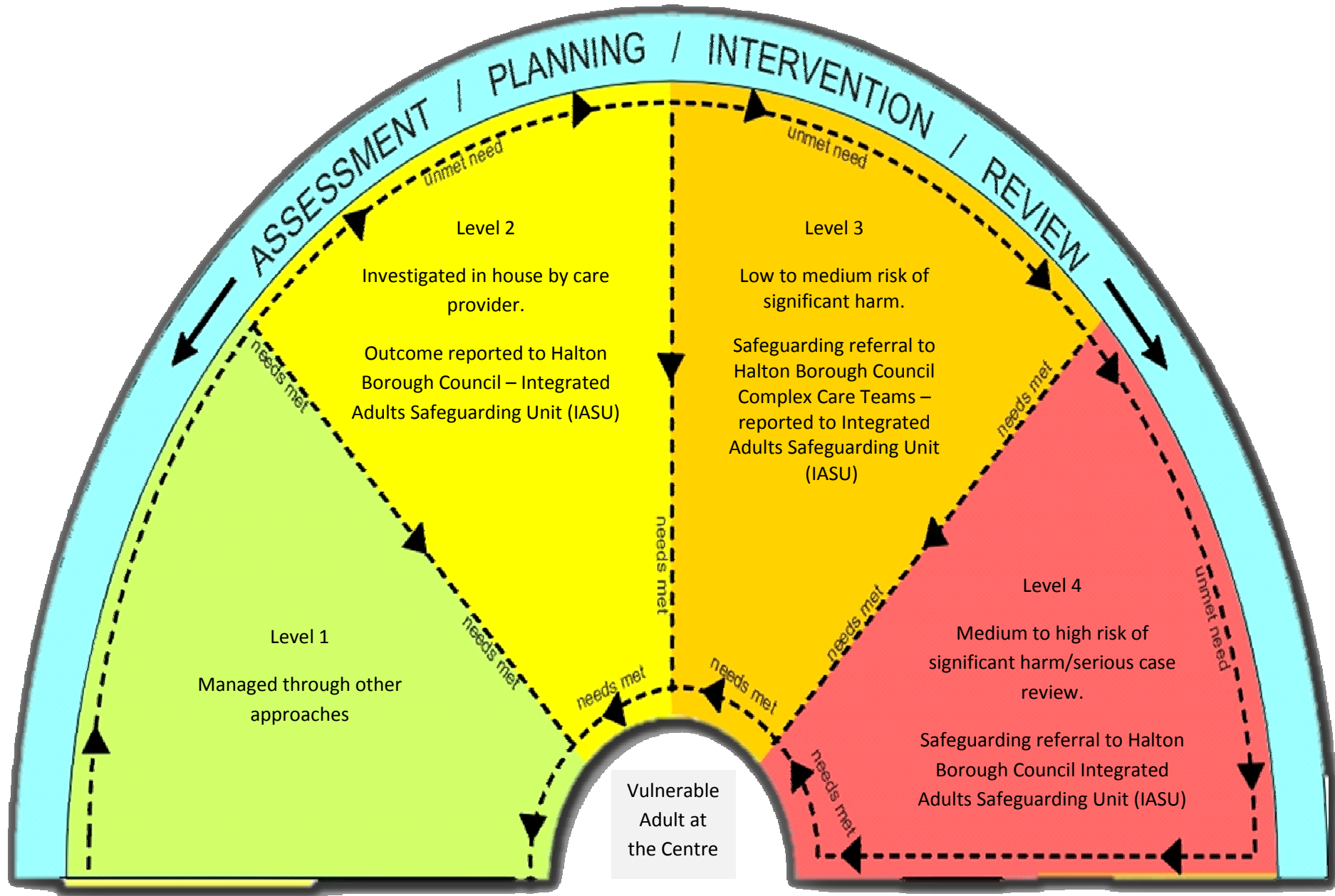
Section 3a Thresholds Levels

This section takes you through the different threshold tiers, of which there are 4. The section guides you through as to where concerns should be managed and when to refer into Halton Adult Social Care Services.

Concerns falling within Level 1 and 2 should be dealt with in house by the managing agency. **However, Level 3 and 4 must be put forward as a Safeguarding referral to Halton Adult Social Care Services**.

Level 1 – Single Agency Services

Most adults at risk receive a variety of services from a range of providers. These services generally provide good quality care and services and are often best placed to deal with many issues regarding allegations of abuse or poor practice. Therefore it is anticipated that most work on the lower levels of abuse should be dealt with internally by these services.

However, it is essential that all concerns about abuse are initially reported to Halton Adult Social Care Services.

Level 2 - Complaints and Safeguarding Reviews.

Complaints

All complaints regarding independent providers or other agencies should initially be dealt with in-house by the agency internal complaints policy. It is anticipated most of these complaints will be more about poor quality of care and service rather than abuse, for instance low staffing numbers, environmental issues etc.

It is good practice for providers to contact the agency who has placed an individual with that service (where applicable) to inform them of any issues and the outcome of any internal investigations.

Reviews

It is the responsibility of the local authority and Primary Care Trust to annually review all the adults at risk for whom they provide services to or arrange placements for.

The purpose of the review is to look at whether an adult at risk needs are being met. Reviews would, where a case does not meet the criteria of significant harm, addressed abuse issues and thus prevent the abuse potentially escalating.

Level 3 – Low to Medium risk of significant harm (Complex Care Teams)
Level 3 and above is the point at which safeguarding referrals should be raised directly with Halton Adult Care Services

The relevant Complex Care teams within Halton Adult Social Care Services will take the initial lead regarding the coordination of the allegation of abuse and chair all the meetings relating to the allegation.

Level 3 involves cases of low to medium levels of harm, examples of which include:
Physical abuse – e.g. where an adult at risk has experienced a physical injury, except where this is of a serious nature i.e. Neglect – e.g. where a relative is neglecting the adult at risk or friend, for example if a partner refuses to pay for care for the adult at risk.

Psychological abuse – e.g. where an adult at risk is being bullied either by neighbours / friends / relatives / strangers – treatment which undermines dignity, not recognising and adults choice or opinion etc.

Discriminatory abuse – e.g. where the adult at risk is being ridiculed or threatened because of their race, gender, disability, sexuality, religion or age.

<u>Level 4a – Medium to High risk of significant harm/serious case review (Integrated Adults Safeguarding Unit)</u>
Level 4a is where the adult at risk faces a higher level of risk of significant harm i.e. threats to kill, rape etc. These complex cases meeting the threshold for safeguarding investigation will be investigated by the Integrated Adults Safeguarding Unit. Consideration should also be given at this level as to whether the case needs to be referred for a serious case review.
Cases in this level involve complex situations for example:
- o Legal
- o Multiagency
- o Nursing and residential homes- multiple abuse allegations

<u>Level 4b - Serious Case Review</u>
Serious case reviews conducted under the Adult Safeguarding Procedures are commissioned specifically by the Halton Safeguarding Adults Board; it is to this body that the serious case review finally reports. The responsibility for the decision to commission an Serious case review therefore lies with the Chair of the Halton Safeguarding Adults Board, or in that person's absence, their nominated deputy.

A serious case review will be considered when:

➢ A vulnerable adult dies (including death by suicide), **and** abuse or neglect is known or suspected to be a factor in their death

➢ A vulnerable adult has sustained any of the following:
  - o a life threatening injury through abuse or neglect
  - o serious sexual abuse
  - o serious and/or permanent physical or emotional harm arising from the abuse

or, where serious abuse occurred in an institutional setting:
  - o a culture of abuse was identified and/or
  - o multiple abusers were involved

AND
The cases(s) give rise to concerns about the way in which local professional and services work together to safeguard vulnerable adults

➢ A significant "near miss" has taken place – in these situations, nothing serious may have happened but there is evidence of significant weakness in the way local professionals and services work together to safeguard vulnerable adults. This will also include cases where there is an on-going accumulation of concern.

Type of Abuse	Level 1 **Managed through other approaches**	Level 2 **Investigated in house but outcome reported to Halton Borough Council - IASU**	Level 3 **Low to medium risk of significant harm. Safeguarding referral to Halton Borough Council - Complex Care Teams – outcome reported to IASU**	Level 4a **Medium to high risk of significant harm. Safeguarding referral to Halton Borough Council - IASU**	Level 4b **Serious case review. Safeguarding referral to Halton Borough Council - IASU**
Physical	• Staff error causing little or no harm, eg friction mark on skin due to ill-fitting hoist sling • Minor events that still meet criteria for 'incident reporting'	• One off incident involving service user on service user • Inexplicable marking found on one occasion	• Inexplicable marking or lesions, cuts or grip marks found on more than one occasion. • Marks lesions, cuts caused by one person but to several service users.	• Inappropriate restraint • Withholding of food, drinks or aids to independence • Inexplicable fractures/injuries • Assault	• Grievous bodily harm/assault requiring hospital admission
Medication	• Adult does not receive prescribed medication (missed/wrong dose) on one occasion - no harm occurs	• Occasional incidents of missed medication or administration errors in relation to one service user that causes no harm	• Recurring missed medication or errors that affect more than one adult and/or result in harm • Missed medication where harm does occur	• Deliberate maladministration of medications • Covert medication without proper medical authorisation/supervision	• Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death
Neglect and Acts of Omission	• Isolated missed home care visit where no harm occurs • Adult is not assisted with food/drink, personal care needs, toileting, pressure area care and moving & handling on one occasion and no harm occurs	• Inadequacies in care provision that lead to discomfort or inconvenience - no significant harm occurs e.g. being left wet occasionally • Not having access to aids to independence • Low level neglectful practice ie failure to refer to necessary agencies where this is not part of their professional accountability and where training has not been provided	• Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs • Hospital discharge without adequate planning and harm occurs • Self neglect • Partner refusing to pay for care	• On-going lack of care that causes health and wellbeing to deteriorate significantly eg. avoidable malnutrition, dehydration, pain, loss of dignity, tissue viability problems	• Failure to arrange access to life saving services or medical care • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk

Type of Abuse	Level 1 **Managed through other approaches**	Level 2 **Investigated in house but outcome reported to Halton Borough Council - IASU**	Level 3 **Low to medium risk of significant harm. Safeguarding referral to Halton Borough Council - Complex Care Teams – outcome reported to IASU**	Level 4a **Medium to high risk of significant harm. Safeguarding referral to Halton Borough Council - IASU**	Level 4b **Serious case review. Safeguarding referral to Halton Borough Council - IASU**
Psychological	• One off incident where an adult is spoken to in a rude or inappropriate manner resulting in respect being undermined but no or little distress is caused	• Occasional taunts, teasing or verbal outbursts which cause distress • The withholding of information to disempower an individual	• Frequent taunts, verbal outbursts • Treatment that undermines dignity and damages esteem • Denying or failing to recognise an adult's choice or opinion • Humiliation • Bullying/intimidation	• Emotional blackmail e.g. threats of abandonment/harm, threats to kill • Frequent and frightening verbal outbursts	• Denial of basic human rights/civil liberties, overriding advance decisions • Vicious/personalised verbal attacks
Institutional	• Lack of stimulation or opportunities for adults to engage in social and leisure activities • Lack of person-centred approach where service users are not given a sufficient voice or supported to be involved in the delivery of the service	• Care-planning documentation not person-centred	• Rigid/inflexible routines • Service user's dignity is undermined e.g. lack of privacy during support with personal care needs • Denial of individuality and opportunities for service users to make informed choices and take responsible risks • Staff misusing their position of power over service users	• Care/support plans and risk assessments not followed or needs not specified or met as specified – recurring event that is happening to more than one adult and results in harm • Bad practice not being reported and going unchecked	• Inappropriate chemical or physical restraint used to manage behaviour • Widespread, consistent ill treatment
Sexual	• One off incident when an inappropriate sexualised remark is made to an adult and no or little distress is caused	• One off incident of low-level unwanted sexualised attention/touching directed at one adult by another whether or not capacity exists	• Recurring verbal sexualised teasing • Sexual harassment	• Recurring sexualised touch or isolated/recurring masturbation without consent • Attempted penetration by any means (whether or not it occurs within a relationship) without consent	• Sex in a relationship characterised by authority, inequality or exploitation e.g. staff and service user • Sex without consent/rape

Type of Abuse	Level 1 **Managed through other approaches**	Level 2 **Investigated in house but outcome reported to Halton Borough Council - IASU**	Level 3 **Low to medium risk of significant harm. Safeguarding referral to Halton Borough Council - Complex Care Teams – outcome reported to IASU**	Level 4a **Medium to high risk of significant harm. Safeguarding referral to Halton Borough Council - IASU**	Level 4b **Serious case review. Safeguarding referral to Halton Borough Council - IASU**
Financial	• Staff personally benefit from the support they offer their service users eg when shopping use 'buy one get one free offers'	• Adult not routinely involved in decisions about how their money is spent • Theft	• Adult denied access to own funds/possessions	• Personal finances illegally removed from adult's control • Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control	• Fraud/exploitation relating to benefits, income, property or will
Discriminatory	• Isolated incident when an inappropriate prejudicial remark is made to an adult and no or little distress is caused	• Care planning fails to address an adult's diversity associated needs for a short period • Isolated incident of harassment	• Recurring failure to meet an adult's diversity associated needs • Inequitable access to service provision as a result of a diversity issue • Recurring taunts	• Being refused access to essential services as a result of a diversity issue	• Hate crime resulting in injury/emergency medical treatment/fear for life • Hate crime resulting in serious injury or attempted murder/honour-based violence

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Section 4 – Risk Assessment

The governing principle behind good approaches to choice and risk is that people have the right to live their lives to the full as long as that does not stop others to doing the same. Fear of supporting people to take reasonable risks in their daily lives can prevent them from doing the things that most people take for granted.

What needs to be considered is the consequence of an action and the likelihood of any harm from it.

Principles

1. Risk is an unavoidable part of life and it is neither possible nor desirable to remove all risk from the experience of service users.
2. In exercising their professional judgement, all staff will act within the law and in accordance with the Directorate's policies and procedures and in doing so will receive support from the Directorate whatever the eventual outcome.
3. Risk assessment and management involves close work with service users and carers to agree: -

- The likelihood of positive and negative outcomes
- Service user and / or support system strengths

Definitions:

Hazard: factors which make harm more likely to occur. These factors may stem from the person themselves, their environment or from other people.

Risk: the likelihood of harm actually occurring. Risk may also be an opportunity to gain potential benefits and improve quality of life.

Harm is the ill treatment (which can include all forms of abuse) and the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional or behavioural development.

Risk Assessment: assesses the likelihood of actions leading to positive or negative outcomes and the relative significance of these outcomes

Risk Management: a system for implementing, controlling and learning from risk decisions

Risk-taking is choosing to act or not to act in relation to assessed risk.

Levels of Risk:

Moderate/Low

The risk of harm is easily resolved through provision of services.

Where any harm that results (physical or psychological) would not require professional support (medical, clinical, oncall, etc).

Substantial

Physical injury to self or others, which would require medical attention (GP, A & E, etc).

Psychological trauma, which impinges on the service user's or others' quality of life and sense of wellbeing and would require professional support.

Potential breakdown of current placement.

Critical

Physical harm or psychological trauma to self or others which would require admission to hospital.

Death

Behaviour that would result in criminal prosecution and imprisonment or sectioning under the Mental Health Act.

Residential admissions and out of area placements

Levels of risk assessment
A Level 2 risk assessment will not be required in respect of every service user. The same analytical process should be used for all levels but will not be needed at so much depth or detail in less complex situations. Care Managers will need to use their judgement in order to decide at which level a risk assessment should proceed.

There are two basic levels of risk assessment:
Level 1
Risk assessment should form part of all assessments and must be recorded with the main documentation.

Level 1 will apply in situations where most risks are either moderate/low or well managed but where a specific decision has to be made that involves some risk of harm or risk to loss of independence.

Level 2
Level 2 risk assessments should be carried out where the member of staff has a reasonable expectation that a service user's present or planned situation is likely to present a significant risk to themselves or others.

These are likely to be situations where a number of risks are present and where at least one or two of these are substantial or critical – i.e. have a medium or high likelihood and a medium or high outcome of severity.

Risk assessment at all levels should consider three vital issues:

HISTORY i.e. previous serious or potentially serious events that have occurred.

RISK FACTORS i.e. current factors that may affect risks.

SIGNIFICANCE OF RISK i.e. the likelihood of the risk occurring and the severity of its consequences.

This analysis should be followed by a

DECISION MAKING PROCESS AND OUTCOME which is recorded and is followed by the **RISK MANAGEMENT PLAN** i.e. how risks can be managed at an acceptable level.

Timescales
Risk is dynamic and usually depends on circumstances that can alter over brief time periods. Therefore risk assessment needs a predominantly short-term perspective and must be subject to regular review.

Level 2 Risk Assessments must be reviewed after 6 weeks and consider the effectiveness of the risk management plan and the processes of managing this within Provider Services. If the risk management plan is working, the review timescale can move to 12 monthly unless there is a change in risk levels.

Completing a Level 2 Risk Assessment within the Safeguarding Adults procedures:

Type of Risk
Identify here the original risks of harm, which may change when protective action is taken.
For example, original risk of harm is rape, but the current risk is much less if the person causing harm is arrested.

Detail in this section the how bad and how often and think wider than the presenting issue.
For example, financial abuse increases an individual's risk of neglect, risk of adequate food or heating and possible eviction.

Also consider in this section, the risk of harm to other adults at risk. For example, one person experiencing abuse due to inappropriate use of restraint may be an indication of institutional abuse affecting more people. When considering risk of harm, always record the individual's awareness and perceptions of the risks.

Factors that increase risk of harm
There are a number of personal and environmental factors which will contribute to an individual's risk of harm. They include:
Age. Research shows people are significantly more likely to be abused if you are aged over 70 years of age.
Physical disability. Increase physical dependency on other for help with day-to-day living makes people more vulnerable to abuse.
Learning disability. Adults with learning disabilities may not understand acceptable levels of support or may be in situations where abuse from other service users is more likely and communication difficulties may mean reporting abuse difficult.
Mental Health Issues. Research has shown that people with mental health illnesses often are not believed or find themselves in situations where abuse from other service users is possible.
Sensory impairments. Individual's sensory impairments may make reporting abuse difficult or identifying the abuser difficult.
Dementia. It is particularly important to assess individual's mental capacity.
Ethnicity/ culture. If English is not the person's first language – reporting abuse may be difficult. It is particularly important to use independent interpreters to aid communication – never use family members.
Social isolation. If a person has limited family or social networks they will have less external scrutiny to identify any signs of abuse or mistreatment.
Previous victim of abuse. Victims of abuse often have low self-esteem and or a belief system supporting abusive behaviour as a legitimate response to situations.
Communication difficulties. Where necessary independent professional who can facilitate communication must be used.
Previously the person causing harm. Those who previously were the person causing harm who then become dependent on their previous victims may be at risk of abuse with 'revenge' as the motivation.
Health problems. Individual health problems may make them too weak to report or respond to abuse.
Domestic abuse. Research shows that domestic abuse is most commonly experienced by women and carried out by men. Women with disabilities are twice as likely to experience gender based violence as non-disabled women, and are likely to experience abuse over a longer period of time and suffer more severe injuries as a result.
Service providers. If an individual is receiving community care services, the actions of the provider may have an impact on the individual. Especially if there is no current manager,

new manager, high staff turnover, high proportional of agency staff, large number of people with high level of needs, little or no staff training.
When considering factors that increase the risk of harm, always record the individual's views.

Factors that decrease the risk of harm
Identify the protective factors that are in place **or** which have been put in place as a result **or** that can be immediately be put in place to reduce or eliminate the risk of harm. This should include any immediate/ emergency Protection Plans put in place by any agency. For example:
Support services in place (domiciliary care package, 1:1 support)
Relationships with family, friends, neighbours, which do not present a risk
Access to social/ support groups
Awareness of personal support
Services recognise abuse and has taken appropriate action
Person is in a place considered to be safe

Significance of Risk
This section should be completed for each area of risk identified At all levels of assessment, the significance of any risk should be quantified, according to the scheme set out below.

There are two fundamental factors to consider when calculating the significance of a particular risk. These are:

- the likelihood of the risk occurring in the period
covered by the risk assessment.
- the severity of its consequences.

When arriving at a **likelihood estimation**, there are several important considerations which you will have already looked at in your assessment:

- Is there any known history to this particular risk?

- How often has it occurred in the past and with what frequency?
- Are there any known triggers and are they likely to
occur within the risk period?
Likelihood should be measured as **HIGH, MEDIUM or LOW** according to the following criteria:

1 Unlikely to happen in the next six months. LOW

2 Evens (50%) chance of happening in the next six months. MEDIUM

3 More than 50% chance of happening in the next six months. HIGH

The severity of the risk should also be measured as **CRITICAL , SUBSTANTIAL** or **MODERATE/LOW** according to the following criteria:

1. Moderate / Low
- The risk of harm is easily resolved through provision of services.
- Where any harm that results (physical or psychological) would not require professional support (medical, clinical, on-call, etc).

2. Substantial
- Physical injury to the service user or others which would require medical attention (GP, A & E, etc).
- Psychological trauma which impinges on the service users or others' quality of life and sense of wellbeing and would require professional support.
- Potential breakdown of current placement.

3. Critical
- Physical harm or psychological trauma to self or others which would require admission to hospital.
- Death
- Behaviour which would result in criminal prosecution and imprisonment or sectioning under the Mental Health Act.
- Residential admissions and out of area placements

Significance is then obtained by the idea of multiplying
these two factors.

Significance = likelihood x severity.
This will be straightforward where the two factors are the same i.e. both the likelihood and the severity are either HIGH, MEDIUM or LOW, but will require more judgement where the factors are different, so a high likelihood and a medium severity or a medium likelihood and a low severity would need a judgement as to whether this ultimately falls into the substantial or the moderate/low category. It is expected that areas of concern that have critical or substantial significance will be transferred into the Risk Management Plan

Risk Management Plan
Having identified significant risks and agreed on what decisions have been made it is essential to explain how any risks are to be managed and minimized. This should be as detailed as possible.

NB If the assessment of risk has shown that the risks are less significant than was at first thought, then this plan could be written on the standard care plan documentation. A separate risk management plan is only required if the risk is likely to remain substantial or critical after the usual assistance to manage risk has been given.

Appendix 1: Level 2 Risk Assessment Form

RISK ASSESSMENT AND MANAGEMENT PLAN
LEVEL 2

1. Identification Details

		Care First No:	

Name:		**Date of Birth**	
Address:			
Postcode:			

2. Main Carer

3. What are the hazards present in this person's situation?

4. Previous incidents relating to harm or loss of independence

5. Previous risk assessments

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6. Circumstances that will influence risk

7. Areas of Concern **Significance = likelihood × severity**	Critical	Substantial	Moderate/ Low

N.B.Very high risks to be identified by Panel and logged with the Operational Director

8. Analysis of risk behaviour

9. What are the benefits of any proposed intervention? What is the effect on independence? In what ways will harm be reduced?

10. Does the service user/ carer understand that there is a risk? Does a capacity assessment need to be undertaken?

11. Legal issues considered:

12. Who has been involved (service user, carer, friends, other professionals)?

13. Service User's Comments

14. Following this assessment if a specific decision has been made record here:

15. Assessor /Manager/Panel comments:

16. Risk Management Plan

Identified risk	Action to manage risk	Responsible person	In what ways do the actions reduce the risk to the person?	Residual Risks i.e. risks remaining after risk management measures put in place

17. Monitoring /Review/Emergency Arrangements

The plan will be monitored /reviewed by:		Date of Review	
Contingency Plan in case of emergency			

I understand and agree to the risk management plan

Service user/carer signature: **(if unable to sign state why)**		**Date:**	
Assessor's signature:		**Date:**	
Principal Manager signature:		**Date:**	
Divisional Manager signature:		**Date:**	
Signature of Panel Chair		**Date:**	

Case Examples

Levels of Risk

Moderate/Low
The risk of harm is easily resolved through provision of services.

Where any harm that results (physical or psychological) would not require professional support (medical, clinical, on-call, etc).

Substantial
Physical injury to the service user or others which would require medical attention (GP, A & E, etc).

Psychological trauma which impinges on the service users or others' quality of life and sense of wellbeing and would require professional support.

Behaviour which may lead to breakdown of current placement.

Critical
Physical injury (including death) to the service user or others which would require their admission to hospital.

Psychological trauma to the service user or others which would require their admission to hospital.

Behaviour which would result in criminal prosecution and imprisonment or sectioning under the Mental Health Act.

For example:

Falls
- **Moderate/Low risk** may be that the person falls periodically, but has never done any real damage to themselves, and carries a pendant alarm. They have capacity to use the alarm and have contact from a relative on a daily basis who would report back any lack of contact.
- **Substantial risk** – In this situation the falls become more frequent (and cannot be prevented). They have caused long lasting skin abrasions. However, the alarm is still carried and the daily monitoring system is still in place to keep the risk to this medium level.
- **Critical Risk** – The falls continue to be frequent and unpreventable. The latest resulted in admission to hospital and the service user has become somewhat confused and forgetful. They wish to return home but is likely to forget to carry the alarm or not realise to press the button if they do fall.

Nutrition
- **Moderate/Low Risk** – The person does not eat properly but there is no health risk. The person lives in sheltered housing and receives Home Care so the situation can be monitored.
- **Substantial Risk** – The person does not eat properly and although there is no evidence of health risks, they are socially isolated and refuse services.
- **Critical Risk** – The person is diabetic, has memory problems and forgets to eat. Their poor diet has serious implications for their health and has already

resulted in one admission to hospital.

Smoking /Fire Risk
- **Moderate/Low Risk –** The person doesn't put their cigarettes out properly. They drop hot ash onto themselves but this hasn't resulted in any injuries.
- **Substantial Risk** - The person drops lit cigarettes onto themselves. This has resulted in minor burns needing treatment in A&E and damage to furniture.
- **Critical Risk** – The person has dementia and wanders with lit cigarettes. This has already caused a fire in their bedroom which resulted in their admission to hospital due to inhaling smoke.

Safety
- **Moderate/ Low Risk –** The person lives in residential care and has dementia. Has a tendency to wander around the building.
- **Substantial Risk -** The person attempts to leave the building . Staff bring them back and manage to reassure
- **Critical Risk: -** The person has a history of violence and become very aggressive towards staff when they try to prevent them from leaving the building. They throw furniture and frighten other service users.

SAFEGUARDING ADULTS BASELINE ASSESSMENT

SECTION 1: Personal Details

Name of Vulnerable Person:		
Date of Birth:	Gender:	
Address: Post Code: Telephone No:		GP Details:
Name of person who identified the concern in the first place:	Address:	Telephone No:

Brief Factual Description of Allegation(s), including dates of referral(s) to HBC:

Referral Date:	Allocation Date:

Is alleged victim known to Halton Adult Social Services at time of referral? Yes   No
Number of previous referrals of abuse of this vulnerable adult

Alleged Perpetrator(s) (if known)

Are there any contractual issues? Yes ☐ No ☐ If contractual issue(s) involved in the case, provider monitoring form(s) must be completed and sent to Social Services Contracts Section (and attached).	Date(s) sent: By Whom:

Do any of the allegations meet PPU/General Police criteria	Yes ☐ No ☐

If a referral was made to the Police gice CAVA/Police reference/or crime number	

NAME	Carefirst ID

SECTION 2 – Care Provision

Name of Care Provider:

Address:	Care Provision:
Post Code:	
Telephone No:	

Care Commissioned and Funded By:

Commissioners of Care aware of Safeguarding Concern
Date
By Whom

Past Medical History and Prognosis if Known:

NAME	Carefirst ID

PERSONAL CARE   Independent ☐

Washing & Dressing   Supervision/Assistance of 1 carer ☐

    Dependent on 2 carers ☐

    Care Plan   Yes   No   N/A

    Care Plan Last Updated:

    Safeguarding Concerns Identified/Substantiated   Yes   No

    If Yes please identify in comments below

Comments

Skin Care (attach pressure ulcer risk assessment where available)

Pressure Ulcer Score ☐   Please state tool used and risk score:

Pressure ulcers/wounds   Yes   No

If Yes state site, size and dressings in use as evidenced in care provider records in comments below

Pressure ulcer/wound assessment chart in place   Yes   No

Tissue Viability Team involvement   Yes   No

Date assessed:

Treatment plan/advice evident in care plan   Yes   No

Date discharged:

Referral required   Yes   No

Pressure relieving equipment in use   Yes   No

Pressure area care maintained eg turn chart   Yes   No

Care Plan   Yes   No   N/A

Care Plan Last Updated:

Safeguarding Concerns Identified/Substantiated   Yes   No

If Yes please identify in comments below

Comments

NAME	Carefirst ID

Foot Care

Any problems with feet or nails   Yes   No

Podiatrist involvement   Yes   No

Date assessed:

Treatment plan/advice evident in care plan   Yes   No

Date discharged:

Referral required   Yes   No

Care Plan   Yes   No   N/A

Care Plan Last Updated:

Safeguarding Concerns Identified/Substantiated   Yes   No

If Yes please identify in comments below

Comments

NUTRITION

Independent/Supervision   ☐   Dependent   ☐

Nil by Mouth/Artificial Feeding   ☐

Fortified diet   Yes   No

Supplementary feeding   Yes   No

Weight   [   ]   Weight loss/identify amount   [   ]

If unable to weigh, state reason

Alternative measures in place – state

Special dietary requirements (please state):

Nutritional score   [   ]   Risk Level   Low   ☐   BMI
                                                      Medium   ☐   Score   [   ]
                                                      High   ☐

Nutritional Tool Used:

Food chart in use   Yes   No

Dietician involvement   Yes   No

Date assessed:

Treatment plan/advice evident in care plan   Yes   No

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NAME	Carefirst ID

Date discharged:

Referral required   Yes   No

Speech and Language Therapist Involvement Yes   No

Date assessed:

Treatment plan/advice evident in care plan   Yes   No

Date discharged:

Referral required Yes No

Care Plan   Yes   No   N/A

Care Plan Last Updated:

Safeguarding Concerns Identified/Substantiated   Yes   No

If Yes please identify in comments below

Comments

HYDRATION   Independent/Supervision for fluids   ☐

Dependent for fluids   ☐

Intake/output chart required   Yes   No

Care Plan   Yes   No   N/A

Care Plan Last Updated:

Safeguarding Concerns Identified/Substantiated   Yes   No

If Yes please identify in comments below

Comments

MEDICATION Independent   ☐   Supervision/assistance ☐

Concordant   ☐   Non Concordant   ☐

Medication administered covertly   Yes   No   If Yes is this in

accordance with covert medication policy guidelines? Yes   No

Special requirements eg Syringe Driver   ☐

Care Plan   Yes   No   N/A

Care Plan Last Updated:

Safeguarding Concerns Identified/ Substantiated   Yes   No

If Yes please identify in comments below

NAME	Carefirst ID

MEDICATION (Please attach current copy of MARS sheet where available)

List All Medication

Known allergies:

Comments

PAIN – symptom control eg pain, nausea, vomiting, agitation

Symptoms controlled   Yes   No   If No please identify in comments below

Regular Specialist Nurse/Clinician/Therapist intervention Involvement Yes   No

If Yes please specify:

Date assessed:

Treatment plan/advice evident in care plan   Yes   No

Date discharged:

Referral required Yes   No

Care Plan   Yes   No   N/A

Care Plan Last Updated:

Safeguarding Concerns Identified/Substantiated   Yes   No

If Yes please identify in comments below

Comments

HEARING and	Normal	☐	Impaired	☐
VISION	Aids Used	☐		
	Care Plan	Yes	No	N/A

NAME	Carefirst ID

Care Plan Last Updated: Safeguarding Concerns Identified/Substantiated   Yes   No If Yes please identify in comments below

Comments

COMMUNICATION   Normal ☐   Impaired ☐
Able to Indicate Needs   Yes   No Uses alternate communication   Yes   No   If Yes please identify in comments below **Speech and Language Therapist Involvement**   Yes   No Date assessed: Treatment plan/advice evident in care plan   Yes   No Date discharged: Referral required   Yes   No Care Plan   Yes   No   N/A   (please circle) Care Plan Last Updated: Safeguarding Concerns Identified/Substantiated   Yes   No If Yes please identify in comments below

Comments

BREATHING
Difficulty with breathing   Yes   No   If Yes please identify in comments below
Are any of the following required to aid breathing: Please tick where appropriate

Oxygen	☐	Nebuliser	☐	Inhaler	☐
Tracheostomy	☐	Suction	☐	Ventilator	☐

Other: please state:

Regular Specialist Nurse/Clinician/Therapist intervention Involvement   Yes   No

If Yes please specify:

Date assessed:

Treatment plan/advice evident in care plan   Yes   No

NAME	Carefirst ID

Date discharged:
Referral required Yes   No
Care Plan   Yes   No   N/A
Care Plan Last Updated:
Safeguarding Concerns Identified/Substantiated   Yes   No
If Yes please identify in comments below

Comments

ELIMINATION   Bladder   Continent   ☐   Catheter/conveen   ☐
Incontinent ☐   Occasional ☐   Day ☐   Night ☐
Bowels   Continent   ☐   Stoma   ☐
Incontinent ☐   Occasional ☐   Day ☐   Night ☐

Frequency of toileting

Bladder/ bowel problems, eg UTI, constipation: please state

Continence aids used: please state

Continence assessment completed   Yes   No
Date assessed:
Treatment plan/advice evident in care plan   Yes   No
Date discharged:
Referral required Yes   No
Care Plan   Yes   No   N/A
Care Plan Last Updated:
Safeguarding Concerns Identified/Substantiated   Yes   No
If Yes please identify in comments below

Comments

NAME	Carefirst ID

MOBILITY	Independent ☐ Supervision/assistance of one carer ☐
	Dependent on two carers ☐
	Aids/equipment required for moving and handling Yes No If Yes please specify in comments below
	Moving and Handling Risk Assessment completed Yes No If No is an assessment required Yes No
	Pysiotherapist/ Occupational Therapist Involvement
	Date assessed:
	Treatment plan/advice evident in care plan Yes No
	Date discharged:
	Referral required Yes No
	Care Plan Yes No N/A
	Care Plan Last Updated:
	Safeguarding Concerns Identified/Substantiated Yes No
	If Yes please identify in comments below
	History of falls Yes No
	Falls Risk Assessment Completed Yes No
	Falls Co-ordinator Involvement Yes No
	Date assessed:
	Treatment plan/advice evident in care plan Yes No
	Date discharged:
	Referral required Yes No
	Care Plan Yes No N/A
	Care Plan Last Updated:
	Safeguarding Concerns Identified/Substantiated Yes No
	If Yes please identify in comments below
Comments	

NAME	Carefirst ID

MENTAL HEALTH – Memory/Cognition

No memory loss ☐   Short term memory loss ☐

Long term memory loss ☐   Occasionally forgetful/needs prompting ☐

Orientated/disorientated ☐   Confused/wandering ☐

Decision-Making

Have there been concerns with regards to specific decision-making   Yes   No   If Yes

please specify in the comments below

Have the Mental Capacity Act Guidelines been followed   Yes   No

Is this evidenced in the care records   Yes   No

Psychiatrist Involvement   Yes   No

Date assessed:

Treatment plan/advice evident in care plan   Yes   No

Date discharged:

Referral required   Yes   No

Care Plan   Yes   No   N/A

Care Plan Last Updated:

Safeguarding Concerns Identified/Substantiated   Yes   No

If Yes please identify in comments below

Comments

PSYCHOLOGICAL   Mood appears stable ☐   Mood appears changeable ☐

FEATURES   Low mood/depressive illness ☐   Episodes of tearfulness/distress ☐

Episodes of anxiety ☐   Risk of self harm ☐

Experiences hallucinations/delusions ☐

Psychiatrist/Mental Health Services Involvement   Yes   No

Date assessed:

Treatment plan/advice evident in care plan   Yes   No

Date discharged:

Referral required   Yes   No

NAME	Carefirst ID

Care Plan   Yes   No   N/A
Care Plan Last Updated:
Safeguarding Concerns Identified/Substantiated   Yes   No
If Yes please identify in comments below

Comments

Behaviour

Even tempered and consistent ☐   Occasionally agitated/easily resolved ☐

Regularly agitated/easily resolved ☐   Constantly agitated/requiring intensive support ☐

Unusual/disinhibited behaviour ☐

Any identified triggers for identified behaviours Yes   No   If Yes please specify in comments below and detail what action has been taken

Psychiatrist/Mental Health Services Involvement Yes   No
Date assessed:
Treatment plan/advice evident in care plan   Yes   No
Date discharged:
Referral required Yes   No
Care Plan   Yes   No   N/A
Care Plan Last Updated:
Safeguarding Concerns Identified/Substantiated   Yes   No
If Yes please identify in comments below

Comments

11

NAME	Carefirst ID

PROFESSIONAL VISITS

Date	Reason for Visit	Outcome

Is a review by the GP required now?   YES/NO

If Yes please specify why a review is required:

NAME	Carefirst ID

Summary of Assessment/Recommendations/General Observations

NAME OF ASSESSOR
SIGNATURE OF ASSESSOR
DATE

Referrals to the Integrated Safeguarding Unit since 1ˢᵗ April 2012

Type of Abuse	Gender	Numbers
Assault	Female	1
Institutional neglect	Female	1
Neglect	Female	8
	Male	12
Physical	Female	13
	Male	6
Physical/Emotional	Female	3
Physical/Verbal	Female	1
Sexual	Female	3
	Male	1
Verbal	Female	2
	Male	3
Unknown	Female	1
Total		**55**

REPORT TO:	Health Policy & Performance Board
DATE:	6th November 2012
REPORTING OFFICER:	Strategic Director - Communities
PORTFOLIO:	Health and Adults; Children, Young People and Families
SUBJECT:	Health & Wellbeing Strategy
WARD(S):	Borough-wide

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present the Board with Halton's Health and Wellbeing Strategy.

2.0 RECOMMENDATION: T*hat the Board Note the contents of the report and appended Strategy*

3.0 SUPPORTING INFORMATION

3.1 In recent months the Health and Wellbeing Board has been working on the development of a Health and Wellbeing Strategy for Halton. This has involved gathering and analysing information and intelligence from a variety of sources including the Joint Strategic Needs Assessment (JSNA), area health profiles and consultation exercises with partners, local councillors, the public, school children, including special schools and representatives from the council and PCT workforce as well as looking at the emerging priorities from the Halton Clinical Commissioning Group's Commissioning Plan.

3.2 The analysis produced a comprehensive list of health and wellbeing needs for Halton. This list was then prioritised in a transparent way by Halton's Health and Wellbeing Board through the use of a Prioritisation Framework. This enabled the Board to agree 5 priorities for the next 12 months at which stage they will be reviewed and either continued or changed depending on progress.

3.3 This Prioritisation exercise produced five key priorities as follows:

- Prevention and early detection of cancer;
- Improved child development;
- Reduction in the number of falls in adults;
- Reduction in the harm from alcohol; and
- Prevention and early detection of mental health conditions

3.4   Following agreement of the priorities a draft Health and Wellbeing Strategy was developed. This was approved by the Health and Wellbeing Board at its meeting on 12th September and is attached as Appendix 1 to this report.

Vision for Health and Wellbeing in Halton

3.5   As outlined in paragraph 3.1, in developing the Strategy, we have carried out wide consultation with local people. Similar consultation has also taken place in the development of local health and wellbeing areas. These events have provided us with a wealth of information and local knowledge that have not only enabled us to develop our Strategy and a brand for health and wellbeing, but have also helped us to shape our Vision for the Strategy.

Summary of Outline and Content

3.6   The Strategy builds up a picture of need using the wealth of information and intelligence available through the JSNA and local consultation. It sets out the five priorities that the Health and Wellbeing Board have chosen and explains how the Board intends to turn the priorities into action, who will be responsible and how we will monitor our success. There are a number of priority summaries at the back of the report '***The Story Behind the Priorities'*** that explain in further detail why they were chosen as priorities and how they link to national outcomes frameworks.

4.0   **POLICY IMPLICATIONS**

4.1   The Health and Wellbeing Strategy should provide the overarching framework within which commissioning plans for the NHS, Social Care, Public Health and other services which the Health and Wellbeing Board agrees are relevant, are developed.

4.2   The implementation of the strategy at a local level will have direct policy implications for the future delivery of services however until the detail of the strategy is worked through and developed it will be impossible to say exactly what these are at this time.

5.0   **OTHER/FINANCIAL IMPLICATIONS**

5.1   None identified at this time.

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

6.1   **Children & Young People in Halton**
        Improving the Health and Wellbeing of Children and Young People is a key priority in Halton and will continue to be addressed through the Health and Wellbeing Strategy whilst taking into account existing

strategies and action plans so as to ensure a joined-up approach and avoid duplication.

6.2 **Employment, Learning & Skills in Halton**
Employment, Learning and Skills is a key determinant of health and wellbeing and is therefore a key consideration when developing strategies to address health inequalities

6.3 **A Healthy Halton**
All issues outlined in this report focus directly on this priority.

6.4 **A Safer Halton**
Reducing the incidence of crime, improving Community Safety and reducing the fear of crime has an impact on health outcomes particularly on mental health.

There are also close links between partnerships on areas such as alcohol and domestic violence.

6.5 **Halton's Urban Renewal**
The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing and will therefore need to be considered as part of the Health and Wellbeing Strategy.

7.0 **RISK ANALYSIS**

7.1 Developing a Health and Wellbeing Strategy in itself does not present any obvious risk however, there may be risks associated with the resultant action plans. These will be assessed as appropriate.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 This is in line with all equality and diversity issues in Halton.

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

None under the meaning of the Act.

Halton Health and Wellbeing Strategy 2012- 2015

Foreword- Cllr Rob Polhill

Welcome to Halton's new Health and Wellbeing Strategy.

Here in Halton we already have a good track record of partnership working on health and wellbeing issues. Since 2001, the Halton Health Partnership has successfully driven improvements for local people. This new strategy shows how we intend to build on this success and make further improvements.

As a result of the Health and Social Care Act 2012, each local area is obliged to set up a new Health and Wellbeing Board from April 2013. The Board is accountable to local people. Halton's Health and Wellbeing Board has been operating in Shadow form since December 2011 and includes a wide range of members. It has been meeting on a monthly basis to discuss shared priorities and action to improve health and wellbeing in the borough. The Board engages with local people outside of Board meetings.

One of the key responsibilities of the Health and Wellbeing Board is to develop a Health and Wellbeing Strategy to meet the needs of the local population. Our Strategy sets out the vision for Health and Wellbeing in Halton. It is the overarching document for the Health and Wellbeing Board and outlines the current key priorities the Board would like to focus on.

We believe that success in delivering against the strategy can only be achieved by working in partnership with local people. Therefore, in developing the strategy we have consulted with a wide range of Halton residents to ensure that the principles and priorities are reflective of the experience and needs of our local communities. We are also committed to ensuring that this consultation is on-going and we will continue to listen to the views of local people in developing and shaping our action plans.

We also aim to deliver the strategy in partnership with the local community by developing seven Health and Wellbeing Areas, based on the existing Area Forum boundaries. This is in recognition of the different needs that exist across our communities and wherever possible we will be looking to tailor services to meet that need.

As this Strategy demonstrates, improving health and wellbeing will require a collaborative approach and will need to harness the efforts, talents and resources of local people, partners and organisations across the borough.

This Health and Wellbeing Strategy marks a new era for Health and Wellbeing in Halton and sets out the steps we will need to take to bring about real improvements that will change lives for the better.

I look forward to working alongside you all in making it a reality.

Cllr Rob Polhill, Chair, Halton Shadow Health and Wellbeing Board

Executive Summary

The Joint Health and Wellbeing Strategy has been developed by Halton's Shadow Health and Wellbeing Board. It is an overarching Strategy that all other strategies and plans relating to health and wellbeing sit under. It explains what health and wellbeing priorities Halton's Shadow Health and Wellbeing Board has set to tackle the needs identified in the Joint Strategic Needs Assessment.

Informed by our [Joint Strategic Needs Assessment (JSNA)](#) and in consultation with local residents, strategic partners and other stakeholders, we have identified five key priorities to help us to achieve our vision. The five priorities for action are as follows:

- **Prevention and early detection of cancer**
- **Improved child development**
- **Reduction in the number of falls in adults**
- **Reduction in the harm from alcohol**
- **Prevention and early detection of mental health conditions**

The Joint Health and Wellbeing Strategy sets the framework for the commissioning of health and wellbeing services in Halton with a particular emphasis on prevention and early intervention. It does not replace existing strategies, commissioning plans and programmes, but influences them. For example, NHS Halton Clinical Commissioning Group (CCG) will adopt the Strategy as a key document that will shape their commissioning plans In order to make progress against identified priorities.

Integration is key to our strategic approach with all partners working together to deliver: joint commissioning, culture change through community development, training for all staff in how to deliver health messages so every contact counts, development of multi-disciplinary teams and joint advocacy and policy work.

A set of Action Plans will be developed to meet the key priorities. Ultimate responsibility for the monitoring of the implementation of the Strategy and Action Plans against set outcomes and key performance indicators lies with the Health and Wellbeing Board who are accountable to the public.

The Health and Wellbeing Board will also utilise the Health and Wellbeing Areas, based on the existing Area Forum boundaries, to deliver its vision at a community level. The aim of Health and Wellbeing Areas is to work alongside local communities to identify issues specific to that particular area and wherever possible, tailor services to meet the needs of that community. This approach is complemented by the development of the Well Being Practice model by NHS Halton Clinical Commissioning Group and their commissioning intentions to focus provision around local communities.

Vision for Health and Wellbeing in Halton

To improve the health and wellbeing of Halton people so they live longer, healthier and happier lives.

Introduction

Why do we need this strategy?

This new Health and Wellbeing Strategy prioritises the key health and wellbeing needs across Halton, builds on existing best practice and provides a co-ordinated approach to addressing shared priorities.

Why is it important?

• Local Authorities and Clinical Commissioning Groups have an equal and joint duty to prepare a Joint Health and Wellbeing Strategy, through the Health and Wellbeing Board.

• This Joint Health and Wellbeing Strategy is based on evidence of need in Halton as shown by the Joint Strategic Needs Assessment (JSNA)

• It has included extensive consultation with local people including children and young people.

• It is a public commitment to health and wellbeing

• It builds on and consolidates all work already in progress.

2. Principles

The Strategy brings together an analysis of health and wellbeing needs in Halton and identifies key priorities that the Health and Wellbeing Board and other partners will need to focus upon collectively in order to have the greatest impact. The priorities identified are particularly focussed around prevention and early intervention

It sets out the framework for the commissioning of health and wellbeing services in Halton. It does not replace existing commissioning plans, but instead will ensure that these are influenced by the principles and priorities set out in the strategy.

Integration is key to our strategic approach with all partners working together to deliver: joint commissioning, culture change through community development, training for all staff in how to deliver health messages so every contact counts, development of multi-disciplinary teams and joint advocacy and policy work

3. A picture of health and wellbeing in Halton

Halton's population has increased over the last 10 years. The 2001 Census estimated the population to be 118,200. The 2011 Census estimated it at 125,800, an increase of 7,600 residents. This increase has not occurred evenly across all age groups. The most significant increases have been in the 0-4, 45-64 and 75+ age groups whilst the 5-14 age group has decreased.

Health has been improving in Halton over the last decade. Overall death rates have fallen, mostly because of falling death rates from heart disease and cancers. This means that people in Halton are living an average of around two years longer than they were a decade ago. However, they are still not living as long as the national average.
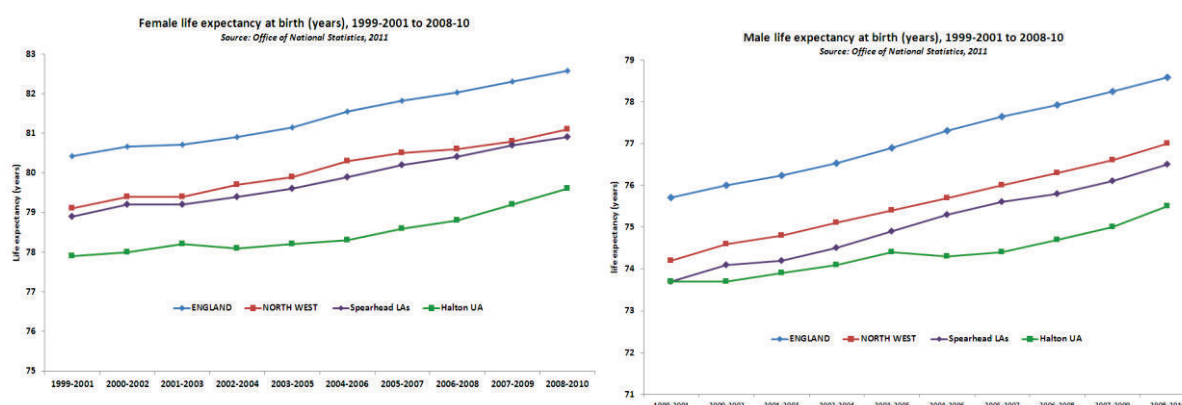
A number of factors have contributed to this. In particular the fall in the number of adults who smoke, as well as how quickly people are diagnosed with health problems, together with improvements in the treatments available. Some of the main improvements and challenges are summarised below.

Improvements:

- Life expectancy has consistently risen for both males and females over time.

- Deaths from heart disease and cancers have fallen.

- The number of adults who smoke has fallen.

- There has been an improvement in the diagnosis and management of common health conditions such as heart disease and diabetes.

- Detection and treatment of cancers has improved.

- The percentage of children and older people having their vaccinations and immunisations has improved.

- The number of adults and children killed and seriously injured in road traffic accidents has reduced.

5

- The percentage of children participating in at least three hours of sport/ physical activity is above the national average.

Despite these improvements, the borough still faces a range of tough challenges.

Challenges:

- There are significant differences (inequalities) in how long people live (life expectancy) across the borough.

- People in Halton are living a greater proportion of their lives with an illness or health problem that limits their daily activities than in the country as a whole.

- The proportion of women who die from cancer is higher in Halton than anywhere else in the country. A lot of this is due to lung cancer caused by smoking.

- Significant numbers of people suffer mental health problems such as depression. 1 in 4 people will develop depression during their life. Mental health problems account for the single largest cause of ill health and disability in the borough.

- As Halton's population ages it is predicted that there will be more people with diabetes. This is also linked to being obese.

- The ageing population will mean more people living with dementia.

- The rates of hospital admissions due to falls are higher in Halton than for England and the North West. Rates are especially high for those over the age of 65. For falls in this age group that result in a recorded injury Halton's rates were the highest in England for 2010-11.

- Due to previous high levels of smoking, it is also predicted that more people will develop bronchitis & emphysema.

- Alcohol and substance misuse continue to create challenges for both the health service and wider society, in particular crime / community safety. Admissions to hospital due to alcohol related conditions continue to rise each year.

- Hospital admissions due to alcohol for those under the age of 18 are amongst the highest in the country (2007-2010 figures). Admissions due to substance misuse (age 15-24 years) were the highest in England (2008-2011 figures).

- Teenage pregnancy rates remain high and have been resistant to change, despite the effort local partnerships have put in. Having a child before the age of 18 can negatively affect the life chances and health of both the parent and the child.

- A range of child health indicators remain poor. Child obesity levels at both reception and year 5 remain above the national average. A greater percentage of women continue to smoke during pregnancy and fewer women start breast feeding than the national rates.

- Halton has high levels of people admitted to hospital as an emergency case compared to the country as a whole and many other boroughs. The poorer parts of the borough have higher emergency admission rates than those that are not as poor.

The Main Determinants of Health
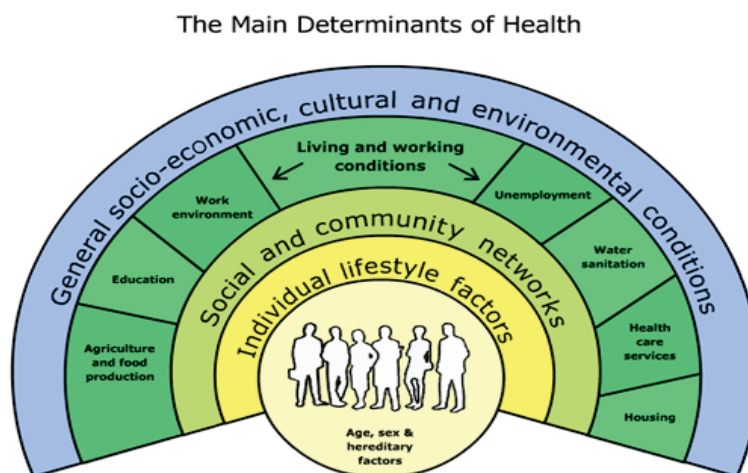
Good access to high quality health services and leading healthy lifestyles (like not smoking, eating sensibly and not drinking too much alcohol) are important. In addition to these, there are a wide range of other issues that affect our health. Known as wider or social determinants of health, they include the conditions of daily life such as housing and the environment, levels of unemployment, educational attainment and the strengths of our social networks.

In Halton

- Nearly three-quarters of respondents in the recent Residents' Survey were satisfied with their local area and most were also happy with how Halton Borough Council runs things.

- Ratings for both Children's and Adult Social Care Services are high. The 2011 Ofsted and Care Quality Commission Inspection of Safeguarding and Looked After Children Services in Halton graded Halton as 'Outstanding' or 'Good' against all 22 criteria, one of the best Inspection reports received anywhere nationally. In 2010, the Care Quality Commission rated Halton's Adult Services as 'Excellent' – one of only three areas nationally to receive this rating.

- There has been improved access to good quality green spaces. All Halton's parks have green flags, a national mark of excellence. All park play areas are smoke-free. This has had high level support from the council, the NHS and local people.

- The percentage of children achieving a good level of development at age 5 was the lowest in England for 2010.

- Unemployment levels are high, especially youth unemployment.

- The proportion of young people obtaining 5 or more grade A*-C GSCEs was 86.6% in 2011. This continues the upward trend that has seen rates rise by 34% since 2005/06 and is well above national and regional averages. Including English and Maths, the figure was 56.3%, a rise of 23% since 2005/06.

- Households experiencing fuel poverty, i.e. having to spend over 10% of their income on heating their homes, have nearly doubled since 2006.

Some members of society are particularly vulnerable to experiencing poor health. Some examples include:

- In Halton, as the number of older people rises, the numbers developing dementia is forecast to rise.

- Those with physical, sensory, or learning disabilities often have poor overall health experience and life opportunities.

- The number of children and adults with learning disabilities is projected to increase over time. This is partly due to better healthcare leading to patients living longer with more complex health needs. The type of care needed is also likely to change over time with more flexible care being required.

- Children who have been in Care tend to have worse states of mental wellbeing and lower educational attainment than children who have not been in Care

- For children and older people alike, accidental injuries are a major cause of emergency admissions to hospital.

4. Priorities and Targets for delivery

What are our priorities for action?

The priorities identified for action by the Health and Wellbeing Board are as follows:

- Prevention and early detection of cancer
- Improved Child Development
- Reduction in the number of fall in adults.
- Reduction in the harm from alcohol
- Prevention and early detection of mental health conditions.

How did we decide on these priorities?

The key themes and priorities to improving health and wellbeing in Halton have been identified using evidence from the Joint Strategic Needs Assessment (JSNA - a detailed assessment of all health and wellbeing needs in Halton). This assessment provided us with a long list of potential priorities to choose from.

Whilst the JSNA provides us with evidence to help us to determine priorities we also know that the skills and experience of local communities are a crucial part of painting a fuller picture of local need. Therefore, in developing our strategy and deciding on our priorities we have consulted with key partners, local people, including children and young people and community groups, to gain their views on the key health and wellbeing priorities for Halton.

We have also taken into account the recent Outcomes Frameworks for Public Health, the NHS, Adult Social Care and the emerging Children and Families. This ensures that it is in line with national as well as local priorities.

All of this information has played an important role in determining our local priorities. Following collation of this information the Board used a Prioritisation Tool to enable them to score the emerging priorities and make evidence based decisions about the priorities they would need to focus upon. A copy of the Prioritisation Tool is available in the Appendices section of the Strategy. It scores the priority against a range of factors including strategic fit, health inequalities, strength of evidence, value for money, clinical benefit and number of people benefitting.

Progress against priorities will be reviewed on an annual basis and further on-going analysis via the JSNA will be used to determine whether these initial priorities are still relevant and continue to reflect need.

5. Turning our priorities into action

In order to tackle our priorities a series of interventions will be needed. These may be services for individuals or communities to use, they may be structural such as improving access to green spaces and local facilities, they may be educational and informative, or they may be about lobbying for change. An example of this was when local people got involved in letting the Government know how they felt about the plans for a ban on smoking in public places.

A set of co-ordinated interventions will be needed for each priority. These will be outlined in a multi-agency Action Plan. All plans will be underpinned by a set of core principles:

1. Have an **emphasis on prevention and early detection/intervention**

2. Maintain quality, cost and resource effectiveness

3. Ensure equity of access, providing appropriate levels of support to meet needs.

4. Be evidence based, e.g. NICE guidance, Marmot Review, and meet quality standards

5. Promote community engagement, using and building local assets and listening to local people

6. Take account of national policy as well as joining up co-dependent local strategies and commissioning plans to avoid duplication. Many behaviours and wider determinants are co-dependent, complement and overlap other strategies.

7. Use the JSNA and other local intelligence (data, surveys, impact assessments and performance) and customer feedback

8. Balance between borough level action and targeting within key settings and the Health & Wellbeing Areas

9. Consider action at all stages of life as appropriate

10. Be innovative where evidence of effective interventions is limited, making sure evaluation is built in from the beginning and outcomes are monitored.

Who will be responsible for making sure it happens?

Ultimate responsibility for the implementation of the Strategy will lie with the Health and Wellbeing Board. However, it will need to employ the expertise of the Health and Wellbeing Board Sub Groups and the wider partnership to ensure this happens.
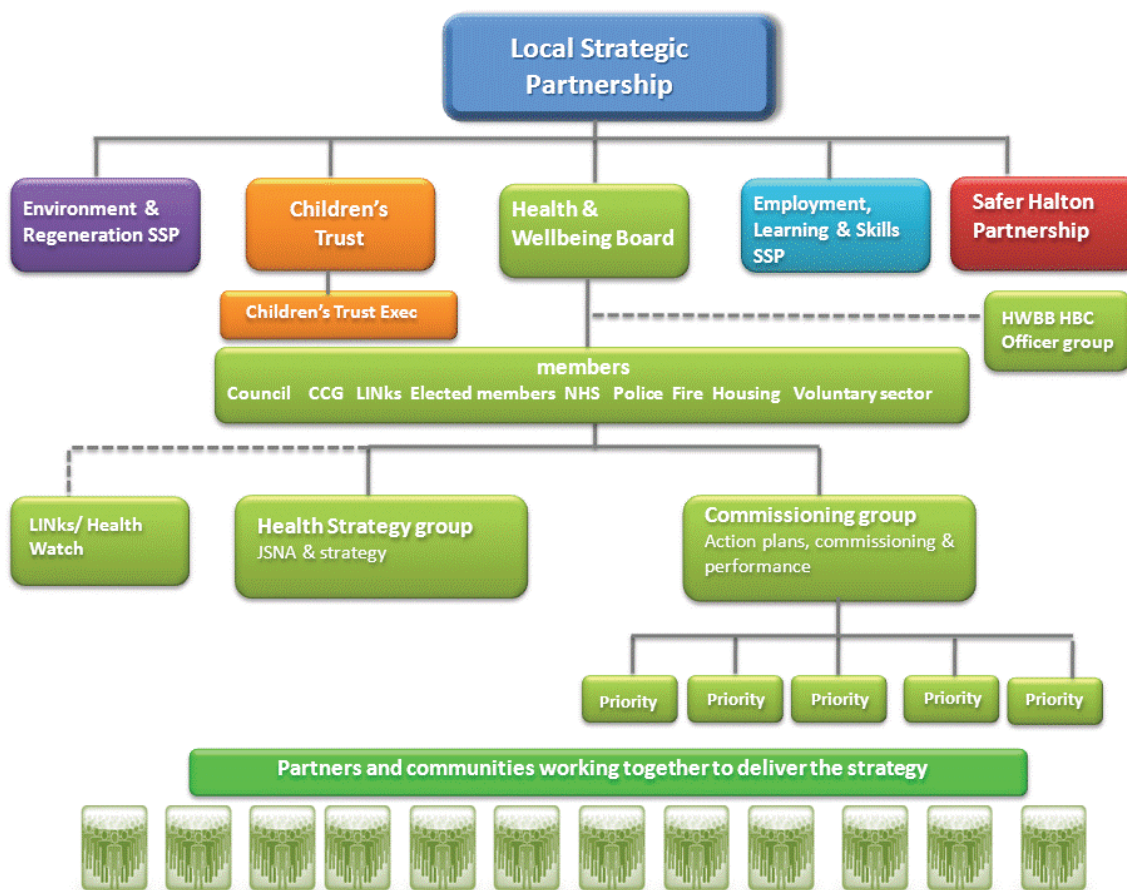
The Board will establish Task and Finish Groups that will be responsible for developing action plans for each one of the priority areas. These groups will feed into the Commissioning Sub Group who will, in turn, co-ordinate commissioning activity to address identified needs.

The Action Plans will detail what will be delivered, by whom, by when and what outcomes can be expected. Where there are already strategies and commissioning plans in place, these will be reviewed and updated as necessary. Once they are agreed by the Health and Wellbeing Board, the Commissioning Sub Group will be responsible for ensuring the plan is delivered and provide progress reports to the Board.

The successful implementation of the Strategy may mean staff working in new ways. All partners will need to ensure the local workforce is trained and enabled to do this. Action plans will need to reflect staff training and development requirements. The Health and

Wellbeing Board will need to form links to the staff development and training functions in both commissioning and provider member agencies to support this.

The Board also recognises that the success of the Strategy will depend upon partnership working in its broadest sense, if we are to achieve the best possible outcomes for everyone who lives or works in Halton. Local residents, statutory, voluntary, community and commercial organisations all have an important role to play in the delivery of the health and wellbeing agenda. This is even more imperative given the challenges brought about by the current economic climate.

Health and Wellbeing Areas

The Health and Wellbeing Board in partnership with Halton Borough Council has developed the concept of Health and Wellbeing Areas based on the existing seven Area Forum boundaries. This is in recognition of the fact that, whilst there are common issues across the borough, there are different needs across communities and one approach does not necessarily meet the needs of all.

The aim of the Health and Wellbeing areas therefore is to work alongside local communities to address specific issues and wherever possible, tailor services to meet the needs of that particular community. This approach will move away from the traditional approach of delivering health and wellbeing services and instead will focus upon a grass roots Community Development approach.

Wellbeing Practices

This approach is complemented by the development of the Well Being Practice model by NHS Halton CCG and their commissioning intentions to focus provision around local communities. GP Practices working as part of the Health and Wellbeing Practice approach will seek to deliver a culture change by enabling their patients to improve their health by accessing local services and facilities, using self-help tools, accessing training and participating in the local community.

6. How will we know if we have been successful?

The Overarching Outcome for the Strategy is *to improve the health and wellbeing of Halton people so they live longer, healthier and happier lives.*

It is important to make sure that real health and wellbeing improvements are delivered through the implementation of this strategy. The best way to achieve this is to use recognised measures to monitor the benefits arising from agreed priority actions.

An 'Outcomes Framework' provides a template of how measures can be used to monitor different priority areas. There are currently a number of recognised outcomes frameworks covering the NHS, Adult Social Care and Public Health. We will use these to inform our overall outcome measures and our performance indicators. As we achieve our desired outcomes we will review our priorities and change them if appropriate.

It is also important that the quality of what we are delivering is monitored to make sure people have a positive experience. Ongoing customer feedback as well as activities such as local surveys and focus groups will be used to monitor current services and see where any improvements need to be made. The discussions that have taken place during the development of this framework should continue throughout the lifetime of the Strategy and to help in the development of the next JSNA and Strategy.

7. Documents used in the production of the strategy

Halton Joint Strategic Needs Assessment (JSNA):

http://www.haltonandsthelenspct.nhs.uk/pages/YourHealth.aspx?iPageId=12569

Health and Wellbeing Consultation report

NHS Outcomes Framework:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131700

Public Health Outcomes Framework: Healthy lives, healthy people: Improving outcomes and supporting transparency:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

Adult Social Care Outcomes Framework:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133334

JSNAs and joint health and wellbeing strategies – draft guidance

http://healthandcare.dh.gov.uk/files/2012/01/JSNAs-and-joint-health-and-wellbeing-strategies-draft-strats.pdf

8. Supporting Plans and Strategies

Tobacco Control Strategy and Action Plan 2012/13

Alcohol 12 Point Plan

Healthy Weight Strategy 2012

Sports Strategy 2012-2015

Cancer Action Plan

Halton and St. Helens Dental Commissioning Strategy 2011

Delivery of Diabetes Services within Halton and St. Helens PCT 2008-2013

Child & Family Poverty Strategy and Development Plan

CCG Plan on a Page

Halton's Sustainable Community Strategy 2011-2026

Children & Young People's Plan

Local Development Framework

Halton Borough Council's Major Emergency Plan

Halton and St Helens PCT Major Incident Plan

Cheshire & Merseyside Joint Outbreak Control Plan 2011-12

Appendix 1

HALTON HEALTH AND WELLBEING PRIORITISATION TOOL

FACTOR	RANKING OF FACTORS	VERY LOW 1	LOW 2	MID SCALE 3	HIGH 4	TOP 5	SCORE SCALE X RANKING
Strategic Fit: **National requirement or NHS Target** as defined in the current Outcomes Framework, CQC Indicators or meeting local needs as defined by the JSNA	High	Not a national requirement or NHS target and not in JSNA	Addresses one target or national requirement but low or no priority in JSNA	Addresses two targets or national requirements or priority in JSNA	Addresses three targets or national requirements or high JSNA priority	Addresses four or more targets or national requirements or very high priority in JSNA	
Health Inequalities: Addressing health inequality or health inequity – i.e. where patients have not had service in the past or have had unequal access or quality of service	High	Does not address an inequality or inequity	Partially addresses an inequality for a very small number of people	Partially addresses an inequality on inequity	Has the potential to make a significant impact on inequalities	Completely addresses an inequality or inequity for a specific group	
Strength of Evidence: How strong is the evidence available for this service in terms of demonstrating a better outcome?	High	No evidence of benefit	There is a limited amount of emerging evidence/small scale or observational study	There is some evidence that the intervention works from at least one controlled study	There is evidence of effectiveness from at least one randomised control trial	There is strong evidence of effectiveness from meta-analysis or randomised control trials	
Value for money	High	No VFM calculations available	More expensive than current service but innovative or new way of working	About the same as current service but will be investing to save	Better than current and clear evidence for making medium and longer term but supported by programme budgeting intelligence	Clear cost benefit ratio and/or good programme budgeting intelligence to support investment	
Magnitude of clinical Benefit: What is the scale of the benefit	High	Negligible improvement in	A small improvement in	Moderate improvements in	Significant improvements in	Large and proven improvements in	

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in terms of Quality of Life improvements, cure, etc		health or life expectancy	health or life expectancy	health or life expectancy	health or life expectancy	health or life expectancy	
Number of people benefiting: How many people are likely to benefit/how many people are affected?	**High**	One person in the borough would benefit	2-99 people would benefit	100-999 people would benefit	1000-4999 people could benefit	Over 5000 people could benefit	
Public acceptability	**Medium**	There is demonstrable evidence that public are likely to find it highly unacceptable	There is evidence that public would find it somewhat unacceptable	There is evidence that public would have no preference on acceptability	There is demonstrable evidence public find it acceptable	There is demonstrable evidence that public would find it highly acceptable and desirable	
Risk of not investing	**Medium**	No risk	Some risk	Risk is fairly high	Risk is high and will affect viability or reputation	Risk is very high as organisation has binding commitment	

Appendix 2

The Story Behind the Priorities

This section details the reasons why our priorities were chosen and how they link to the national outcomes frameworks:

KEY:
PHOF: Public Health Outcomes Framework
ASCOF: Adult Social Care Outcomes Framework
NHSOF: NHS Outcomes Framework
Local: local indicator identified in the JSNA
Some indicators in the national outcomes frameworks are not currently collected. Technical specifications for the indicator and ways of collecting the information locally are currently under review. These are known as Placeholder indicators and are included in this section in *italics*.

The national indicators may be built on, taking account of locally agreed commissioning plans and levels of need.

Health & Wellbeing Priority – Mental Health

What is the issue?

- One in four people attending GP surgeries seek advice on mental health.
- Deaths from suicides & undetermined injuries were *31* (2008-10) *Rate 8.2* (England 7.2, NW 9.07 per 100,000 population)
- The number of people suffering from depression is *11,924* (11.94% GP pop aged 18+). Prevalence compared to regional and national
- Dementia: there is an estimated *1082 people aged 65+ compared to 634 people on GP* register (2010-11) with a diagnosis of dementia
- The rate of hospital admissions due to self- harm for under 18s is high
- The mental wellbeing of Children who have been in Care tends to be worse than children who have not been in Care

Why did we choose it as a priority?

- Highest single cause of ill health in the borough
- Impact it has on a person's ability to lead a full and rewarding life
- High priority identified during public consultation
- Amenable to change through a range of evidence-based interventions to promote mental and emotional wellbeing

- Current economic climate and welfare reforms likely to increase levels of people suffering from mental distress
- Strategic fit with all three national outcomes frameworks

What are we currently doing?

The Primary Care Mental Health Strategy 2009-2012 will require reviewing and refreshing during 2012 but actions from this strategy have already achieved the implementation of a Single Point of Access to adult mental health services and the development of Improving Access to Psychological Therapies (IAPT) services.

A draft strategy for Managing Common Mental Health Problems was presented to the Partnership Boards in July 2011, with actions to ensure people with common mental health problems are diagnosed as early as possible and provided with treatments within primary care whenever appropriate. This means increasing the knowledge and skills within primary care to diagnose depression and having local services that offer people a choice in their treatment.

The national mental health strategy 2011 "No Health without Mental Health" takes a life course approach and prioritises action to increase early detection and treatment of mental health problems at all ages, as well as robust and comprehensive services for people with severe and enduring mental health problems. The strategy promotes independence and choice for people and recognises that good mental wellbeing brings much wider social and economic benefit for the population. All service delivery should be of high quality with a focus on supporting people to self-manage their condition, optimise recovery for the service user and support for carers.

The redesign of services within 5 Boroughs of the Acute Care Pathway and the Later Life & Memory services aims to facilitate faster access to assessment/treatment and to provide care to people as close to home as possible via home treatment and robust community services.

Outcomes: what would success look like?
1. **Improved social and emotional health of the population**
2. **Increased early detection of depression, leading to Improvement in mental wellbeing for people with depression and their families.**

There would be a high level of self-reported wellbeing, with people having happy and fulfilling lives, being able to contribute economically and socially to their own networks and the community as a whole. Those who do experience mental ill health would not feel any stigma attached to the condition and be able to easily and quickly access appropriate levels of professional support to help them recover. Those who do and have experienced mental illness would be able to contribute fully to the community, have good levels of employment in fulfilling jobs. Hospital admissions and deaths due to mental ill health and emotional

distress would be much rarer than they are now. People would live in healthy homes and communities that do not result in them experiencing mental ill health. People with dementia would have good levels of support.

Indicators of success

- Support for women experiencing post natal depression (local)
- Reduced hospital admissions due to self-harm under 18 (PHOF)
- Early detection of depression (local)
- Support people with Dementia, improving quality of local service provision (local)
- Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness (PHOF & NHSOF)
- Improve access to services, training and employment opportunities for those with disabilities and mental illness (PHOF)
- People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation (ASCOF)
    - Proportion of adults with learning disabilities in paid employment
    - Proportion of adults in contact with secondary mental health services in paid employment
    - Proportion of adults with learning disabilities who live in their own home or with their family
    - Proportion of adults in contact with secondary mental health services living independently with or without support
- *Excess under 75 mortality rate in people with serious mental illness (NHSOF & PHOF placeholder indicator)*
- Fuel poverty (PHOF)
- *Emotional wellbeing of looked-after children (PHOF Placeholder indicator)*
- Self-reported wellbeing (based on current measure of seven-item Warwick-Edinburgh Mental Wellbeing Scale) (PHOF)
- Suicide (PHOF)
- *Dementia and its impacts (PHOF Placeholder indicator)*
- Utilisation of green space for exercise/health reasons (PHOF)
- *Social contentedness (PHOF Placeholder)*

Health & Wellbeing Priority – Cancers
What is the issue?

- Death rates for females from all cancers were higher in Halton than anywhere else in England for 2008-10
- Death rates under the age of 75 (often referred to as premature mortality) has been falling. However, rates have fallen at a quicker pace elsewhere so the gap between Halton and England has increased.
- Death rates for males are higher than for females. Also they have begun to rise since 2006-08 after many years of a downward trend
- Smoking rates continue to fall, although they remain higher for routine and manual workers than for the population as a whole.
- Survival rates have been rising
- The incidence (new cases per year) has been rising for both men and women.

Why did we choose it as a priority?

- Highest single cause of death in the borough

- Female death rate highest in England

- High priority identified during public consultation

- Amenable to change through a range of evidence-based interventions to prevent cancers through lifestyle interventions and early detection e.g. through screening

- Strategic fit with the public health and NHS outcomes frameworks

What are we currently doing?

The Cancer action plan is a working document produced by the cancer action group at Halton and St Helens. It lists key strategies to decrease morbidity and mortality from cancer locally. The action plan needs refining but due to the NHS reconfiguration this has remained on hold. A comprehensive action plan is planned with input from HBC/primary care/key stakeholders and members of the public.

Link to existing action plan:

http://www.haltonandsthelenspct.nhs.uk/library/documents/HTSHcanceractionplanapril2011.pdf

Outcomes: what would success look like?
1. **Reduced incidence (new cases) of cancer in the population**
2. **Improved early detection of the signs and symptoms of cancer**

Smoking would be rare and people would eat a healthy diet, take the recommended levels of physical activity, be a healthy weight and protect themselves from the harmful effects of ultraviolet radiation. There would be fewer new cases of cancer developing and when they do they would be picked up in the early stages of development through proactive screening and people coming forward to have symptoms checked out due to a high level of awareness of how important this is. People would no longer feel being diagnosed with cancer is a death sentence.

Indicators of success
- Support healthy lifestyle choices: healthy weight & smoking (PHOF)
- Smoking prevalence – 15 year olds (PHOF)
- Smoking prevalence – adults (over 18s) (PHOF)
- Excess weight in 4-5 and 10-11 year olds (PHOF)
- *Diet (PHOF Placeholder)*
- Excess weight in adults (PHOF)
- Proportion of physically active and inactive adults (PHOF)
- Reduce deaths under 75 due to cancers (PHOF & NHSOF)
- Cancer survival (NHSOF)
    - One and five year survival from colorectal cancer
    - One and five year survival from breast cancer
    - One and five year survival from lung cancer
- *Cancer diagnosed at stage 1 and 2 (PHOF Placeholder)*
- Cancer screening coverage (PHOF)
- Population vaccination coverage (HPV relates to cervical cancer) (PHOF)

Health & Wellbeing Priority – Child Development

What is the issue?

- Data from the national Millennium Cohort study shows that by 3 yrs children in families with incomes below the poverty line are 8 months behind in language and 9 months behind in school readiness compared to those with incomes above.

- The Millennium Cohort data also provides evidence that there are potential modifiable factors, daily reading, regular bedtimes and library visits, which parents can implement and health and social care professionals can recommend to parents in order to improve cognitive development.

- For 2010-11 Halton had the lowest percentage of children achieving a good level of development at age 5 in England.

Why did we choose it as a priority?

- Has a significant impact on child health and wellbeing which remains in to adult life. A poor start in life is associated with poor health outcomes into adulthood.

- Halton has the highest percentage of children who do not reach a good level of development by age 5.

- Amenable to change through a range of evidence-based interventions

- Staff and services in place to bring about change, although may require a different way of working.

- Strategic fit with the public health outcomes framework and Marmot health inequalities indicators for local authorities

What are we currently doing?

There is now compelling evidence to show that what a child experiences during the early years (starting in the womb) lays down a foundation for the whole of their life. This is being reflected more and more in national policy (such as the Allen Report into Early Intervention) and locally in Halton. Halton Children's Trust has a strong focus on ensuring Early Help & Support for all children, young people and families in Halton. The Trust has close links to the Halton Health & Wellbeing Board and its work within Early Help & Support will tie in closely with the Board's focus on Child Development.

The core programme for Child Development in Halton is the Healthy Child Programme. The Programme spans the antenatal period to 19 years of age. All children, young people and their families have a universal set of provision that is provided by multiple agencies in partnership from across Halton. Delivering all Child Development services in partnership ensure the best possible, high quality services for our children, young people and their families at every stage by the most suitable provider to ensure the best start in life.

For the early life stages the focus is on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews supplemented by advice around health, wellbeing and parenting. The older age range, from 5 to 19, is supported through the Healthy Child Programme. This sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing.

Outcomes: what would success look like?

1. **All children would have access to and take up the full Healthy Child Programme**

2. **Improved percentage of children with a good level of development at age 5.**

All parents would feel confident in supporting their child's emotional, physical and social development. This would result in more children ready for school with good levels of development. They would have fewer difficulties talking with and playing with friends or learning in a group or social setting. Fewer children would require support with language, have behavioural problems and are unable to interact with others. More children would behave well and be happy, confident and safe.

Indicators of success
- *School readiness (PHOF Placeholder)*
- *Child development at 2-2.5 years (PHOF Placeholder)*
- Children in poverty (PHOF)
- Support for post natal depression (local)
- Domestic abuse (PHOF)
- Fuel poverty (PHOF)
- *Children achieving a good level of development at age 5 (Marmot indicator)*

Health & Wellbeing Priority – Falls

What is the issue?

- Hospital admissions due to falls in those aged 65+ were one of the highest in the country for 2010-11
- For falls admissions where an injury is recorded they were the highest in England for 2010-11
- The population aged 65+ has risen in Halton in the last decade. The 2001 Census estimated the population aged 65+ to be 47,308. By the 2011 census it was estimated at 53,100.
- Falls can result in a hip fracture. For 2010-11 rates in Halton were slightly higher than the England and North West regional averages but the difference was not statistically significant.
- A&E admissions due to unintentional and deliberate injuries (all ages) were statistically significantly higher in Halton than England and the North West.

Why did we choose it as a priority?

- Hospital admissions due to falls amongst people aged 65+ one of highest in country. Highest in country for admissions due to falls where an injury is recorded (2010-11)

- Impact it has on an older person's ability to remain independent

- Amenable to change through a range of evidence-based interventions to promote mental and emotional wellbeing

- Local service review underway which should facilitate quick improvement in level of falls. This will include assessment of primary prevention activity.

What are we currently doing?

There is an evidence-based Falls Pathway in operation. The Falls Working Group is reviewing current service provision against the pathway. The Royal Society for the Prevention of Accidents (ROSPA) has recently been engaged to assist with the development of a Falls Strategy. These two exercises will determine where any gaps in provision exist, including where service capacity does not meet the levels of need. An initial scoping exercise identified training for professionals was still needed.

The current falls service covers:

1. Prevention – raising awareness for the public and professionals as well as on-going training and support.

    - Training for professionals to raise awareness of the issue of falls and what support is available

    - Support to the APEX postural stability courses (currently a 15 week course delivered by the Health Improvement Team, with a 25 week follow up period).

2. Assessment and service delivery – this covers community, hospital, residential care and domiciliary care.

    - Falls assessments

    - Integrated working to ensure the patient receives the most appropriate care package to meet their needs.

The Falls Working Group has identified that there needs to be greater emphasis of prevention activities to reduce the number of older people having a fall. It has also recognised that there are assessment and service waiting lists in some areas. The pathway review will look at duplication, capacity and multiple referral crossovers as ways of addressing this. The Strategy will support this, enabling the group to look at examples from other areas to elicit learning.

Outcomes: what would success look like?
1. **Reduction in the risk of falls at home amongst older people**
2. **Reduction in hospital admissions due to falls**

Older people would not be at risk of falling. They would live in healthy homes, have regular medication reviews and have any aids and adaptations needed to keep their homes healthy should their health deteriorate e.g. visual impairments. Should people fall, they will receive speedy support by integrated teams what meet their needs fully. This will result in people who have fallen being able to remain independent and not suffer a subsequent fall. Older people would not find themselves having to enter care due to disability caused by falling.

Indicators of success

- Falls and injuries in the over 65s (PHOF)
- Hip fractures in over 65s (PHOF)
- Intermediate care and rehabilitation (NHSOF & ASCOF)
- Improve provision of supported housing (NHSOF)
- Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services (ASCOF)

- Fuel Poverty (PHOF)
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF & NHSOF)
  - *Effectiveness of early diagnosis, intervention and reablement: avoiding hospital admissions (placeholder indicator)*
- *Improving recovery from fragility fractures: The proportion of patients recovering to their previous levels of mobility/ walking ability at i) 30 days and ii) 120 days (ASCOF & NHSOF placeholder indicator)*

Health & Wellbeing Priority – Alcohol

What is the issue?

- Death rates from chronic liver disease, including cirrhosis, were higher in Halton than for England (2008-10) but lower than other comparators.
- Hospital admissions due to alcohol-related conditions continue to rise each year. Local rates are higher than the North West and England average rates.
- Alcohol-specific hospital admissions amongst those under age 18 are much higher than the national and regional averages.
- Alcohol related crimes and alcohol related violent crimes are also worse than for both the North West and England as a whole.
- A significant proportion of cases of domestic violence are alcohol related.

Why did we choose it as a priority?

- Impact it has on a person's ability to lead a full and rewarding life

- Amendable to change through a range of evidence-based interventions to promote mental and emotional wellbeing

- Strategic fit with the national outcomes frameworks

What are we currently doing?

In March 2012, the new National Alcohol Strategy was published. The central themes of the strategy are 'challenge and responsibility', with responsibility shared across Government, industry, the community, parents and individuals. Required outcomes from the National Strategy are:

• A change in behaviour so that people think that it is not acceptable to drink in ways that could cause harm to themselves or others;

• A reduction in the amount of alcohol-fuelled violent crime;

• A reduction in the number of adults drinking above the NHS guidelines

• A reduction in the number of people "binge drinking"

• A reduction in the number of alcohol-related deaths

• A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

The National Alcohol Strategy also includes a range of actions across minimum pricing (consultation required), licensing and off trade including dealing with under 18 sales, public awareness campaigns, a focus on young people and a range of treatment interventions

Despite good progress in this area locally, Halton experiences an unacceptable level of alcohol related harm with significant impact on individuals, families and communities. In 2010/11, the cost to the Local Authority of alcohol related harm per head of population was estimated to be £450 per Head of Population.

A great deal of work has been undertaken to ensure that Halton has a robust, recovery focused adult treatment service (alcohol and drugs) in place to meet the needs of people who are drinking too much or using drugs. This means that locally we are well placed to meet many of the treatment and recovery aspirations of the national strategy. However admissions to hospital are still rising and there is a need to focus on prevention, behaviour change and tackling root causes, working with key partners to reduce repetition and maximise use of resources.

A revised Halton Alcohol Harm Reduction Plan is under development and consultation with key stakeholders is underway to agree priority work streams for 2012-13. This plan also contains the key projects required to realise the objectives. A full set or targets, timeframes and key performance indicators will be developed post consultation/final approval.

A focused local approach is proposed, utilizing a framework of four key thematic areas:

• Facilitate behaviour and culture change.

• Enlist the support of the local communities (including the business community) to tackle our key priorities

• Combine the efforts of the Key partners and Stakeholders to targeted help for those with greatest need

• Support key frontline professionals to identify alcohol problems early, offer an intervention and be supported by a robust care pathway

Outcomes: what would success look like?
1. Reduction in the number of people drinking to harmful levels
2. Reduction in the rate of alcohol-related hospital admissions
3. Reduction in the level of social disruption and harm due to alcohol consumption

Individuals and the local community would not experience the health and wider social impacts of alcohol misuse. People who choose to consume alcohol due to only to recommended levels and not in unsafe environments or circumstances. Children other family members would not become vulnerable/unsafe due to inappropriate alcohol use. Crimes and anti-social behaviour due to alcohol would be eliminated. Alcohol related

hospital admissions and deaths would be rare. People who do experience alcohol related problems through their own or others actions will be able to receive quick and appropriate levels of support to enable a resolution to these problems.

Indicators of success
- Alcohol-related admissions to hospital (PHOF)
- Reduce levels of alcohol misuse (local)
- Admissions due to accidental injuries under 18 (PHOF)
- Under 18 conceptions (PHOF)
- Domestic abuse (PHOF)
- Take-up of Health Checks + (PHOF)
- Anti-social behaviour (local)
- *Violent crime (including sexual violence) (PHOF Placeholder)*
- Mortality from liver disease (PHOF)

REPORT TO:	Health Policy and Performance Board
DATE:	6th November 2012
REPORTING OFFICER:	Strategic Director - Communities
PORTFOLIO:	Health and Adults
SUBJECT:	Learning Disability Partnership Board – Annual Self-Assessment Report 2011/12
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

1.1 To present the Board with the Halton Learning Disabilities Partnership Board Annual Self Assessment Report 2010-11 and outline the process involved prior to its submission to the Learning Disabilities Observatory.

2.0 RECOMMENDATION: That the Board

(1)   Note the contents of the report

3.0 SUPPORTING INFORMATION

3.1 **Background**
The Learning Disabilities Partnership Board Annual Self-Assessment Report was introduced in 2009/10 and whilst completion is optional most Boards including Halton have completed.

The Improving Health and Lives: Learning Disabilities Observatory is collating the 2011/12 assessments on behalf of the Department of Health and will publish response on its website.

Whilst the national and regional infrastructure to ensure progress in delivering Valuing People Now ended in 2011 local authorities are continuing to support the work of the North West Training and Development Team to promote the rights of people with learning disabilities and share good practice across the region.

3.2 **Halton's Self-Assessment**
The self assessment has been completed by relevant officers of the Council and senior managers of NHS Halton & St Helens. Members of the Partnership Board, including senior officers, elected members, people with learning disabilities and family carers had the opportunity to comment on and amend the report prior to its formal sign off by the Co-Chairs, and representatives for family carers and adults with learning disabilities.

The self assessment was submitted to the Learning Disabilities Observatory by the 7th September deadline and a copy is attached as Appendix 1.

4.0 POLICY IMPLICATIONS

A number of strategies/policies have been and will continue to be developed to ensure local delivery of positive outcomes for adults with learning disabilities. These include the local response to Fulfilling and Rewarding Lives: the strategy for adults with autism. Progress will be overseen by the Communities Directorate, Senior Management Team as well as the Learning Disabilities Partnership Board.

5.0 OTHER/FINANCIAL IMPLICATIONS

The report will help inform the shadow Health and /Wellbeing Board, HealthWatch and the Clinical Commissioning Group.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton
Adult social care starts to have contact with children at age 14 when they commence the transition period from Children Services to Adult Social Care. The self assessment and policies referred to in 4.00 above will have a positive impact for these young people with a learning disability in Halton.

6.2 Employment, Learning and Skills in Halton
Valuing Employment Now was published in June 2009 and a number of local recommendations and work priorities were identified to further employment opportunities to offer paid work rather than voluntary placements for people with learning disabilities. This remains a priority within the Partnership Board Business Plan 2011-2013.

6.3 A Healthy Halton
The health of people with learning disabilities is a key national and local priority. NHS Merseyside in conjunction with NHS provider services and the local authority is required to complete a separate annual Health Self-Assessment. Agreement has been reached that this years' submission will be Halton specific (previous years have been across the Halton and St Helens PCT footprint). This will offer a legacy document to the Clinical Commissioning Group.

6.4 A Safer Halton
None identified

6.5 Halton's Urban Renewal
None identified

7.0 RISK ANALYSIS

None identified

8.0 EQUALITY AND DIVERSITY ISSUES

The policies and strategies referred to in 4.0 above address issues of equality and diversity for all disabled adults and young people. These policies extend beyond health and social care to promote the rights of people with learning disabilities to access all mainstream services and be active participants in their local community.

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

Document	Place of inspection	Contact Officer
Valuing People – Department of Health 2001	Runcorn Town Hall	Angela McNamara Divisional Manager Commissioning
Valuing People Now – Department of Health 2009	Runcorn Town Hall	Angela McNamara Divisional Manager Commissioning

**Local Learning Disabilities Partnership Board
annual self assessment report template**

2011/12

Background
- Learning Disability Partnership Boards have now reported annually on their work for two years. These reports give a valuable perspective of work around the country. They show that partnership boards are working to improve services and they show many examples of good practice.
- This document sets out a template for Partnership Board Annual reports in 2011/12 summarising their work in the year to March 2012.

Why complete an annual self assessment report ?
- Local partnership boards can use information from their annual reports to make sure people with learning disabilities are represented in the new health and social care structures.
- The report will help partnership boards give clear information to the new local Health and Wellbeing Boards, HealthWatch, GP commissioners and the new health and social care outcomes frameworks.
- The reports will also make sure that key partners including people with a learning disability and family carers, their support organisations and a wide range of local agencies and providers work together to make sure that the local delivery of positive outcomes for people with learning disabilities continues to be strong.

Changes from 2010/11 template

- Changes from the 2010/11 template concentrate mainly on clarifying detail of the questions. Most changes respond to questions raised in the course of the data collection exercise in 2011.
- The key questions are intended to be straightforward and ask for a broad overall view and headlines rather than extensive detail. Areas can publish wider information on their own websites to provide more extensive context if they wish. In this case they can indicate where this is to be found.

Benefits of local self assessment
- There is clear information on progress locally and where more action is needed on health, housing and employment.
- There is up to date information to use in local learning disabilities delivery plans.
- Information is available for Health and Wellbeing Boards to use in setting local targets and commissioning.
- There is evidence in each area for health and social care outcomes frameworks and Joint Strategic Needs Assessments.
- Information is clear and available to everyone.

What Information to collect
- All information is about the financial year 1 April 2011 until 31 March 2012 unless the report says otherwise.
- Most information asked for will already be collected by councils and health services, so ask local learning disability leads in councils and PCTs first.

Who can access the annual self assessment reports?
- All local partnership boards are being encouraged to enter the key details of their reports on the Learning Disabilities Observatory website. (We The Observatory is funded by the Department of Health for three years (March 2010 to March 2013) to collect and publish information on the health and care of people with learning disabilities.
- All partnership board report details received by the Learning Disabilities Observatory will be published on the Observatory's website – www.ihal.org.uk
- The Observatory will be publishing two reports based on the returns as it did on the 2010/2011 reports, one documenting the numbers, yes/no questions and RAG ratings, the other exploring the content of the text answers.
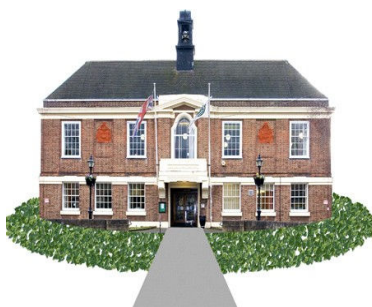
0.1 Name of learning disability partnership board: **Halton Adult with Learning Disabilities Partnership Board**
0.2 Website address (if available):
0.3 Name of Local Authority: **Halton Borough Council**
0.4 Name of Primary Care Trust/s: **NHS Halton and St Helens part of NHS Merseyside PCT Cluster**
0.5 Name and contact details of partnership board lead officer: **Liz Gladwyn Email: liz.gladwyn@halton.gov.uk Tel: 0151 511 8120**
0.6 Details of local website where more extensive detail can be found (optional) **www.halton.gov.uk**

1.Local picture

1.1 Does your JSNA contribute to your understanding and commissioning plans for achieving Value for Money**?**

Yes	**X**
No	
Not Answered	

If yes, state the key actions that are planned to achieve value for money in services commissioned / planned for people with learning disabilities:

If Yes:

- Action 1 *(1000 characters max)*:
Develop a more effective range of community based support (The Model of Care) to offer person centred support to enable people to remain in their own homes and avoid hospital admissions. When admission to assessment and treatment beds is required, a fair, personal, effective and safe in-patient service will be available.

A key element of the model of care is a shift of resources from hospital based services into community based support and includes the establishment of the Positive Behaviour Support Service. The service is engaging with families and service providers to develop better support for adults and children with learning disabilities and/or autism spectrum conditions who challenge services. Increased availability of appropriate local services will offer people with complex needs and their families, improved outcomes and reduce the number of people having to access distant specialist placements.

- Action 2 *(1000 characters max)*:
Earlier identification of and planning with older families not known to services that may require support in response to changing family circumstances.

By reaching out to these families and offering early intervention and preventative support, they can be helped to maintain their caring role. Through building relationships with these families, plans can be put in place to respond to urgent situations such as carer's admission to hospital. It also means that support is available from people known to be cared for to support them through stressful periods in their lives, such as carer's absence through ill health or bereavement. This planned response offers reassurance to families and minimizes disruption for the cared for.

If no – state plans to meet this requirement:

- Plan component 1 *(1000 characters max):*

- Plan component 2 *(1000 characters max)*:

1.2 Please enter the number of adults and young people with a learning disability who are known to the Local Authority social services as at 31 March 2012 in the following age and gender groups, also the number of them who belong to a minority ethnic group. You should include all whether or not they are receiving any services and whether or not they have been recently reviewed.

		Number	Number belonging to a minority ethnic group
Age 14 to 17	Male	115	2
	Female	47	2
Age 18 to 64	Male	221	3
	Female	173	3
Age 65+	Male	18	0
	Female	19	0

Note – in age group 14 to 17, include all young people in this age band whether known to the local education authority (i.e. having a Special Educational Need comprising Moderate, Severe or Profound/Multiple learning difficulty at School Action Plus or Statement level) or to social care or children services or any combination of these.

1.4 What are the top 3 priorities relating to people with learning disabilities highlighted in your JSNA ?

Priority 1 *(1000 characters max)*:
Physical Health Needs: Adults with learning disabilities generally suffer poorer physical health than the general population, experience health inequalities through difficulties in accessing generic healthcare and screening programmes and have a shorter life expectancy. To address this issue a number of key actions have been highlighted:

- Ensure GP practices are offering high quality health checks and encourage people to get their health checked and develop health action plans
- Improve access to universal health services and screening programmes
- Develop a more effective range of community support services to enable people to avoid hospital admissions and, where this is not possible, to provide a fair, personal, effective and safe in-patient service

- Improve data collection on health needs and record onward referrals to inform future commissioning and development of services

Priority 2 *(1000 characters max)*:

Life Opportunities: It is important that people with learning disabilities have a range of life opportunities that enable them to be fully integrated members of their local community. In particular that there is a need to:

- Increase training and employment opportunities
- Develop effective community based local support for those who challenge services
- Provide information and advice to people with learning disabilities and their families on routes to housing
- Ensure robust processes are in place to identify and begin planning the transfer to adult services with young people and their families
- Ensure promotion of safeguarding, complaints processes and anti-bullying are ongoing and use a range of creative methods to get the message across

Priority 3 *(1000 characters max)*:

Ageing Population: The JSN recognises that the learning disabilities population is ageing and this presents local services with particular issues:

- Consider people's changing needs as they move into later life
- Earlier identification and planning with older families not known to services that may require support in response to changing family circumstances

It has recently been agreed by the JSNA lead and commissioners that the physical, sensory and learning disabilities chapter should be reviewed during the financial year 2012-2013 and split to consider physical disabilities, autism and learning disabilities separately. The exact reconfiguration is still under discussion. The need for a separate needs assessment on learning disabilities is being considered as part of this.

1.5   What is the local budget for services for adults with a learning disability? SPECIFY as thousands of pounds.

	2010/11 [£k]	2011/12 [£k]
Personal social services budget for people aged 16-64 with learning disability. This should include all the spending identified in Personal Social Services Expenditure returns, but also spending on people aged 65 and over who have required social care for a learning disability before reaching the age of 65.	£ 15m	£16m
Health care budget for people with learning disability. This should include to the total figure identified in Programme Budgeting returns programme category 6 (problems of learning disability) plus the amount spent in programme category 22 (social care) where the reason for the social care requirement is learning disability or problems directly arising from it.	£2.7m	£2.7m
How much of the money from each is combined in a pooled budget (under S75 of the 2006 NHS Act)? Do not include Delegated budgets under s76 or s256	£8.42m	No Pool
	£3.54m	No Pool

1.6   Personalisation

How many adults aged 18 and over with learning disabilities (known to social care) have a personal budget?

Year	Number of adults with Personal Budgets
2009/10	5
2010/11	17
2011/12	**202 (Direct Payment & Virtual**

1.7 Do children's services offer personal budgets?

Yes	**X**
No	
Not Answered	

1.8   How many young people aged 16 or 17 receive direct payments?
Andrea Holland

Year	Number of young people aged 16 or 17 receiving direct payments
2009/10	29
2010/11	26
2011/12	**6**

2. The health of people with learning disabilities

2.1 Did you complete the regional health self-assessment and performance framework for **2011**?

Yes	**X**
No	
In progress	
Not Answered	

Where can it be found? Please provide website or lead contact details:

- Contact lead email address: **chris.bean@hsthpct.nhs.uk**

- Website URL: **http://www.haltonandsthelenspct.nhs.uk**

2.2 If you have answered 'in progress' or no, indicate when you expect this assessment to be started and/or completed

- Anticipated start date: **n/a**

- Anticipated end date: **n/a**

2.3 If you answered yes to question 2.1.1, please complete the following summary table based on the results of that assessment. This should show the total number of detailed targets standards in each section scored at each level. (Note this is the 2011 Self-Assessment template, not the 2012 template)

RAG rating	Red	Amber	Green
1. Campus closure (2 standards)	1	0	1
2. Health inequalities (9 standards)	4	5	0
3. Safeguarding (4 standards)	1	2	1
4. Local commissioning (VPN)	3	5	3

2.4   Health checks.   How many adults with learning disabilities were eligible for an annual health check, and how many received one?

The LD Observatory will provide data to pre-populate the rows from 2009/10 to 2010/11

Year	Eligible	Received
2009/10	118	79
20010/11	582	173
20011/12	1,596	524

The 2011/12 figure includes number of people eligible for health checks for Halton and St Helens combined.

2.5   Please give details of the overall headline health needs of people known to services - from regional health self-assessment and performance framework.

(max 2000 characters):
The health needs of adults with learning disabilities in Halton are wide ranging and reflect those identified in national policy, including the SAF performance framework. The focus since publication of Valuing People Now has been health checks, health passport and redesign of specialist health services (including development of Positive Behaviour Support Service).

Commissioners are working with colleagues in Public Health to refresh the JSNA and have decided to undertake a specific Needs Analysis for health, which will inform the overall chapter on learning disabilities. It is hoped that the work around data (see below) will be able to be included in the Needs

Analysis.

In order to drive forward transformation of service the health sub-group [Healthcare for All] has identified the following priorities for 2012/13:

1. **Health Checks**
2. **Health Passport**
3. **Health Action Plans**
4. **Mental Capacity Act (MCA)**
5. **Communications**

In addition to the above priorities, the commissioners (health and social care) are working through the Self Assessment Framework (SAF) to:

1. **Review performance and evidence against other boroughs to identify areas where adoption of best practice will improve health outcomes, and the scores of SAF in 2012**

2. **Work across health and social care services to drive the necessary transformation of services as per Valuing People Now**

The health commissioner is currently also focusing on:

1. **Data gaps – as per IHaL report [NHS Data Gaps for Learning Disabilities. The information the NHS needs to monitor the health and healthcare of people with learning disabilities]**

2. **Visual Impairment – as per IHaL report [The Estimate Prevalence of Visual Impairment among People with Learning Disabilities in England]**

3. **Acute Liaison Nurse – as per Getting it Right Charter (Mencap)**

4. **Strategic Health Facilitator – as per DH guidance**

5. **Winterbourne View Hospital – as per reports published by DH, CQC and IHaL on 25th June**

2.6 Identify up to 4 local programmes/ developments supporting better health which have had the most positive outcomes (include headlines website URL for more information, and lead contact details to share best practice):

	Headline *(up to 250 characters)*	Website location	Contact name	Contact email address
1	**The adoption of the health passport and development of a mini health passport, which will support adults with learning disabilities when accessing all healthcare services**	**To be included on CCG websites, which are in development**	**Chris Bean**	**chris.bean@hsthpct .nhs.uk**
2	**The development of a Positive Behaviour Support Service (PBSS) for adults and children with learning disabilities, whose behavior challenges services. The service is hosted by Halton Borough Council and has been operational since summer 2010**	**To be included on CCG websites, which are in development**	**Chris Bean**	**chris.bean@hsthpct .nhs.uk**

3	The redesign of specialist healthcare services for adults with learning disabilities, with shift from in-patient assessment and treatment to community based services	To be included on CCG websites, which are in development	Chris Bean	chris.bean@hsthpct.nhs.uk
4				

3. Where people live

3.1 Do you have a comprehensive learning disability housing needs analysis that is part of the local authority housing strategy?

Yes	X
No	
In progress	
Not Answered	

3.2 If you answered yes, is this part of the local Joint Strategic Needs Assessment (JSNA)?

Yes	X
No	
Not Answered	

11

3.3 The number of people with learning disabilities living in their own home or with family. This includes the following categories:
- Owner Occupier/Shared ownership scheme (where tenant purchases percentage of home value from landlord)
- Tenant – Local Authority/Arms Length Management Organisation/Registered Social Landlord/Housing Association
- Tenant – Private Landlord
- Settled mainstream housing with family/friends (including flat-sharing)
- Supported accommodation/Supported lodgings/Supported group home (accommodation supported by staff or + resident caretaker)
- Adult placement scheme
- Approved premises for offenders released from prison or under probation supervision (e.g., Probation Hostel)
- Sheltered Housing/Extra care sheltered housing/Other sheltered housing
- Mobile accommodation for Gypsy/Roma and Traveller community

The LD Observatory will provide data to pre-populate the rows from 2009/10 to 2010/11 from ASC-CAR published data

Year	Number
2009/10	298
2010/11	330
2011/12	304
2012/13 (projected)	304

3.4 Amount of overall learning disabilities social care spend (as thousands of pounds) used to fund residential and nursing home placements. Give gross amounts (as thousands of pounds), including total spend by local authority, PCT contributions (if any) and (where known) self-funded contributions.

Year	Number
2009/10	£2,734
2010/11	£2,826
2011/12	£3,183
2012/13 (projected)	£3,341

3.5 Please give data to show total numbers of people (known to health and/or social care) living outside the local authority area:

Type of accommodation	Number	Total Annual Cost in £k
In registered care home settings	9	£1,011m
In nursing home placements	1	£56k
In supported living	8	£337k
Other please state below	0	0

3.5.9 Specify other types of accommodation reported in table 3.5
    (250 chars max)
Not Applicable

3.6 Number of young people (aged 14-25 years) in out of area residential specialist education placements?
    8

3.7 State the number of current ordinary residence disputes in which the LA or the PCT is a party. This should include all disputes where the authority is formally in contact with another authority irrespective of whether the dispute has been escalated to a dispute resolution process.

As a placing authority	As a host authority
1	0

3.8 Specify how the total gross spend on accommodation is divided between the following types of providers. The total of these figures should be the same as the total of the figures at 3.4 (above)

	Pounds (£k)
In house (Local Authority)	£119
3rd sector / charities (not for profit)	£2,041
Private/ independent sector (for profit)	£1,006
Other (please specify in 3.8.5 below)	£17

3.8.5 Specify other sector referenced in 3.8 above
    (max 1000 characters):

Adult Placement

3.9 Do you have a current local housing plan to support more people into supported living?

Yes	X
No	
Not Answered	

3.9.2 If yes how many people will move into supported living during the next 3 years? *(estimated number):* **30**

3.10 Describe the outline of your local housing plans for people with learning disabilities during the next 5 /10 years
(2000 characters max):

Property Pool Plus the Merseyside Regional choice based lettings system went live in the Borough in June 2012. This offers greater transparency in housing choice by enabling those registered for housing to view available properties and their level of priority. Support is available to help navigate the system.

The learning disabled population in the Borough is ageing and current accommodation options are becoming unsuitable as their needs change. This has led to increased demand for more accessible properties for shared supported living and there is a shortage of this type of property in the Borough. The Council has identified capital investment to contribute to the increased costs of building this type of property and is working in partnership with Cosmopolitan Housing Association on plans for 10 new bungalows built to lifetime homes standards on three sites.

Consultation on Halton's Core Strategy has been completed and the strategy will be adopted in autumn 2012. It includes proposals to encourage developers to adopt the lifetime homes standards on all new build housing to meet the demands of an ageing population.

In addition, the Affordable Housing Policy requests developers to incorporate a proportion of affordable properties in new estates and ensure that there is a suitable mix of properties including those that meet the needs of vulnerable adults.

The need for increased provision of Extra Care Housing has been recognised to meet the demands of an ageing population and support people in their own homes avoiding admission to residential care. Two new build schemes will be opening in 2012 and 2013 offering a total of 137 units, which are a mix of shared ownership and rental properties.

During the year the Council subscribed to Housing Options. This has proved a valuable resource for professionals to check current advice on a

range of housing and tenancy related issues. Housing Options have also visited Halton to give expert guidance on housing related matters to both professionals and families.

3.11 Give a summary of up to 4 best practice initiatives and / or plans to support changes in local housing provision and use of resources. Here give headlines, with website address for further details of initiatives, lead contact names and email addresses.

	Headline *(up to 250 characters)*	Website location	Contact name	Contact email address
1	**New build accessible bungalows**	http://members/documents/g4017/Public%20reports%20pack,%2012th-Jul-2012%2014.00,%20Executive%20Board.pdf?T=10	**Liz Gladwyn**	**liz.gladwyn@halton.gov.uk**
2	**Housing Options for Disabled Adults –** An accessible guide about different types of accommodation and support and how to plan to get a home. This was developed in consultation with self-advocates	**Not yet available**	**Liz Gladwyn**	**liz.gladwyn@halton.gov.uk**
3				
4				

4. Employment

Work Place

4.1 Please show the numbers of people with learning disabilities in paid employment (including being self-employed) known to local authorities

LD Observatory will provide data to pre-populate 2009/10 to 2010/11 from ASC-CAR returns

Category	2009/10	2010/11	2011/12	2012/13 (projected)
Working as a paid employee or self-employed (Less than 16 hours per week) and not in unpaid voluntary work	30	30	32	32
Working as a paid employee or self employed (16 hours or more per week) and not in unpaid voluntary work	0	0	0	0
Working as a paid employee or self-employed and in unpaid voluntary work	15	15	14	14
In unpaid voluntary work only	65	70	75	72

4.2 Do you have an up-to-date local employment strategy for people with learning disabilities?

Yes	
No	X
Not Answered	

4.3 Are you implementing a plan for each young person aged 14-25 to get a job when they leave education? Evidence for this could include:

- People getting paid jobs or self-employment when they leave education;
- Young people doing meaningful work experience in community-based settings;
- Support for young people to do paid evening and weekend jobs;
- Supported employment agencies working with schools for age 14;
- Person-centred transition planning with an employment focus as per *'How to guide: learning from the Valuing People Now employment demonstration sites', HMG, March 2011* www.valuingpeoplenow.dh.gov.uk/webfm_send/463

Yes	X
No	
Not Answered	

4.4 What is the total gross local authority spend (in thousands of pounds) on day services for people with learning disabilities (including any contributions from the PCT and from self-funder contributions of which the local authority is aware). Include any directly related spend on transport. [£k]
£2,108K

4.5 What is the total gross local authority spend (in thousands of pounds) on supported employment for people with learning disabilities (not deducting any income from self-funder contributions). [£k]
Included in 4.4 (excludes comfort funds)

4.6 Give a summary of up to 4 local models/ programmes which have been used in your area and which have successfully supported people into employment. Here give headlines, with website address for further details of initiatives, lead contact names and email addresses.

	Headline *(up to 250 characters)*	Website location	Contact name	Contact email address
1.	**Country Garden Catering is part of the Halton Community Services businesses and provides work opportunities for adults within the borough with disabilities. Country Garden Catering has the franchise to run 3 Community Cafes in Norton Priory Museum, Murdishaw Community Centre and Dorset Gardents. In the past year a Micro-Brewery, Tea Room and Ice Cream Parlour have been added to the catering franchise. The key aim is to equip previously disadvantaged people with the appropriate catering/brewery skills so they can compete alongside the rest of the local population of a working age, in the job market.**	www.halton.gov.uk	**Eileen Clarke**	**eileen.clarke@halton.gov.uk**

| 2 | **Altered Images Hairdressing Salon is also part of the service and is a working salon based in Runcorn. The salon offers people with a disability (trainee stylists) the chance to work in an authentic salon and learn an adapted form of the City & Guilds qualification. Four trainee stylists work in the salon each day and gives them the opportunity to learn a skill and the ethics of work. The long term aim is for a trainee stylist to find employment in a commercial salon once they have achieved all the learning outcomes.** | www.halton.gov.uk | **Eileen Clarke** | **eileen.clarke@halton.gov.uk** |

3	ShopMobility is another business which has been set up and offers a wide range of opportunities for its workers to learn the craft of customer care and reception duties. ShopMobility is a valuable resource for the local economy as it enables the general public with mobility issues, retail access with the additional benefit for its workers, that they are learning a trade and are valued for their role. The shop is open 6 days a week to meet the demands of the customer. The success of the ShopMobility has resulted in the business expanding to Widnes were a branch has recently opened. Based on the same principle as the Runcorn branch, the shop can accommodate 3 customer care trainees per day supported by staff, the trainees are involved in all aspects of running the shop, the duties are shared so all have an opportunity to learn, we focus on what people can achieve as opposed to what they cannot.	www.halton.gov.uk	Eileen Clarke	eileen.clarke@halton.gov.uk
3		www.halton.gov.uk	Eileen Clarke	eileen.clarke@halton.gov.uk

4	Supported Employment is a local provision for people with disabilities or health related conditions who need support improving their employability skills. After referral, an assessment can be made to identify candidate's previous work history, education and qualifications and also any barriers preventing them from gaining employment. Working with partnership organisations', candidates can be referred to improve their skills via education or training, suitable work experience or employment opportunities can be sourced to match an individual's skill and ability. Ongoing in work support can also be provided to help an individual remain in sustainable employment.		Mike Fredson	mike.fredson@halton.gov.uk
4			Mike Fredson	mike.fredson@halton.gov.uk

5.   Other local developments/ good practice of note

Briefly highlight any other developments / good practice that you would like to highlight for sharing, including lead persons contact details (this may include regional and locally agreed priorities). It would be very helpful to show good practice which involves family carers :

The local self-advocate support group ran a number events about Hate Crime, Staying Safe and Abuse. The latter focused on explaining different types of abuse, how to recognize it and how to be confident enough to report it. Comments made relating to local transport have been followed up by the Council with local bus companies. A self-advocate has been invited to sit on the Local Transport Partnership.

Halton Speak Out also held a Positive Outcomes for People conference in June 2012. This conference looked at the amount of support people with learning disabilities receive, to remain independent but also look at the best use of limited resources.

Give a summary of up to 4 other local developments or good practice that you would like to highlight for sharing. This may include regional and locally agreed priorities). It would be very helpful to show good practice which involves family carers.

Here give headlines, Outlines (up to 1000 characters) and website address for further details of initiatives, lead contact names and email addresses.

	Headline (up to 250 characters)	Outline (up to 1000 characters	Website location	Contact name	Contact email address
1	The Positive Behaviour Support Service (PBSS) takes referrals to work with children and adults with learning disabilities and/or autism specific conditions who are the most challenging.	This service is hosted by Halton Borough Council and works across both health and social care in the boroughs of Halton, St Helens & Knowlsey. It is a specialist service of accredited Behaviour Analysts who work collaboratively with the individual, their family and front line service staff and other professionals to develop more bespoke (person centred) active support approach. The overall aim of the service it to reduce the frequency, intensity and duration of challenging behavior of people with a learning disability and this is achieved by ensuring a consistent approach across both formal and informal support. The service works across all age groups through specialist arms for Children and Adults	http://moderngov.halton.gov.uk/documents/s24914/Positive%20Behaviour%20Support%20Service%20PPP.doc.pdf	Maria Saville, Principal Manager, Positive Behaviour Support Service	maria.saville@halton.gov.uk

| 2 | In 2011, Halton Borough Council commissioned the National Autistic Society to conduct an independent and objective strategic review of service provision in Halton for children and adults with Autism (including Asperger's and Autism and Learning Disability) incorporating recommendations for further developments. | The NAS review has highlighted areas of good practice within Halton Borough Council's current provision, the recommendations will enable the Council to continue to develop an Autism Strategy across both Children's and Adults service, as well as Members (Councillors) led Scrutiny Review of Autism for Adults. The Autism Strategy and Member's review have developed action plans to continue to develop services within Halton for those with Autism. The overall aim of the Autism Strategy is to ensure that children and adults living in Halton will have access to effective/ appropriate diagnosis, assessment and services for supporting those with autism spectrum conditions. All statutory guidance will be adhered to in order to ensure that | http://moderngov.halton.gov.uk/documents/s25592/Draft%20Scrutiny%20Review%20Autism%20June%202012.doc.pdf | John Williams – Commissioning Manager (Learning Disability, Autism and Transition Lead) | john.williams@halton.gov.uk |

		Services are fit for purpose.			
3	The Market Garden is another business venture set up by Halton Communities Services for people with disabilities.	The Market Garden operates across the borough its portfolio includes Hough Green Park, where a section of the park is dedicated to the growth of vegetables, plants & compost. Hale Road allotment, Mylers Meadow fruit farm and the raised vegetable and plant area at the Independent Living Centre. The key tasks involve a wide circle of people of differing levels of disability who are engaged in all aspects of growth and maintenance, the home grown fresh produce is sold to Country Garden Catering. The Market Garden offers people with a disability an opportunity to see the fruits of their labour as they tend to the produce, maintain the grounds and have developed work force skills. There is also a chicken farm that	www.halton.gov.uk	Eileen Clarke	eileen.clarke@halton.gov.uk
3			www.halton.gov.uk	Eileen Clarke	eileen.clarke@halton.gov.uk

| | | erected and was maintained by MG Groundwork's. Chicken husbandry is conducted by people with more complex support needs, the free range eggs collected are sold to Country Garden Catering and to Cup Cake Confectionary, which also sell their produce to the cafes.

Over a period of a week approximately 20 people per day are responsible for the Market Garden and its produce, it is intended that once skilled, people will find employment linked to this area of work. | | | |

| 4 | Halton Speak Out have been commissioned to set up a three year Jigsaws for Jobs project. The aim is to work with young people with learning disabilities to get real work and be in control of their lives and future. | Jigsaw for Jobs will start working with 15 young people in their last three years of school. All the people who have the job of helping people to find work in Halton, need to work together with the person and their family. In Jigsaws for Jobs, each piece of the jigsaw will show all the people involved and the jobs they are going to do. When everybody works on their piece of the jigsaw, they will be supporting young people with learning disabilities into paid work or on courses leading to paid work. Each person will have a person centred review meeting to help them to start thinking about work they would like to do. They will have support to think about what they are good at and things they enjoy doing. | http://brightsparkshalton.files.wordpress.com/2012/02/jigsaws-for-jobs-lores-pdf.pdf | Mal Hamspon | hampsonmal@aol.com |

6. Declaration/ agreement

Name of Partnership Board:

We confirm that we have been engaged in the completion of the annual report and confirm the data and information given in this report are accurate (as far as is known) and that this report has been agreed by Board members.

It was formally agreed at a meeting of the Partnership Board on:

Signed (Co- chairs):

……………………………………………………………… **Cllr Marie Wright**

Print full name

………………………………………………………………. **Adam Stringer**
Print full name

On behalf of members with a learning disability : Minister of People's Cabinet

Signed :

Print full name :

Comments :

On behalf of members who are family carers : Mr Hines or Mr Tottle

Signed :

Print full name

Comments :

To improve access to information and to share best practice you may wish to publish your report on the Learning Disabilities Observatory funded by the Department of Health to collect information on the health and care of people with learning disabilities. The website is at www.ihal.org.uk.

Please complete your report online (a link will be sent to you in June 2012). Otherwise send your completed report or a link to the report on a local website to the following email address: partnershipboardreport@ihal.org.uk

If you have any queries, please send a message to this email address, or contact Professor Gyles Glover, Co-Director of the Observatory on: 0191 334 0400.

Please upload your report by **7 September 2012.**

REPORT TO: Health Policy & Performance Board

DATE: 6 November 2012

REPORTING OFFICER: Strategic Director - Communities

PORTFOLIO: Health and Adults

SUBJECT: Complex Care : Business Case 2013 – 2015

WARD(S):   Borough-wide

1.0   **PURPOSE OF REPORT**

1.1   The report presents the Board with details of the Business Case outlining the mechanisms of how pooling health, social care resources and the alignment of systems will improve the quality and efficiency of meeting the needs of people with complex needs.

2.0   **RECOMMENDATION: That the Board: Note the contents of the report and associated Business Case (Appendix 1).**

3.0   **SUPPORTING INFORMATION**

3.1   Members of the Board will be aware that a pool budget arrangement with the Clinical Commissioning Group has previously been discussed with the Board. The current processes in place associated with the provision of services to Adults with complex needs are fragmented and continue to present challenges in achieving not only a whole system co-ordinated approach to the assessment and provision of services for people with complex needs, but also offering value for money especially in the current financial climate.

3.2   The development of a Section 75 Partnership Agreement between the Local Authority and Halton's Clinical Commissioning Group (CCG) in respect of Complex Care would build upon Halton's already well-established history of joint/partnership working in association with pooled budget and robust financial/performance management arrangements. An example of which is the current Intermediate Care Pooled Budget arrangements which have been in existence for 5 years.

3.3   The Business Case which is attached outlines the rationale and national/local context in which this proposal was made was prepared in conjunction with colleagues from Halton's CCG and was presented and agreed at the CCGs Governing Body on 20th September 2012 and Executive Board on 4th October 2012.

4.0 **POLICY IMPLICATIONS**

4.1 New policies and procedures would need to be developed to ensure that the pooled budget arrangement for continuing healthcare will operate effectively in accordance with the principles and processes of the National Framework for NHS continuing healthcare and NHS-funded nursing care.

4.2 A task and finish group will be established to fully implement the Business Case and this would include the development of associated policies and procedures. The new pathway and processes would enable Practitioners to work more effectively across organisational boundaries, utilising flexibility within the pooled budget to commission holistic services.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 As outlined in the Business Case, the Partnership Agreement would be underpinned by a pooled budget arrangement.

5.2 The Local Authority would act as the host organisation for the pooled budget and it would be managed at Operational Director level.

5.3 As outlined at page 15 of the attached Business Case, the pooled budget would consist of a variety of budgets from across the health and social care economy in addition to a number of non-recurrent grants and funds that may currently exist or may exist in the future as agreed by the LA or CCG e.g. Section 256 monies.

5.4 Although further work is currently taking place, early indications show that the potential pooled budget for 2012/13 would be in the region of £30m.

6.0 **Implications for the Council's Priorities**

6.1 **Children & Young People in Halton**
Moving from children's to adults' services, at age 18, is a key transition point and this would be considered in the establishment of associated transition processes.

6.2 **Employment, Learning & Skills in Halton**
None identified

6.3 **A Healthy Halton**
Those people who are in receipt of long term care whether that is funding from Health or Social Care are those people in our communities with some of the most clinically complex and severe on going needs, so it is essential we have effective mechanisms in place to ensure that people we provide services to receive appropriate outcomes.

The integrated system and pooled budget arrangements developed will ensure that the resources available to both Health and Social Care are effectively used in the delivery of personalised, responsive and holistic

care to those who are most in need.

6.4 **A Safer Halton**
None identified.

6.5 **Halton's Urban Renewal**
None identified.

7.0 **RISK ANALYSIS**

7.1 Any risks associated with the implementation of the proposal would be managed via the task and finish group referenced earlier on in this report.

7.2 Once the arrangements/Partnership Agreement are established, on-going management will be conducted via the Complex Care Partnership Board, which will consist of appropriate representation from across the LA and CCG, including elected members, specifically Executive Board members with portfolios for Health and Adults and Resources. The Board will ensure that any on-going risks associated with the process etc. are identified and appropriately dealt with.

7.3 In addition to monthly monitoring of the pooled budget by the Pooled Budget Manager, quarterly monitoring reports will be presented to Executive Board and the Health Policy and Performance Board for appropriate scrutiny.

8.0 **EQUALITY & DIVERSITY ISSUES**

8.1 An Equality Impact Assessment is not required for this report.

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

Document	Place of Inspection	Contact Officer
National framework for NHS continuing healthcare and NHS-funded nursing care (July 2009)	People & Communities Policy Team	Louise Wilson Louise.wilson@halton.gov.uk

Complex Care

Business Case

2013 – 2015

CONTENTS

1. Introduction

There are increasing challenges for the Health and Social Care economy within Halton to be able to respond effectively to people's needs and provide high quality services within limited and reducing resources. Therefore we need to examine how we can do things differently to not only ensure value for money, but ensure that they are affordable.

Recent experiences in Halton in relation to funding for people with complex needs have challenged the local system in responding in a person centred way to a person's needs and offer value for money in delivering high quality health and social care.

The outcomes and discussions within this process indicated a number of areas of learning for both the Local Authority (LA) and Halton's Clinical Commissioning Group (HCCG).

These areas centred on the need to improve joint working between health and social care partners, and have provided us with the opportunity to reconsider our approach to supporting people with complex needs in Halton and the opportunities that could be realised by adopting an integrated model of working.

The aim of this Business Case is therefore to outline the mechanisms of how pooling health, social care resources and the alignment of systems will not only improve effective and efficient joint working, but more importantly improve the pathways, speed up discharge processes, transform patient/care satisfaction and set the scene for the future sustainability of meeting the current and future needs of people with complex needs.

In summary this paper underpins:

- A real belief that a closer working relationship can deliver positive health and social care outcomes for individuals within Halton;

- The financial challenges facing both health and social care are significant. Growth in public sector expenditure will be constrained for several years to come and hence there is a responsibility to secure efficiencies and drive service improvement;

- The need to look beyond traditional boundaries and assess ways of doing things differently;

- The need to retain the local links to influence the future shape of health and social continuing care within Halton; and

- The need to ensure we respond to the challenge within the recommendations of the Winterbourne review.

2. Context

2.1 National Context

Delivering Health and well-being improvements for people with complex needs is challenging, it isn't just about treating illness; it's about delivering personalised, responsive, holistic care. There are huge benefits for everyone in getting it right - for the NHS, local authorities, the third sector and most of all the people who use our services. It is therefore crucial to plan and ensure the efficient and effective use of health and social care resources.

There has been much research and evolving national policy supporting the move to personalised care and the closer working together of Health and Social Care Services to improve the flexibility of organisations in respect of the use of their resources, responsiveness, innovation etc. to enable organisations to offer improved services to people.

Most recently this has involved the publication of ***Caring for our Future: Reforming Care and Support (2012) White Paper*** and the ***Draft Care and Support Bill (2012).***

The White Paper outlines an emphasis on organisations working together to provide high quality, integrated services built around the needs of individuals. The aim is to enable local areas to transform their services and to deliver better integrated care that not only saves money across the two systems, for example by supporting people to maintain their independence in the community for as long as possible, but achieves better outcomes for individuals.

The draft Bill published will provide the enabling legislation for the reforms in the White Paper, for example it sets out a duty on the LA to promote the integration of services, along similar lines to the duty on the local NHS already enacted by the ***Health and Social Care Act (2012).*** In addition, it will provide for future duties of co-operation which encourage local partners to work together to improve the wellbeing of local people.

These are not the only drivers for integration/change; others include the current ***financial climate.***

Both the NHS and LAs need to make significant budget savings over the next 3 years. In addition to LAs expected reduction in spending (by 6.5% on average), the NHS needs to make up to £20 billion of efficiency savings by 2015 under the Department Of Health's Quality, Innovation, Productivity and Prevention initiative (QIPP).

These financial pressures will have a significant impact at the same time as the NHS and LAs face transformation and demand for health and social care services rises.

As challenging financial constraints increase there is a danger that local systems will focus solely on their own organisations when identifying efficiencies, without the recognition that changes to one part of the system will have an impact on all other parts of the system.

Recent national events such as **Winterbourne View** also support the case for working together more closely.

An interim report completed by the Department of Health, following the Care Quality Commission's inspections of 150 hospitals and care homes for people with learning disabilities, has recommended a number of changes to the way we commission and provide services. Although the report is focussed on services provided to people with a learning disability it is also of relevance to all services commissioned and provided for people with a range of complex needs.

"…we must be taking action at a national and local level to support commissioners to redesign services towards the personalised model we expect, to commission for quality and outcomes and to improve the quality and safety of services."

The concept of working together/integrating services isn't new and has a long history. For example the **NHS Act 2006** introduced 'Health Act Flexibilities', which aim to foster partnerships between health and social care agencies and to bring down the barriers between health and social care. The use of these flexibilities enable partners to join together in designing and delivering services around the needs of users, rather than worrying about the boundaries of their organisations.

There is also range of evidence supporting integration, some of which is outlined in the **King's Fund and the Nuffield Trust (2011) - The Evidence Base for Integrated Care** paper, which not only outlines the range of evidence supporting the integration of care and the factors that need to be considered, but clearly outlines that 'Integration without care co-ordination cannot lead to integrated care'.

2.2 Local Context

As national reforms continue to take shape, work has already taken place locally to look more strategically at improving models for integrated working and this vision has been captured within the **Framework for Integrated Commissioning in Halton (2012).** The Framework outlines the current strategic landscape of commissioning across Halton and explores national good practice and has translated this into an action plan. Research from this work demonstrated the areas with stronger alliances and evidence of efficient systems where the areas with pooled financial arrangements.

The Framework has been agreed by Halton's Shadow Health and Wellbeing Board (18.7.12), and both HBC (4.7.12) and the CCG's appropriate governance bodies (20.9.12).

In support of the implementation of the Framework work is currently progressing in respect of the development of a Section 75 Partnership Agreement between Halton CCG and LA which will provide robust arrangements within which Partners will be

able to facilitate maximum levels of integration in respect of the commissioning of Health and Care services in order to address the causes of ill health as well as the consequences.

The development of this Agreement builds upon Halton's already well-established history of joint/partnership working in association with pooled budget and robust financial/performance management arrangements. An example of which is the current Intermediate Care Pooled Budget arrangements which have been established via a Section 75 agreement between HCCG and the LA.

The arrangements/agreement has been in existence for 5 years and although is due for review in March 2013 plans have already been drawn up to continue the agreement with Halton CCG; with the LA being the host organisation.

The Pool is designed to allow flexibility and consistency in the development and delivery of intermediate care services to meet agreed strategic outcomes and operational targets in the Borough. The agreement allows for underspends to be carried forward which has enabled the Partnership to release resources in times of pressure to increase capacity whilst achieving the required efficiencies.

There are a range of contracts with providers for different aspects of service provision and a focus on operating a single system for referral, assessment and pathways through and out of the services. All services have specifications and provide monthly performance information and exception reporting as required.

The following sections outline the local context in which services are currently commissioned and delivered within Halton in respect of population, levels of deprivation and health.

2.2.1 Population

Since 2001, the population of Halton has increased steadily to its current estimate of 125,800 (Census 2011). Table 1 below shows the population breakdown by age.

Table 1: Population of Halton, breakdown by age, 2011

	Total	0-14	15-64	65+
Halton	125,800	23,400	83,900	18,400

*figures may not sum exactly due to rounding

The total population rose from an estimate of 118,200 from the 2001 Census; this rise was found mainly in the Working Age range (15-64). This group went from 78,400 in 2001 to 83,900 in 2011. Whilst the older people population (65+) displayed the largest relative increase, with a rise of 15%.

2010 Subnational population projections are produced by the Office for National Statistics. The projections form a "baseline" view of what the population dynamics would be in the given areas if recent demographic trends were to continue into the

future. It is important to note that these projections are consistent across all local authorities in England.

In the long term (2010-2025), Halton's population is projected to grow by 7% from 119,600 to 128,100. This is still lower than the North West region which is projected to grow by 9% and nationally which is projected to grow by 12%. In Halton, younger people (0-14 year olds) are projected to grow by 9%, working age (15-64 year olds) are projected to decline by 3% with the older people age group (65+) projected to grow by 33% from 17,300 in 2010 to 25,700 in 2025 (Table 2).

Table 2: Projected % population change in Halton from 2010
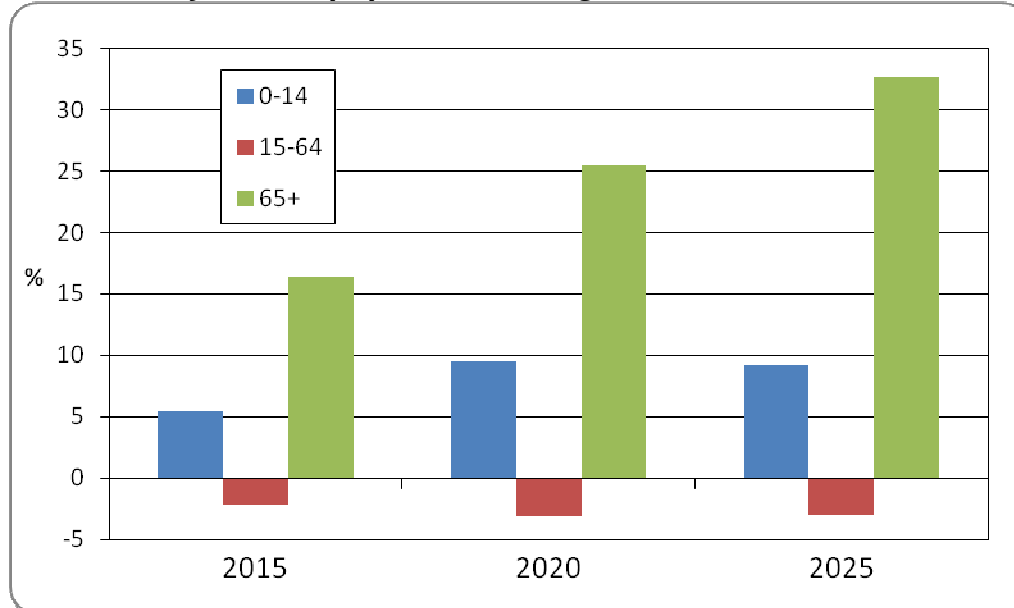
Source: ONS

Following national and regional trends, Halton's population continues to age with older people making up an increasing proportion of the population. The growth in older people will increase the demands for both formal and informal support. While small decreases in the working age population mean there are fewer people to provide and pay for this additional support. These projections are calculated on a national basis, and therefore do not take account of local level factors such as planned housing developments.

2.2.2 Deprivation (Index of Multiple Deprivation)

As a result of its industrial legacy, particularly from the chemical industries, Halton has inherited a number of physical, environmental and social problems. We have been working to resolve these issues ever since the borough was formed in 1974.

Halton shares many of the social and economic problems more associated with its urban neighbours on Merseyside. The Index of Multiple Deprivation (IMD) for 2010 is one of the most comprehensive sources of deprivation indicators, as some 37 different indicators are used. It shows for example that overall, Halton is ranked 27th nationally (a ranking of 1 indicates that an area is the most deprived), which is third highest on Merseyside, behind Knowsley and Liverpool, and 9th highest in the North

West. Other authorities, St Helens (51st), Wirral (60th) and Sefton (92nd), are all less deprived compared to Halton.

The IIMD for 2010 suggests that deprivation has remained relatively constant in the borough, since ranking 30th in 2007 there has been a slight change in Halton's ranking; however the IMD score has remained the same. The proportion of Halton's population in the top category (i.e. the 10% most deprived lower super output areas nationally) has also remained the same between 2007 and 2010 at 26%.

It is important to note that the IMD 2010 uses mainly data from 2008, and the IMD 2007 uses mainly data from 2005. Although this provides the most up-to-date overview of deprivation at a national level, more recent local level deprivation data will be available.

2.2.3 Health Profile

Halton's all age, all-cause mortality rates for both females and males are higher than regional and national rates (2008-10). Life expectancy in Halton is 75.5 years for males and 79.6 years for females – these are lower than national levels, with the female life expectancy being one of the lowest in the country. Latest figures show that Halton has the highest rate of early deaths from cancer in England.

3. Associated Pathways

3.1 Current Pathway

The multiple processes currently in place associated with the provision of services to Adults with complex needs in Halton is fragmented across organisational boundaries and operational teams and involves social work teams, multi-agency multi-disciplinary teams, Community Matrons, District Nurses and Continuing Health Care assessment teams.

This presents challenges in achieving a whole system coordinated approach to the assessment and provision of services for people with complex needs and can lead to duplication, fragmentation, confusion for workers and individual service users, differential contract prices and monitoring arrangements with no real clarity on who is responsible for the overall commissioning of placements/packages of care.

The flowchart below represents the current pathway in place.

CURRENT PROCESS

Need identified

Preventative Service → Yes → Deliver

Preventative Service → No → END

If Long-Term Need identified

Long-Term Need Possible CHC Eligibility?

Yes → CHC
No → LA

CHC → Yes → Panel to determine eligibility
Panel to determine eligibility → No → Joint funded
Panel to determine eligibility → Yes → Deliver → Review → Yes → Continue

LA → No →

LA → Panel to determine eligibility → No → Re-assess
Panel to determine eligibility → Yes → Deliver → Review → No → Re-assess
Review → Yes → Continue

3.2 Proposed Pathway

The development of the new pathway outlined below in addition to a pooled budget arrangement for all community care, including Intermediate Care, would enable Practitioners to work more effectively across organisational boundaries, utilising the flexibility within the pooled budget to commission holistic services.

PROPOSED PROCESS

```
                        ┌─────────────────────┐
                        │   Need identified   │
                        └──────────┬──────────┘
                                   │
                                   ▼
                        ┌─────────────────────┐   ──Yes──►  ┌─────────┐
              ┌────────►│ Preventative Service│            │ Deliver │
              │         └─────────────────────┘            └────┬────┘
              │                                                  │
              │              No──────►┌──────┐                   │
              │                       │ END  │                   │
              │                       └──────┘                   │
              │                                                  │
   ┌──────────┴─────────────┐                                   │
   │  Long Term Provision    │◄──── If Long-Term Need identified─┘
   │  +/- or ↑/↓ Services     │
   └──────────┬─────────────┘
              │
              ▼
   ┌──────────────────────────────────────────────┐
   │ MDT recommend eligibility                      │
   │ Panel confirm eligibility to access funding:   │
   │                                                │
   │  - NHS Fully-Funded Care                       │
   │  - Joint Funded Care (inc Section 64 and       │
   │    Section 117)                                │
   │  - Means-tested contribution                   │
   └───────┬──────────────────────┬─────────────────┘
        ──Yes──              ──No──
           │                    │
           ▼                    ▼
     ┌──────────┐         ┌──────────┐
     │ Deliver  │         │ Re-assess│
     └────┬─────┘         └──────────┘
          │
          ▼
     ┌──────────┐
     │  Review  │
     └──────────┘
```
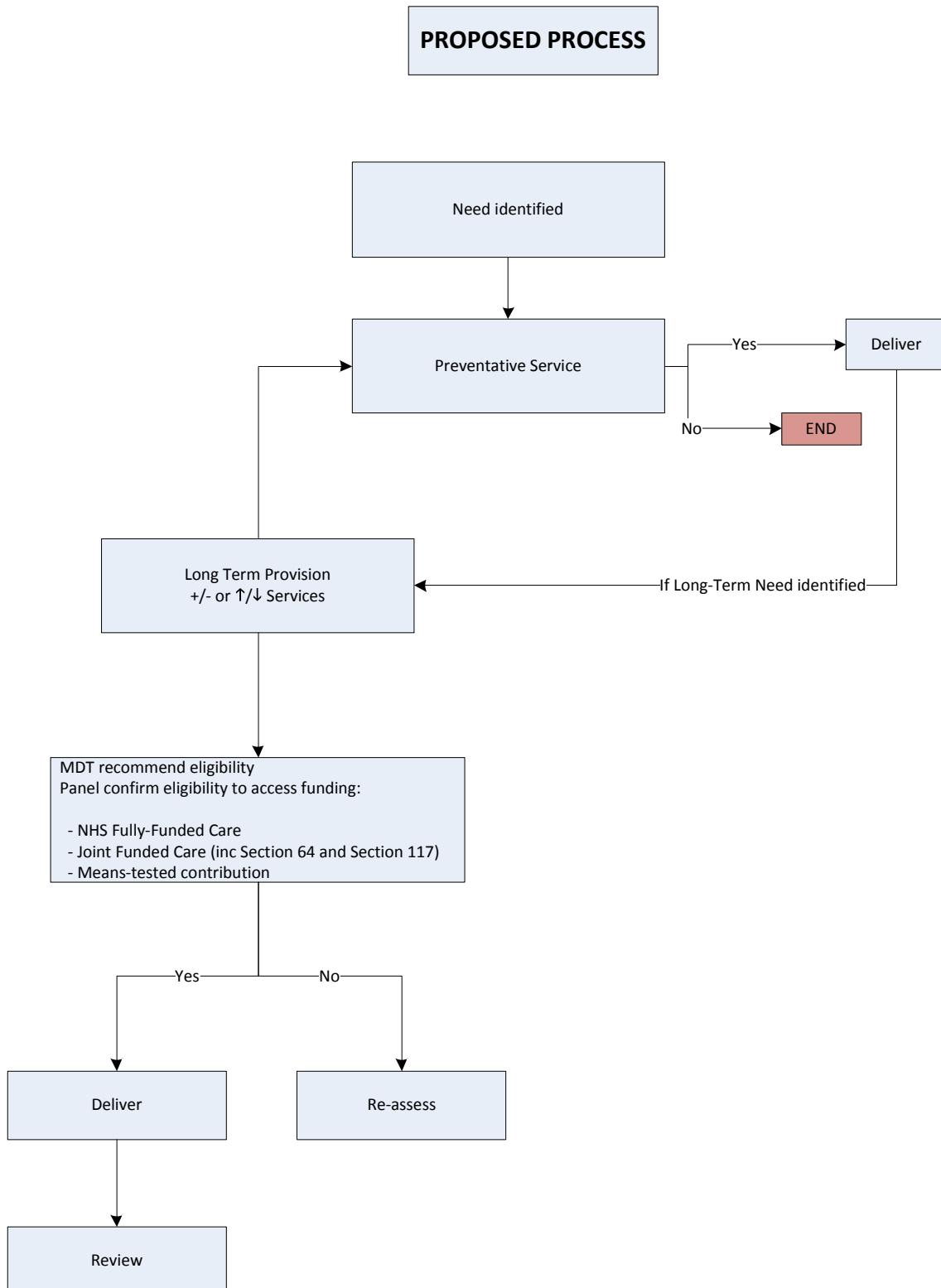
It is important to highlight that local decision-making processes associated with the proposed pathway will continue to be operated via a Panel process with appropriate representation from Health and Social Care partners, for all funding health and social care decisions.

The role of the Panel will include:-

- verifying and confirming recommendations on eligibility by the MDT;

- agreeing required actions where issues or concerns arise;

- ensuring consistency and quality;

- ensuring preventative services are utilised to full effect, including Intermediate Care, Telecare/Telehealth and Reablement;

- ensuring value for money;

- ensuring out of borough placements are only agreed after all local options have been explored; and

- ensuring all people placed out of borough are given the option of returning to a more locally provided service.

The new arrangements would aim to achieve:-

- Better management of crisis;

- Promote independence, empower users and allow them to take control of their lives;

- Prolong and extend quality of life;

- Provide the most intensive care in the least intensive setting;

- Move away from a reactive, unplanned and episodic approach to care;

- Deliver integrated long term care;

- Offer a sustainable joint oversight of financial arrangements; and

- Service users are safeguarded.

3.2.1 Commissioning/Monitoring Arrangements

Although the Panel process will involve undertaking individual commissioning arrangements, the formal commissioning and monitoring arrangements associated with the delivery of services to those with complex care needs will be undertaken by HBC's Commissioning and Quality Assurance Teams. Additional resources may be required to support the existing team, and will be considered as part of the implementation of this business case.

Associated functions will include:-

- Local market development/availability - There is the potential to manage the market more effectively, utilising more robust procurement processes in order to manage/contain the general increase in costs;

- Ensure value for money contract prices, to ensure quality provision and adults are appropriately safeguarded;

- Contract monitoring and management;

- Liaison with MCSU in relation to specialist commissioning;

- Liaison with Care Quality Commission as appropriate;

- Collation of data; and

- Performance Management.

3.2.2 Governance Arrangements

A Section 75 (NHS Act 2006) Partnership Agreement will be developed outlining the provision of the Service. The Agreement will provide the appropriate legal framework in which HCCG and HBC will work together in order to achieve their strategic objectives of commissioning and providing cost effective, personalised, quality services to the people of Halton.

Amongst other elements, the Partnership Agreement will define the:-

- Outcomes and Objectives of the Agreement;

- Commencement, duration, review and termination of the Agreement;

- Governance and Accountability arrangements;

- Pooled Budget arrangements;

- Relevant legalities associated with a Section 75;

- Monitoring arrangements; and

- Performance Management arrangements.

Details of the pooled fund and the management of such will be outlined within the Partnership Agreement; the LA will be the host organisation for the pooled budget.

The pooled budget will be managed by a nominated HBC Operational Director (or above), as identified within the Partnership Agreement. The Pooled Budget Manager will have a clearly defined role and associated responsibilities for managing the pooled budget which will be outlined in the Partnership Agreement.

These overall arrangements/Agreement will be managed via the Complex Care Partnership Board, which will meet on a monthly basis during the duration of the arrangements/Agreement. The Board will be accountable to both HCCG's Governing Body and HBC's Executive Board. Membership of the Board will include:-

- HBC Executive Board Portfolio holder (Health and Adults) (Chair)

- HBC Executive Board Portfolio holder (Resources)

- Strategic Director, Communities, HBC

- Operational Director (Prevention and Assessment), HBC

- Operational Director (Commissioning & Complex), HBC

- Operational Director (Integration) HBC & HCCG

- Divisional Manager (Urgent Care) HBC

- Divisional Manager (Care Management) HBC

- Finance Manager HBC

- Chief Nurse HCCG

- GP Clinical Lead

- Commissioning Manager HCCG

- Director of Finance HCCG

- Principal Manager (Adult Safeguarding) HBC &HCCG

3.2.3 Performance Management Arrangements

A joint performance management framework (including targets) will be developed between HBC and HCCG to ensure the Pooled budget delivers the strategic outcomes and statutory responsibilities effectively. The responsibilities and actions of HBC and HCCG will be agreed and documented within the Partnership Agreement.

This framework will support the following strategic objectives:

- Delivering high quality care closer to home;

- Reduce the need for unnecessary hospital admission and readmission;

- Ensure the appropriate use of crisis intervention and short term support to promote independence;

- Promote the use of a range of technology to support independence and the management of risk;

- Ensure the proportion of placements in long term residential care are maintained at an appropriate level;

- Realise placements in Borough with out of Borough placements being the exception; and

- Improve the quality of care in the community and residential placements

Full details in terms of how the panel process will operate, formal commissioning arrangements, governance and performance management arrangements will be agreed through the development of the Section 75 Partnership Agreement.

4. Finance

The pooled budget will amalgamate 2 current pools into one i.e. Equipment and Intermediate Care Services. VAT, Audit and legal requirements will be subject to the same processes as current pools.

Finances within the Pooled Budget will consist of:-

- HBC Adult Social Care Community Care Budget (includes section 117 and jointly funded packages);

- CCG Continuing Health Care Budget (including Free Nursing Care, End of Life and jointly funded packages);

- CCG section 117 budget;

- HBC/CCG Intermediate Care pooled budget;

- CCG/LA Equipment budget (joint); and

- Reablement funding

NOTE

The Pooled Budget will also include any non-recurrent grants/funds that may currently exist or may exist in the future as agreed by HBC or HCCG e.g. Section 256.

The pool will not include:-

- Children and Young People;

- Mental Health Hospitals; or

- Hospices

For 2012/13, early indications show the budget to be in the region of £30,042,225 and more detailed work is on-going. This figure consists of:-

- HCCG = £11,390,380

- HBC = £17,006,845

- Non-Recurrent Section 256 = £1,645,000

5. Conclusion

Those people who are in receipt of long term care whether that is funding from Health or Social Care are those people in our communities with some of the most clinically complex and severe on going needs, so it is essential we have effective mechanisms in place to ensure that people we provide services to receive appropriate outcomes.

Often as people require intensive care in supported or care home environments and we enter into discussions about who funds which element of the service, the overall case management of these people can get lost in the discussions.

Historically, Halton has had its challenges with support to those with complex care needs and relationships between health and social care have been tested at times. However, with the emergence of the CCG and the local 'appetite' for the move to more integration it is an opportune time to review current practice in respect of the provision of care to those with complex needs.

The proposal contained in this Business Case aims to ensure that an integrated system is developed and appropriately managed, in addition to a formal pooled budget arrangement, to ensure that the resources available to both Health and Social Care are effectively used in the delivery of personalised, responsive and holistic care to those who are most in need.

REPORT TO:	Health Policy & Performance Board
DATE:	6 November 2012
REPORTING OFFICER:	Strategic Director, Communities
PORTFOLIO:	Environmental Sustainability
SUBJECT:	Environmental Health Annual Report 2011-2012
WARD(S):	Boroughwide

1.0 PURPOSE OF REPORT

1.1 To inform Members of the Policy & Performance Board of the key issues and activities of the Environmental Health Service in 2011-2012

2.0 RECOMMENDATION: That Members of the Board note the report.

3.0 SUPPORTING INFORMATION

The Environmental Health Service is responsible for two main areas i.e. Environmental Protection and Food & Health & Safety.

Providing a range of regulatory and advisory services to the council, local businesses and members of the public.

The work of the teams comprises both programmed planned activities and reactive work in response to service requests.

3.1 Environmental Protection

3.1.1 Local Air Quality Management

The DEFRA (Department of Environment, Food and Rural Affairs) Air Quality Strategy provides a framework to improve local air quality and minimise risks to health, this strategy focuses on seven common pollutants and sets out Health based limits for each of these pollutants. Air quality management in Halton is carried out by passive diffusion tubes measuring average levels of nitrogen dioxide at key locations around the Borough. Monitoring over the years has indicated that air quality in Halton has improved significantly over recent years and generally meets the Government standards as outlined in the Strategy.

There are two small areas within Widnes Town Centre where monitoring indicated that the standard for nitrogen dioxide was being breached. The levels had only just exceeded the accepted levels. This is due to the levels of stationary traffic at certain times of the day. Halton BC has therefore declared two Air Quality Management Areas (AQMAs) within the Widnes Town Centre. In Cheshire and Merseyside local authorities, Cheshire East has 13 AQMAs, Cheshire West has 2, St Helens has 4, Sefton has 5, Warrington has 3 and nearly the whole of Liverpool has been declared a AQMA. A remedial action plan for the Halton AQMA is now in progress in consultation with other departments within the Council, including Policy, Transport and Planning. The Action Plan is on schedule to go out for consultation in 2012.

3.1.2   Inspection of Industrial Processes

Regulation of industries as set out under the Environmental Permitting (England & Wales) Regulations 2012 in order to reduce pollution and help improve air quality. These industries can only operate with the issue of a permit for which a charge is made to cover local authority costs. Charges are dependent on the risk assessment for each concern set out by DEFRA.

The following is a profile of the prescribed processes within Halton:

Type of Process	Number of premises
A2 Installations	2
Animal & Vegetable	2
Coating Processes	8
Use of Styrene	2
Mineral Processes	11
Metal Processes	2
Incineration	1
Timber Processes	3
Waste Oil Burners	2
Petrol Stations	13
Dry Cleaners	5
Total	51

In 2011-2012:

- 81% of scheduled Local Air Pollution Control Audits were carried. These included ALL high risk industries. The lower risk concerns will be prioritised in the inspection programme for 2012-13.
- 92% of Local Air Pollution Control Audits were compliant.

3.1.3   Planning Consultations

The team provide advice on the environmental implications of planning applications received by the Council.

In 2011-2012 125 planning applications were advised on including

- INEOS. The team is currently managing the air quality monitoring project carried out in relation Condition 62 of the planning consent for the 'Energy from Waste Plant' being constructed in Weston on INEOS land. This includes the review of monthly data, liaison with interested parties, other Council departments and the compiling of an annual report. The team are also advising the Planning team in relation to a section 106 agreement relating to air quality and noise.

- Proposed Mersey Gateway Bridge. The team is working with air quality and noise consultants for details of background levels in the vicinity of the proposed bridge. Further work and liaison will be required during the tender process and more detailed consultation once a successful tender is confirmed.

3.1.4   Service Requests about Pollution

The following service requests about pollution were made in 2011-2012. The service standard is for all requests to be responded to within 3 working. 95% of requests were responded to within 3 days, the remainder within 5 days.

Complaint Type	2010-11	2011-12
Odour	121	236
Dark Smoke	162	110
Dust & fumes	12	23

Noise pollution comprises a large proportion of service requests. Complaints derive from domestic, commercial and industrial premises.

While the majority are resolved informally, some then progress to statutory notices or seizes of equipment in the last resort. In 2011-2012 a total of 957 service requests about noise were received as follows:

Complaint Type	2010-11	2011-12
Domestic	718	598
Commercial	86	71
Industrial/ Construction	171	259
Traffic	31	29
No. Statutory notices served	12	10
No. prosecutions	2	1

No. Seizure of equipment	4	5

The increase in the number of complaints about industrial/ construction noise in 2011-12 reflected the greater number of construction works being carried in Halton.

3.1.5   Other Statutory Nuisances

The team also investigate a range of statutory nuisances including filthy & verminous premises, accumulations of waste, vacant premises and blocked drains. When informal action is not effective, statutory notices may be served and work in default carried out with costs thereafter recharged.

3.1.6   Housing

The team inspect privately rented housing within Halton to ensure safety and remove hazards. Working closely with the Fire Service, Building control, Registered Social Landlords and Housing Strategy.

In 2011-2012 163 requests were made about such housing. All complaints were investigated and 146 reports were sent to landlords to require them to carry out relevant works. Most work was carried out by landlords in response to these letters but 2 statutory notices were served when no work was carried out.

In 2011-2012 17 programmed inspections were carried out of Houses in Multiple Occupation (HMOs) to ensure they reach the statutory standard and where required (2), a license is issued. There is a charge of £295 for the licence application.

The team inspect homes to ensure decent standard and size for immigration purposes. In line with other local authorities, a charge is now applied for each inspection. 4 Inspections took place in 2011-2012.The charge is £80 (this has been benchmarked with colleagues in Cheshire & Merseyside local authorities).

Housing Figures

	2010-11	2011-12
Unsatisfactory Housing	177	163
No. HMO's	17	17
No licensed HMOs	3	3
No. immigration inspections	4	5

3.1.7   Halton Healthy Homes Network- Launched in February 2012

The aim of the network is to raise awareness of health implications of poor housing and fuel poverty and to encourage all front line staff, community workers, Council Members and volunteers within Halton to identify those at risk and signpost them to relevant organisations who may assist. There are currently more than 80 members in the network.

3.1.8   Animal Welfare

Enforcement and advice on animal health & welfare legislation relating to farm and pet animals including risk based inspections of farms and drafting contingency plans in relation to animal disease. All animal premises subject to licence are inspected each year:

Animal License premises inspected 2011/2012

Premises type	Number of premises
Pet shops	5
Boarding Establishments	3
Breeding Establishments	1
Riding Establishments	2

3.1.9   Stray Dogs

The team enforce Dog Control Orders such as stray dogs, dog fouling and dog exclusion areas.

In 2011/2012 a total of 274 Stray dogs were collected and kennelled. This work is done in partnership with Liverpool, Sefton and Knowsley Councils. A fee is charged to owners when the dog is reclaimed (£40 within 48 hours, £95 thereafter)

Dog Control Orders were introduced to replace bye-laws and simplify the system of controlling dogs. They ensure a consistent approach to dog control issues. Four orders have been introduced in Halton: penalties for dog fouling, excluding dogs from certain areas (playgrounds) and keeping a dog on a lead in certain areas or if the dog is causing a stress to other persons or animals.

In 2010-11 348 complaints were received, 306 complaints were received in 2011-12.

A number of events to promote responsible dog ownership were held in Runcorn and Widnes. They were organised in partnership with RSPCA, PDSA, Dogs Trust and other Merseyside local authorities.

3.20   Pest Control

A total of 5274 (5837 in 2010-11) service requests were made in 2011-2012:

Complaint	2010-11	2011-12
Rats & Mice	1561	1499
Ants	72	52
Wasps, Bees	1092	870
Cockroaches	5	1
Bedbugs	16	27
Fleas	79	75
Complaints relating to dogs	920	767

Pest Control is currently undergoing a complete management and procedural review to improve service delivery and efficiency.

3.2   Food & Health & Safety

3.2.1   Food Safety

The team fulfils the Council's statutory role as a 'Food Authority' for the enforcement of Food law. This work is carried out in partnership with the Government's Food Standards Agency (FSA).

The objectives of the service are:

- Ensure food produced and sold in Borough is fit for human consumption
- Reduce the incidence of foodborne infectious disease
- Help consumers make informed choices about where they eat & shop

These objectives are achieved through a combination of:

- Programmed risk base inspection
- Provision of advice & guidance
- Food sampling in the Borough
- Responding to national Food alerts and incidences.

Where advice and guidance has not been effective other enforcement options include statutory notices, seizure of food, closure of premises and/or prosecution.

Food Safety & Standards Key Performance Figures 2011-2012 with previous year comparison:

Activity	2010-11	2011-12
Inspections Food Safety	982	738
% high risk inspected	100%	100%
% broadly compliant with law	87%	89%
Supplementary Visits	636	540
Complaints about food / premises	113	113
Requests for advice	224	241
Samples taken (unsatisfactory)	419 (51)	244 (24)
Written warnings	513	523
Improvement notice	5	5
Simple Caution	2	2
Prohibition / closure	3	1
Prosecution	1	0
Infectious disease notifications	108	87

The lower number of visits in 2011-12 is in fact due to an unusaully high number of visits undertaken the previous year. This was due to 2 main factors;

- Additional visits by contractor to low risk premises - funded by FSA in preparation for National Food Hygiene Rating Scheme
- Following FSA guidance approximately 100 childminders were added to the inspection programme. Although a high volume these were short low risk visits.

Infectious Disease Control.

The team works in partnership with the Health Protection Agency (HPA) and Primary Care Trust (PCT) to investigate cases and outbreaks of infectious disease.

National Food Hygiene Rating Scheme

In April 2011 Halton became the first authority in Cheshire and Merseyside to adopt the National Food Hygiene Rating Scheme. Hygiene ratings for most food premises in the borough are published online and businesses are provided with certificates and window stickers to display their score. Halton had previously operated its own "scores on the doors" scheme since 2007. Businesses are awarded a score of between 0 and 5 (highest). 89% of businesses achieve the top 3 scores and are considered broadly complaint with food hygiene law.

Supplementary planning document – Hot food Takeaways

In its role as a member of Halton and St Helens PCT's obesity commissioning group the team liaised with the Planning department and actively contributed to the production and adoption of the Supplementary Planning Document on Hot Food Takeaways. The

policy sets out the council's policy with respect to proliferation of takeaways particularly around schools, colleges and play areas. The policy also sets out standards relating to litter, odour and waste disposal.

3.2.2   Gas and Fire Safety in Takeaway food premises

During 2011-12 the food team have undertaken a project to address standards of gas safety in takeaway food premises. The food team ensure business owners are maintaining gas equipment in a safe condition so as to avoid the risk of fire and explosion or exposure to carbon monoxide fumes. The project began with a training session for staff from Gas Safe the organisation who maintains the statutory register of gas installers. Engineers from Gas safe have also accompanied officers on inspections to help address installations that give rise to concern. During 2011-2012 Gas Safety was addressed in 64 premises. The food team also liaise with the fire service if there are concerns about fire safety particularly when there is also living accommodation on the premises.

3.2.3   Health & Safety Enforcement

The team fulfils the Council's role as a Health & safety Enforcement Authority. This work is carried out in partnership with the Health & Safety Executive (HSE).

While the Health & Safety team is the enforcing authority for retail, wholesale, warehousing, caterers, entertainment and leisure premises within the Borough, The HSE is the enforcing authority in higher risk workplaces such as construction, manufacturing and chemical industries.

The overall objective of the H&S service is to ensure business owners fulfil their duties to protect the health, safety & welfare of their employees and members of the public who may be affected by their activities.

This is achieved by advice or guidance or by a range of enforcement actions including the service of statutory notices, closure of premises, seizure of equipment or/and prosecution.

Health & Safety Key Performance Figures 2011-2012 with comparison with 2010-11

Activity	2010/11	2011/12
% high risk inspections (number)	100% (21)	100% (20)
% that improved in risk rating	New for 2011	70%
Additional targeted interventions	182	226
Complaints investigated	52	68
Accident notifications	155	152

Requests for advice	91	93
Written warnings	122	188
Improvement notices	13	12
Prohibition notices	10	5
Simple Caution	0	1
Prosecution	5	0

3.2.4   Smoke Free Playgrounds
In October 2012 In partnership with Heart of Mersey and the Primary Care trust Halton became the first authority in Cheshire and Merseyside to launch a voluntary smoke free code in all of its 72 playgrounds and multiuse games areas. The aim of the scheme is de-normalise smoking amongst children and prevent them from becoming the next generation of smokers

3.2.5   Illegal Cosmetic treatments

During 2011-12 the team have responded to a number of allegations concerning illegal cosmetic treatments in particular unregistered home tattooists. It is a legal requirement that any person or business engaged in the practice of tattooing and body piercing is registered with the authority and complies with by-laws relating to hygiene and safety. These controls exist to protect customers from the risks of blood borne infections such as hepatitis and HIV. Unregistered tattooists are a significant concern as they will not have undergone inspection to ensure they reach hygiene standards. It is also illegal for a person to tattoo anyone who is under 18. It is suspected that home tattooists may be responsible for tattooing school age children. This also raises safeguarding issues. The authority is investigating a number of complaints from parents and teachers of children who have received a tattoo.

In January 2012, following a complaint from a member of the public and other evidence of illegal activity the team executed a warrant with the police at an address of an illegal home tattooist in Runcorn. The tattooist was issued with a prohibition notice preventing him carrying out the activity of tattooing at his address and after admitting the offence was issued with a simple caution.

The health and safety team are also assisting the General Dental Council with investigations into two individuals who are alleged to have been conducting teeth whitening illegally at two salons in the borough. Although teeth-whitening is a legal cosmetic treatment it should only be carried out by a registered dental practitioner.

3.2.6   Enforcement of the Sunbed (Regulation) Act 2010

The above regulations make it illegal for persons under the age of

18 to use a sunbed or any form of ultraviolet tanning equipment. UV radiation is known to be a risk factor for skin cancer and premature skin aging. The team have written to all premises in the borough offering the use of tanning equipment to inform them of the regulation. This letter was followed up by inspection visits to 9 premises.

3.2.7   Health and Safety in residential care homes

During 2011-12 the health and safety team undertook a special project in partnership with the authority's quality assurance team to inspect health and safety standards in residential care homes. Home owners and managers were invited to a seminar to outline their health and safety duties. This was followed up by health and safety inspections of 21 residential care homes.

3.2.8   Retail Violence

The health and safety team have worked in partnership with Cheshire Police, crime prevention and the community safety partnership to address violent instances such as robbery in high risk retail premises. Such premises frequently employ lone workers and handle a significant amount of cash and include bookmakers, corners shops and petrol stations. Whilst robbery is a criminal offence to be investigated by the police – where the risk of robbery is foreseeable or staff are particularly vulnerable - the owners of businesses are under a health and safety duty to implement reasonable safeguards to protect their staff. Working in partnership with the police and crime prevention the authority can use health and safety powers to implement safeguards and systems of work that help to protect workers and make businesses less vulnerable to crime.

The team issued retail violence information to 58 businesses including 12 premises that had suffered a violent incident.

4.0   **POLICY IMPLICATIONS**

4.1   All enforcement action is guided by the Environmental Health Enforcement Policy

5.0   **OTHER/FINANCIAL IMPLICATIONS**

5.1   There is an income derived from Pest Control activities.

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

6.1   The Service is currently undergoing a comprehensive review in order to maintain good practice, policy & procedures and identify any improvements to service delivery.

6.2 **Children & Young People in Halton**
EH works with nurseries & schools to improve quality & standards of diets provided for children & young people. Recent project work with Police, schools around tattooing, use of sunbeds and other beauty treatments by young people.

6.3 **Employment, Learning & Skills in Halton**
Encouraging food safety training for employees of food businesses in Halton.

6.4 **A Healthy Halton**
EH are involved in a large number of public health projects with a number of partners including smoke free playgrounds, Healthy Homes network, improving quality & standards of diets.

6.5 **A Safer Halton**
Working with businesses in Halton for safer working environments.

6.6 **Halton's Urban Renewal**
Working with private landlords to develop empty or vacant properties.

7.0 **RISK ANALYSIS**

7.1 All activities are in line with the statutory duty of the Council and in accordance with the advice and guidance of the relevant Government bodies.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 A Equality Impact Assessment (EIA) is not required for this report.o

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

The Food Safety Act 1990
The Health & Safety Act 1974
The Pollution, Prevention & Control Act 1999
The Environment Act 1995
The Animal Welfare Act 2006