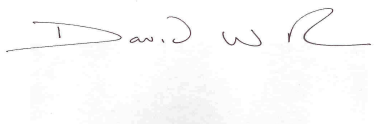
Public Document Pack

Health Policy and Performance Board

Tuesday, 10 September 2013 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 Wednesday, 6 November 2013

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

Part I

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

Agenda Item 3

REPORT TO: Health Policy & Performance Board

DATE: 10 September 2013

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: 10 September 2013

REPORTING OFFICER: Chief Executive

PORTFOLIO: Health & Wellbeing

SUBJECT: Shadow Health & Wellbeing Board Minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Health and Wellbeing Portfolio which have been considered by the Health & Wellbeing 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, 13 March 2013 at Karalius Suite, Stobart Stadium, Widnes

Present: Councillors Polhill (Chairman), Wright and S. Banks, M Creed, P. Cooke, N. Darvill, D. Lyon, A. McIntyre, E. O'Meara, D. Parr, N. Rowe, N. Sharpe, J. Stephens, M. Trelorre, D. Sweeney, A. Williamson, M. Cleworth, M. Grady, A. Lewis, W. Salisbury and S. Wallace-Bonner

Apologies for Absence: Councillors Philbin, Dr M. Forrest and M. Pickup

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB58 MINUTES OF LAST MEETING

The Minutes of the meeting held on 16th January 2013 were taken as read and signed as a correct record.

HWB59 PUBLIC HEALTH ANNUAL REPORT 2012

The Board received a presentation on the Public Health Annual Report (PHAR) 2012 from the Director of Public Health, Eileen O'Meara which provided an overview of the Halton and St Helen's Public Health Annual Report 2012. With the dissolution of the PCT on 31 March 2013, it was noted that this was an opportunity to reflect on achievements in improved health outcomes whilst also looking forward recognising some of the main health challenges. Members noted that:

- key improvements included cardiovascular disease, tobacco control and child dental health;
- challenges ahead were in areas such as early years, alcohol and cancer; and
- an update on recommendations from the 2010/11 report was also provided with a compendium of data.

RESOLVED: That the presentation be noted.

HWB60 NEW HALTON LEVELS OF NEED FRAMEWORK FOR CHILDREN'S SERVICES

The Board received a presentation from Mark Grady, Principal Children's Trust Officer, on developing a new Levels of Need Framework which would meet the work of all partners from April 2013. The original Halton Children's Trust Level of Need Framework developed in 2007 was recently examined by Glyndwr University and a number of issues highlighted, these would form a basis for developing a new framework.

Following the establishment of the requirements of a new framework a multi-agency group was formed with an aim to develop and launch a new Halton Levels of Need Framework. Members were advised on the progress of the group to date which included:

- Monthly multi agency group meetings;
- Developing an action plan;
- Mapping exercise undertaken;
- Agreed proposed new framework for consultation;
- 185 attendees at consultation events.

The Board considered an overview of the design framework and the design concept chosen. It was noted that before the April 2013 launch of the framework the final wording and design needed to be finalised, marketing materials agreed and all staff and stakeholders were to be fully informed.

RESOLVED: That the presentation be noted.

HWB61 FALLS

The Board received a presentation on Falls from Sue Wallace Bonner which advised that:

- falls were a significant cause of mortality and morbidity, particularly for older people who remained the highest risk group;
- many falls go unreported;
- where injury required treatment this was often reported under an injury specific diagnostic group (e.g fracture);
- there was a variation in the definition of what constituted a fall; and
- Halton had one of the highest number of hospital admissions due to falls in the country and this had risen annually for the past three years.

It was reported that in June 2012, a review of primary and secondary prevention of fall was commenced led by the Operational Director (Prevention and Assessment); the objectives of the review were:

- the development of a Halton Falls Strategy;
- review of the current specialist and associated falls services in relation to the national guidance, capacity, demand and skill mix;
- identify gaps in provision and recommend solutions through redesign and/or further commissioning; and
- develop an implementation plan and evaluation framework.

It was noted that the review had identified that the Integrated Falls Prevention Service was available to those over 65 but only once the person had fallen. There were also capacity issues within the service with comparatively low numbers accessing the service.

The Board was advised that as part of the review an Action Plan had been developed which set out to improve pathways and services and also to set targets to reduce repeat falls. It was anticipated that the falls service would be re-launched in June 2013.

RESOLVED: That the presentation be noted.

HWB62 ENVIRONMENTAL HEALTH ANNUAL REPORT 2011-2012

The Board considered a report of the Strategic Director, Communities which outlined the key issues and activities of the Environmental Health Service in 2011-2012.

The Board was advised that the Environmental Health Service was responsible for two main areas i.e. Environmental Protection and Food & Health & Safety. The service provided a range of regulatory and advisory services to the Council, local businesses and members of the public. The work of the teams comprised both programmed planned activities and reactive work in response to service requests.

In respect of Environmental Protection, the Board received information on; local air quality management; the inspection of industrial processes; planning consultations; service requests about pollution; other statutory nuisance, housing, animal welfare, stray dogs and pest control.

In respect of Food and Health and Safety, the Board

received information on; food safety, gas and fire safety in takeaway food premises; health and safety enforcement; smoke free playgrounds; illegal cosmetic treatments; the enforcement of the Sunbed (Regulation) Act 2010; health and safety in residential care homes and retail violence.

The following comments arose from the discussion, what were the outcomes of the health and safety inspections of 21 residential care homes? It was agreed that the information would be circulated. Wendy Salisbury

RESOLVED: That the report and comments raised be noted.

HWB63 MAKING EVERY CONTACT COUNT IN HALTON BUILDING CAPACITY AND CAPABILITY AT ALL LEVELS OF THE WORKFORCE

The Board received a report of the Director of Public Health which outlined recommendations to ensure that the workforce was able to contribute to health promotion activity within Halton through the "Making Every Contact Count (MECC) Skills Development Initiative. It was noted that MECC was a means of describing how to provide the workforce at all levels with the knowledge and skills to offer health chats and signpost to appropriate services. The vision being that everyone had a role to play in public health service delivery. In order to deliver the programme the following actions would need to be undertaken:

i. public health would work with local commissioners to ensure that contracts include MECC. For example ensuring that MECC training was integrated into all staff personal development plans including review and management processes;

ii. develop a "whole workforce" approach; (consider the work of Ashton Leigh & Wigan, Yorks & Humber)

iii. include MECC skills development into the Halton Workforce Strategy;

iv. making the most of existing partnerships/ training / resources e.g. corporate induction programmes, existing shared learning opportunities such as learning pool http://enable.learningpool.com;

v. adopt as part of corporate strategic vision –

include in corporate communication plan;

vi. development of a "Halton Making Every Contact Count Directory;"

vii. ensure that there was a co-ordinated approach to locality health promotion activity and campaigns that incorporate staff development at every opportunity; and

viii. provide opportunities for community groups, voluntary sector and the private sector in Halton to be included as part of wider workforce development.

RESOLVED: That the Board:

1. endorse and support an agreed local workforce development approach to roll out Making Every Contact Count across the local authority and NHS within Halton; and

2. agree to receive regular updates regarding "Making Every Contact Count" activity.

Eileen O'Meara

HWB64 HALTON CCG INTEGRATED COMMISSIONING STRATEGY 2013-15 AND OPERATIONAL DELIVERY PLAN 2013-14

At its January meeting the Board requested a copy of the drafts of the Clinical Commissioning Groups Integrated Commissioning Strategy for 2013-15 and the associated delivery plan. Copies of the draft strategy and delivery plan were circulated to Members for consideration. The plan was developed in engagement with local people and member practices. Additionally the CCG was required to take account of national drivers, including those set out in the Mandate, the NHS Outcomes and Framework and Everyone Counts.

RESOLVED: That

1. the contents of the strategy and delivery plan be noted. (These documents are both in draft form and in particular the delivery plan is at an early stage of development); and

2. a copy of the latest version of the strategy and delivery plan be circulated to Members.

Simon Banks

HWB65 HEALTHWATCH UPDATE

The Board considered a report which provided an overview of Healthwatch functions, an understanding of Healthwatch Halton's relationship to the Health and Wellbeing Board and an update on transition progress from Halton LINk to Healthwatch Halton.

RESOLVED: That the report be noted.

HWB66 NHS SUPPORT FOR SOCIAL CARE

The Board considered a report of the Strategic Director, Health and Adults which informed Members on the recent announcements about NHS support for Social Care. In previous years the Department of Health allocated non-recurrent budget allocations to Primary Care Trusts for transfer to Local Authorities to invest in social care services to benefit health and to improve overall health gain. The allocations for Halton were £1.709m in 2011/12 and £1.645m in 2012/13. Subsequently on 19th December 2012 the Department of Health announced revised allocations and transfer arrangements. For 2013/14 Halton would be expected to receive £2,287,560. The funding transfer would be carried out by the new NHS Commissioning Board. In addition Halton had been allocated Winter Pressures funding of £223,000 for 2012/13.

It was noted that as a Council with Adult Social Care Responsibilities, Halton faced a number of challenges over the next 2 years which included:

- efficiency savings of approximately £14m per annum;
- projected population growths of 7% and increases in the number of older people of 33%;
- third highest levels of deprivation in Merseyside;
- all age all-cause mortality rates are higher than the regional national average; and
- projected rise in people requiring community based services from 3,340 to 4,200.

In light of the current financial and other pressures within the Authority it was proposed that the majority of Halton's allocation would be utilised to support existing services. Proposed funding allocation for 2013/14 was to:

- maintain the Telecare Service – £140,000;
- provide additional support to the community care

budget £500,000; and

- support mainstream service delivery of £1,647,560.

RESOLVED: That the revised funding allocation be endorsed.

Meeting ended at 3.45 p.m.

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 22 May 2013 at Karalius Suite, Stobart Stadium, Widnes

Present: S. Banks, D. Johnson, A. McIntyre, E. O'Meara, Cllr Philbin, Cllr Polhill (Chairman), N. Sharpe and Cllr Wright, A Jones, J Bucknall, G Hales, A McNamara, S Wallace Bonner, S Yeoman, J Stephens, A Marr, M Cleworth, M Treharne, J Wilson and D Lyon.

Apologies for Absence: Cllr Gerrard, D. Parr, D. Sweeney, A. Williamson, N Rowe and K Fallon

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB1 MINUTES OF LAST MEETING

The Minutes of the meeting held on 13 March 2013 were taken as read and signed as a correct record subject to noting that Sally Yeoman and Gaynor Hales had submitted their apologies in advance of the meeting.

HWB2 TEENAGE PREGNANCY PRESENTATION

The Board received a presentation from John Bucknall, Integrated Commissioning Manager, on teenage pregnancy in Halton.

It was suggested that young women in Halton felt they had limited prospects in life and that the best option for them was to become pregnant. Further it was suggested that the use of drugs and alcohol amongst young people left them vulnerable in certain situations. He commented that statistics showed that families in Halton had children earlier than the national average and the pattern tended to be followed across generations.

The Board was advised that The National Support Team Visit back in October 2008 gave the following priority actions and recommendations for Halton:

- To improve and extend provision and access to a full range and choice of sexual health information, advice and services;
- The Joint Commissioning Plan needed to identify additional contraception funding already in the PCT general allocation for 2008/09 and forthcoming for 2009/10;
- There needed to be a designated young people's services with an emphasis on positive sexual health and wellbeing;
- Universal advertising aimed at young people, families/carers and professionals was required, around the availability of sexual health services;
- It was important that positive partnerships existed to encourage meaningful partnership working.

In response to the recommendations, it was reported that Halton had established a Teenage Pregnancy Group as a means to share good practice and learning to identify opportunities for collaboration. Further, Halton had increased the number of young people focused sexual health clinics and made them more accessible by changing opening times and venues. Also, media tools had been implemented to promote positive relationships and sexual health to young people, for example the website www.getiton.

Halton had also increased the number of holistic health sessions in schools, facilitated by youth workers and increased the number of targeted programmes in schools, such as *Teens and Toddlers, Skills for Change* and *Healthitude*. Further, the VRMZ outreach bus had been commissioned which provided a mobile and street based service, engaging with young people in 'hotspot' areas.

John provided the current picture of Teenage Pregnancy, in that it had fallen in 2012 and was predicted to fall in 2013. He advised that the challenges for the future would include:

- Continuing to ensure meaningful partnership working through the Targeted Youth Support Strategy Group;
- Encouraging all partners to become involved in the delivery of Teens and Toddler and other programmes in schools;
- Continuing to encourage all schools to take up the offer of targeting programmes in schools;
- Increasing the number of targeted campaigns aimed at promoting positive relationships and young people's sexual health clinics;

- Continuing to deliver sexual health provision in hotspot areas, through the VRMZ outreach bus and street based teams and to ensure sustainability of such provision;
- To monitor numbers accessing young people's sexual health clinics and review types of interventions requested;
- Continued training to all frontline staff on talking to young people about sexual health and relationships; and
- Increasing the number of male registrations on to the C-Card condom scheme.

Following the presentation the following comments were noted:

- Not all schools had engaged in the holistic health programmes, such as Catholic schools. It was noted however the programmes could be customised to suit them;
- The development of the School Nurses would help to back up the above programmes;
- It was possible to associate the drop in teenage pregnancies with the increase in GCSE achievements and reduction in NEETs;
- Pregnancy as a 'lifestyle' choice was now more difficult due to austerity measures.

RESOLVED: That the presentation and comments made be noted.

HWB3 FALLS STRATEGY 2013 - 2018

The Board was advised that falls had been identified as a particular risk in Halton due to higher levels of falls in older people as well as higher levels of hospital admissions due to falls. Consequently, a Falls Strategy for 2013 – 2018 had been developed which set out the importance of understanding the complexities of both the causes and effects of falls. In particular, the strategy highlighted the high risk of social isolation that falls could lead to.

In addition, the Strategy aimed to identify areas that needed to improve in Halton, and it also recommended the following outcomes that formed the basis for the action plan and the implementation of the strategy:

- Develop current workforce training;
- Develop a plan for awareness raising with both the public and professionals;

- Improve partnership working;
- Set and deliver specific targets to reduce falls;
- Develop a prevention of falls pathway;
- Identify gaps in funding of the pathway; and
- Improve Governance arrangements to support falls.

Members noted that it was anticipated that the strategy would be launched in June during *Falls Awareness Week*; a joint public and professional week taking place on 17th to 21st June. It was also noted that the Strategy implementation would be through the multi-disciplinary Falls Steering Group and this Group would report to the Urgent Care Board. It was proposed that performance would be reported to the Health and Wellbeing Board on a quarterly basis.

RESOLVED: That

1. the Falls Strategy 2013 - 2018 be supported and approved; and

2. the Board agrees to receive quarterly reports on performance against the strategy action plan.

HWB4 FRANCIS INQUIRY

The Board considered a report which provided an overview of the key findings and recommendations of the second Francis Inquiry and the actions to be delivered locally to ensure the quality and safety of health care provision for the population of Halton.

The Francis 2 High Level Enquiry (following on from the first one published in 2009) outlined the appalling suffering of many patients at the Mid Staffordshire Hospital. This was caused by a serious failure on the part of the Provider Trust Board who did not listen sufficiently to its patients and staff or ensure the correction of deficiencies brought to the Trust's attention. It failed to tackle an insidious negative culture involving a tolerance of poor standards and a disengagement from managerial and leadership responsibilities.

Following on from the Inquiry, all NHS Provider Trusts were now required to review this high level enquiry and assess and have an action plan in place for monitoring by the Governance Committee on behalf of the Board of Directors. This was a requirement within the Quality Contract for 2013/14 for submission to the Commissioners during early 2013.

Members were advised that the Government had produced its response to the second Francis Inquiry in March 2013 – *Patients First and Foremost*, in which it stated that the NHS was there to serve patients and must therefore put the needs, the voice, and the choice of patients ahead of all other considerations. The response outlined actions in five key areas:

- Preventing problems;
- Detecting problems quickly;
- Taking action promptly;
- Ensuring robust accountability; and
- Ensuring staff were trained and motivated.

In order to ensure the full implementation of all areas of the Inquiry recommendations, NHS Halton Clinical Commissioning Group had/would:

- Included within the contract requirements the submissions of review and action plan for the Francis Inquiry report including a commitment to the Duty of Candour;
- Included within the contract quality metric in relation to time to care, nursing/care assistant training, clinical leadership and organisational culture;
- Receive and review outcomes including delivery of actions required of internal reviews and respond appropriately;
- Develop and maintain a process to ensure cost improvement programmes within providers were reviewed and impact assessed for any potential impact on quality and safety;
- Develop and maintain processes for GPs and others including members of the public to raise concerns regarding the quality of care and ensure these were investigated and acted upon;

- Develop and maintain a robust early warning system for care quality across all providers and ensure any issues were acted upon effectively;
- Be an active member of the *Quality Surveillance Group*;
- Work with providers in a supportive way to support continuous improvements and developments in quality whilst ensuring any issues were monitored and managed effectively; and
- Ensure open, regular and robust reporting of performance of providers locally and ensure local people are engaged in these processes for reporting.

It was commented that the Quality Surveillance Groups would meet locally and regionally to provide leadership for quality improvement. They had proved useful for people to exchange information and share ideas in an open and honest way. It was noted that the local Healthwatch group were represented on the Quality Surveillance Group.

This agenda item would also be taken to the next meeting of the Safeguarding Adults Board.

RESOLVED: That

1. the contents of the report and the findings of the Inquiry be noted; and

2. the actions planned locally be noted.

HWB5 EARLY HELP STRATEGY

The Board considered a report of the Strategic Director, Children and Enterprise, on Halton Children's Trust first Early Help Strategy.

The Board was advised that Early Help had been a priority for over two years. The Early Help and Support Strategic Sub-Group (EHaS) of the Children's Trust regularly reported to the Executive Board highlighting progress of Halton's model of "Team Around the Family" (TAF).

It was reported that in 2012, the next step was for the development of an early help strategy and local offer, with the emphasis on early intervention in order to have a positive impact on families. The strategy would need to focus primarily on pre-birth to five year old children and their families. The draft Strategy attached to the report, comprised the main Strategy, four cross cutting themes that spanned across the Children's Trust, a joint action plan and an appendix that highlighted Halton's Local Offer.

RESOLVED: That

1. the Early Help Strategy, Local Offer and action plan be endorsed; and

2. the Early Help Strategy be implemented in conjunction with the 0 – 5 year old Development Action Plan, a priority of the Health and Wellbeing Board.

HWB6 NATIONAL CHILD MEASUREMENT PROGRAMME (NCMP) OUTCOMES

The Board received a report from the Director of Public Health, which provided an update of levels of childhood obesity in Halton, as recorded through the National Child Measurement Programme (NCMP). The NCMP involved school nurses measuring the height and weight of all children in reception (aged 4 – 5) and year 6 (aged 10 – 11) annually. Using these figures the child's body mass index was calculated and this provided a measure of the proportion of children who were overweight or obese in these individual year groups. Paragraph 3.4 of the report highlighted that the NCMP would report the percentage of children who were of 'excess weight', incorporating both the number of children who were overweight and the number who were obese, this would simplify the interpretation of results.

It was reported that in Halton there had been an extensive programme working with both schools and early year settings to reduce the levels of childhood obesity. This included the school Fit4Life Programme which tackled overweight and had impacted on year 6 obesity rates. The Fit4Life programme targeted schools with the highest obesity rates. It offered education for teachers and children and their parents in cooking, healthy eating and the importance of exercise. Data from the programme indicated that for participating schools the Fit4life programme reduced the level of excess weight by approximately a third. In addition, the following programmes were also offered in Halton:

- Healthitude which linked the personal, social and health education curriculum and had a healthy eating component to it;
- Healthy Early Years Programme (Fit4life) for children aged up to five and their families;
- Children's Centres and Early Years Providers continued to work to meet the Healthy Early Years standards;
- The development of an Infant Feeding Team and weaning services; and
- The national programme to increase the number of Health Visitors.

Members were advised that the data gathered for 2011/12 indicated reductions in the levels of excess weight in both reception and year 6 children when compared to 2010/11 figures. The rates of children who were obese and overweight in reception and year 6 had reduced in 2011/12 in all measures with the exception of the number of year 6 children who were overweight. However, evidence from staff running the Fit4life Programme in schools suggested that one of the reasons for the increase in the number of children in year 6 who were overweight, was as a result of obese children successfully losing weight and moving to the overweight category. It was noted that for the first time since NCMP had started, Halton had rates of obesity that were similar to the England average for all measures and ages. For a more detailed analysis, the Board was referred to the full NCMP report which was attached at Appendix one.

RESOLVED: That the Board

1. note progress in reducing levels of excess weight (overweight and obese) in children in Halton from 28.4% in 2010/11 to 23.1% in 2011/12 for children in reception and from 37.5% in 2010/11 to 34.5% in 2011/12 in year 6 children;

2. note that children in Halton were now at the same weight as the England average;

3. note the impact of the Halton Healthy Early Years Standards and schools “Fit4life” Programme; and

4. note that in the future, performance reporting against this outcome would change to a measure of “excess weight” (which included both children who were overweight and children who were obese).

HWB7 CHIMAT – CHILD HEALTH PROFILE

The Board received a report on the Child Health Profile (CHIMAT) which was released each year by the Public Health Observatory and provided a summary of the health and wellbeing of children and young people in Halton. Data that was included was available at a national level and enabled Halton to benchmark their health outcomes against the England average values.

It was noted that Health outcomes were very closely related to levels of deprivation, the more deprived an area the poorer health outcomes that would be expected. Overall

the health and wellbeing of children in Halton was generally worse than the England average, as with levels of child poverty. Currently Halton was the 27th most deprived borough in England out of 326 boroughs and, as such, would be expected to have lower than average health outcomes. It was noted that the infant and child mortality rates were similar to the England average.

Members were advised that there were 26 out of the 32 health and wellbeing indicators included in the CHIMAT report which were applicable to Halton. In the 2013 report, there was an improvement in 19 areas, equal performance in five and reductions in performance in two outcomes (which had recently improved: young people not in education employment or training; and teenage conception). Six indicators were new in 2013, therefore could not be compared to the 2012 report. The report detailed the areas where Halton had successfully improved rates, those where it had maintained and those areas where performance in Halton remained lower than the England average.

It was noted that whilst child health remained a challenge for Halton, there was a need to continue to drive to improve outcomes for children and young people. Whilst improvements had been seen in 2011/12, work to maintain these improvements would continue, in order to reduce the gap between Halton's outcomes and the England average. The Board was asked to support work in those areas where performance remained below the England average and also where progress had been made programmes in these areas be continued to be supported. The main areas identified in CHIMAT where further improvements were needed included:

- Children and young people who were not in education, employment or training and youth justice;
- Hospital admissions (all causes);
- Breast feeding rates and smoking at the time of delivery;
- Child poverty; and
- Child development.

RESOLVED: That

1. the contents of the 2013 Child Health Profile and the progress that had been made against a challenging baseline be noted. Out of the 26 areas 19 had improved (Green Arrow), 5 had stayed the same (=) and 3 were worse (red arrow). The new data for teenage conceptions showed dramatic

improvements; and

2. any comments be reported back to the Director of Public Health.

HWB8 NATIONAL CONSULTATION – SUSTAINABLE DEVELOPMENT STRATEGY FOR THE HEALTH, PUBLIC HEALTH AND SOCIAL CARE SYSTEM

The Board was advised that the Sustainable Development Unit was working in partnership across NHS England and Public Health England with the desire to engage with all agencies responsible for delivering and commissioning health within the new Health and Social Care structures. In January 2013 a new strategy for sustainable development in the health, public health and social care system was launched for consultation. The closing date for consultation was 31st May 2013 and it was suggested within the consultation document that all elected members, staff, members of the Health and Wellbeing Board and local community be consulted in order to formulate a considered response.

It was noted that the strategy consultation document would like consideration to be given to two key aspects of the next strategy:-

- Should the scope of the strategy be widened beyond the NHS to the wider social care and public health system? and

- Should the approach of the strategy be widened beyond carbon reduction to include other areas of sustainable development?

Members of the Health and Wellbeing Board were requested to comment directly to the Public Health Team by 27 May 2013 to enable collation and completion of the final consultation response by 31 May 2013.

RESOLVED: That

1. the Health and Wellbeing Board consider the proposed response to the consultation and agree the mechanism of response on behalf of Halton Borough Council; and

2. Members of the Board share the document with appropriate staff and members to generate any additional comments and suggestions and report

back to Public Health Team no later than 27th May to enable completion of the consultation process.	

Meeting ended at 3.30 p.m.

REPORT TO: Health Policy and Performance Board

DATE: 10 September 2013

REPORTING OFFICER: Strategic Director – Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: 5Boroughs Partnership - Update on Service Redesign

WARD (S): Borough Wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform the Board of local progress in implementing two service developments within the 5BoroughsPartnership NHS Foundation Trust: the Later Life and Memory Service (LLAMS) and the Acute Care Pathway (ACP). The Report will be accompanied by a presentation from the 5BoroughsPartnership

2.0 **RECOMMENDATION: That the Board note the contents of the presentation.**

3.0 **Supporting Information**

3.1 Proposals for a new approach to delivering services for people with memory loss, and for adults with mental illnesses, were first presented in detail to the Board in January 2012. The Acute Care Pathway was developed specifically for people with significant mental illnesses, and arose because of concerns expressed by patients and carers that transfers of care between the complex range of community services, and by GPs who were concerned about the pathways between their service and the hospital.

As a result of these concerns, the 5Boroughs therefore took the opportunity to fully review, with their partners, the structure and type of service they deliver, with the ACP as the final outcome. The aims of the review and development of the new service were to:

- Maximise the impact of evidence-based clinical practice
- Improve access to services and to treatment
- Increase the proportion of people receiving support at home
- Reduce the numbers of inpatient admissions and the average length of stay in hospital
- Minimise waits
- Reduce the negative impact of transferring from service to service

3.2 The LLAMS service is for all older people with memory problems, and provides specialist assessments, treatment and support. This, too, has followed from an internal review of services and subsequent redesign, in full partnership with key stakeholders. Built around a single point of access which was intended to reduce waiting times, the model aimed for better integration between inpatient and community services, with improved community services and an assumption that the need for lengthy inpatient stays would be reduced.

3.3 Since the last report to the Board, considerable work has taken place within Halton to further develop and implement these new models of service delivery. Although led by the 5Boroughs, there has been full engagement in the process by both the Borough Council and Clinical Commissioning Group. Regular local Steering Groups are in place.

3.4 The two new approaches have developed at different rates in Halton. The LLAMS processes and pathways have continued to be developed throughout this period, but actual implementation of the service has been delayed until the outcomes of a pilot programme in Wigan had been fully evaluated. This pilot has now been shown to be very successful and will be rolled out in Halton. The presentation from the 5Boroughs will cover this in more detail.

3.5 The changes required to implement the Acute Care Pathway are now in place. New teams have now been set up and all necessary procedures within the 5Boroughs have been developed. At the heart of the new service is the concept of Recovery – the understanding that, for the huge majority of people with mental illnesses, their lives can get better with the appropriate types and levels of support. In consequence, there is an expectation that people will not remain under the care of the secondary mental health service – the 5Boroughs – for any longer than they need to. As a result, the medical care of people with more complex mental health needs will be transferred back to the primary care services when appropriate, but with clear pathways for referral back as necessary. This will be explained more fully in the presentation.

3.6 It is too early to see the full results of this service redesign. Initial analysis suggests that there is less use of inpatient beds, as more people are supported in the community. The implications for the Council are similarly unclear at this stage; if more people are being treated in the community, there is a potential increase in demand for the kinds of community-based services that the Council either provides or commissions, with a risk of additional costs to the Authority as a result. This is being monitored both through the local Steering Group and the Mental Health Strategic Partnership Board.

4.0 POLICY IMPLICATIONS

4.1 It has become clear as the Acute Care Pathway has developed that key Borough Council procedures will need to be revised, particularly in terms of the use of the Mental Health Act. This has been included in the work plan for the Directorate Policy Team for 2013/14. Until the Later Life and Memory Service is fully operational, it is less clear whether any procedural changes will need to take place.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 At this stage of the implementation, no additional financial pressures have been identified for the Council. As identified above, there is however a potential for an increase in demand on local community-based services, and this could carry a risk of additional costs to the council. This is being closely monitored.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton:** there are no direct implications for children and young people arising from this service redesign. There is however an increasing understanding of the need to fully assess the extent to which the impact of an adult's mental ill-health in a household may impact on the health and wellbeing of any children within the family. This piece of work is being taken forward through the Safeguarding Children, and the outcomes of this will then inform the delivery of both the ACP and the LLAMS.

6.2 **Employment, Learning and Skills in Halton:** as a part of the process of recovery, more people with mental health problems will be encouraged to engage with further education, training and potentially employment. The implications of this are being considered within the Directorate, and strong links are in place with the wider Council strategic services responsible for these areas.

6.3 **A Safer Halton:** these service developments contribute to the development of greater social inclusion and cohesion within local communities and therefore have a direct impact on local health and wellbeing.

6.4 **Halton's Urban Renewal:** none identified.

7.0 **RISK ANALYSIS:** as part of the delivery of these new services, a risk register will be completed, along with appropriate risk control measures, to ensure that any identified risks will be mitigated. This will be reviewed on a regular basis.

8.0 **EQUALITY AND DIVERSITY ISSUES:** the new services will be delivered equally to all people according to their needs. The intention of the services is to provide improved community based care in a timely manner; this will ensure that the people who receive their services can engage more fully with their communities. An Equalities Impact Assessment will be completed by the 5Boroughs.

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

Document:	Proposal for a New Model Of Care (26 Sept 2011) 5 Boroughs Partnership
Place of Inspection:	2nd Floor, Runcorn Town Hall
Contact Officer:	Paul McWade

5 Boroughs Partnership NHS
NHS Foundation Trust

a better view...

Mental Health Services - Halton

- Later Life and Memory Services (LLAMS)
- Adult Acute Services

Presented by Julian Eyre and Donna Robinson

A Better View... *of mind & body*

Implementation of New LLAMS Pathway

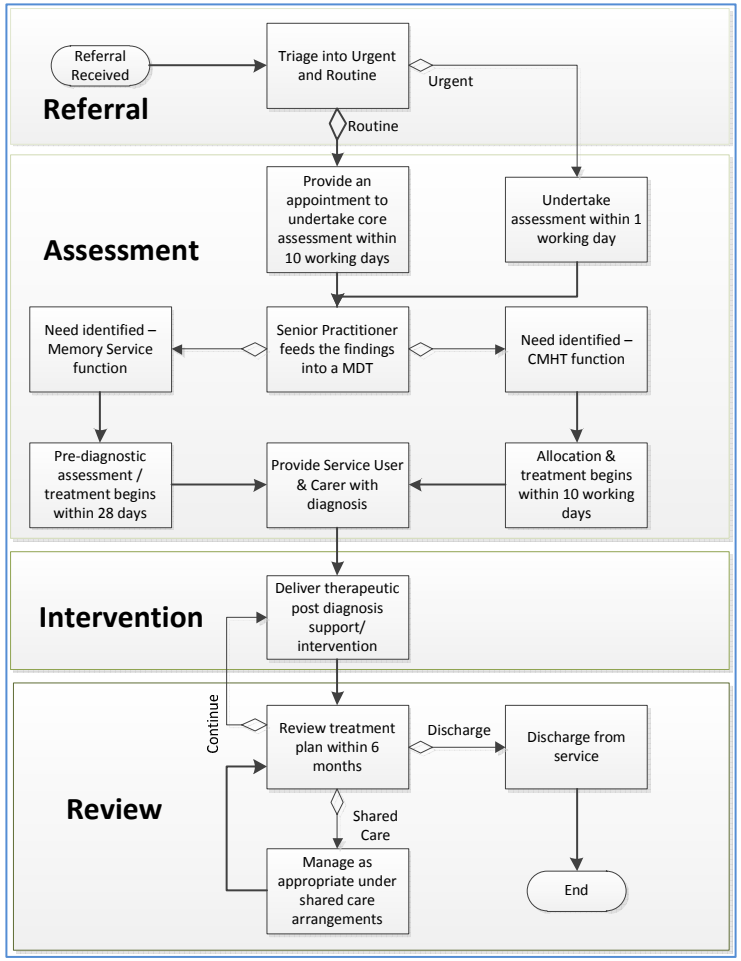
- Successful roll out of the Pathway in Halton from ***May 2013***
- Approved by CCG
- Multi-agency redesign Steering Group
- Change Plan in place
- Evaluation of Benefits of Change
- Agreed KPIs including Patient Recorded Outcome Measures

Benefits of New Pathway

- Single point of access
- Same Day Screening by Senior Nurse
- Same day Face to Face Assessment for Urgent with 10 days Non Urgent
- Single Core Assessment
- Crisis Intervention and Rapid Response
- Face to Face Assessment (for non urgent) within 10 working days
- Needs Led Care Framework/Supporting people to live independently
- Direct to Appropriate Path of Service
- Improved Access to Psychological Interventions
- Offers a comprehensive and appropriate range of interventions
- Reduce Length of time to Treatment
- Reduce Bed Occupancy

New Community Pathway

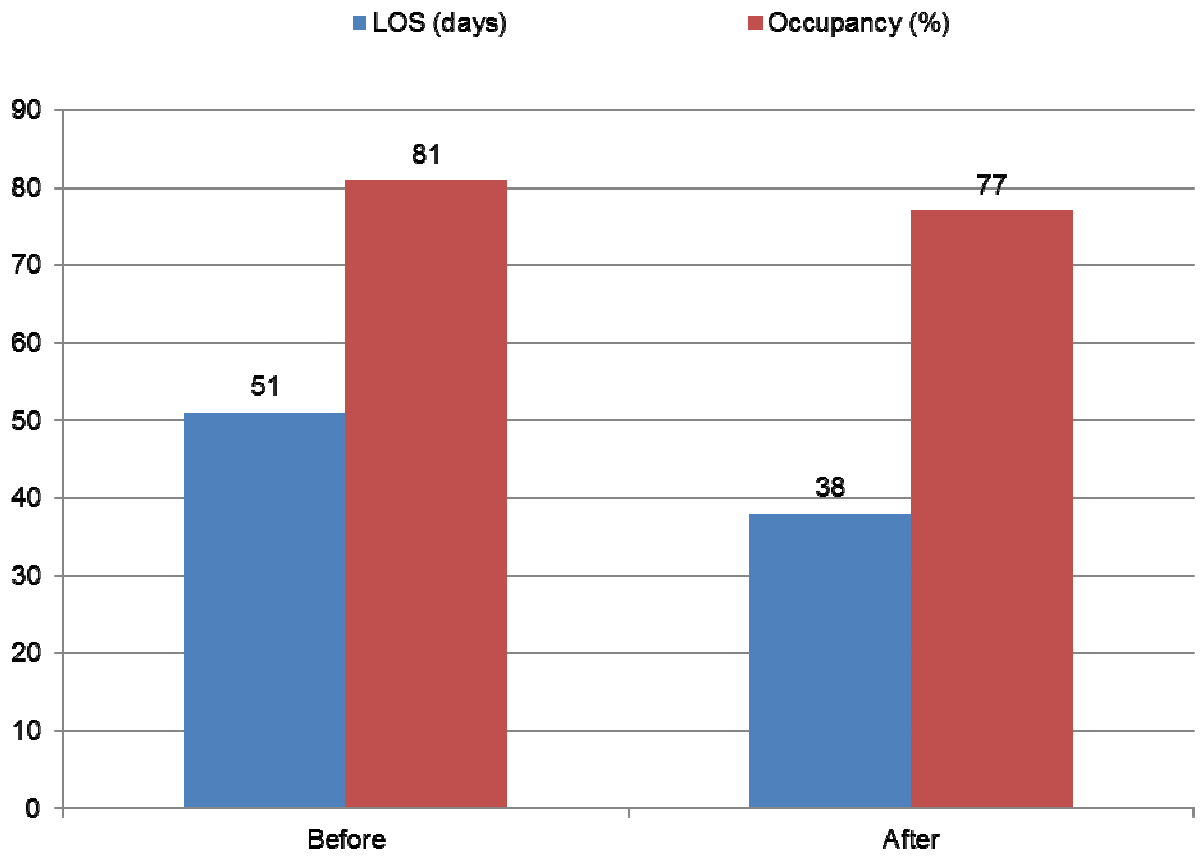
- A single community team
- 4 key service functions
- Improved throughput, capacity and speed of response
- Commenced May 2013



Key Findings

- Be aware only 2 months data - very early days.
- 45 – 50 referrals each month;
- 99% Accepted into service
- Urgent 100%, Routine 85% seen within target timescales
- 60% Memory Clinic, 40% CMHT,
- All Carers offered a Kingston Carers Assessment & referred on where appropriate
- Initial SU's and Carers feedback rate the changes as positive

Impact upon In-Patient Care



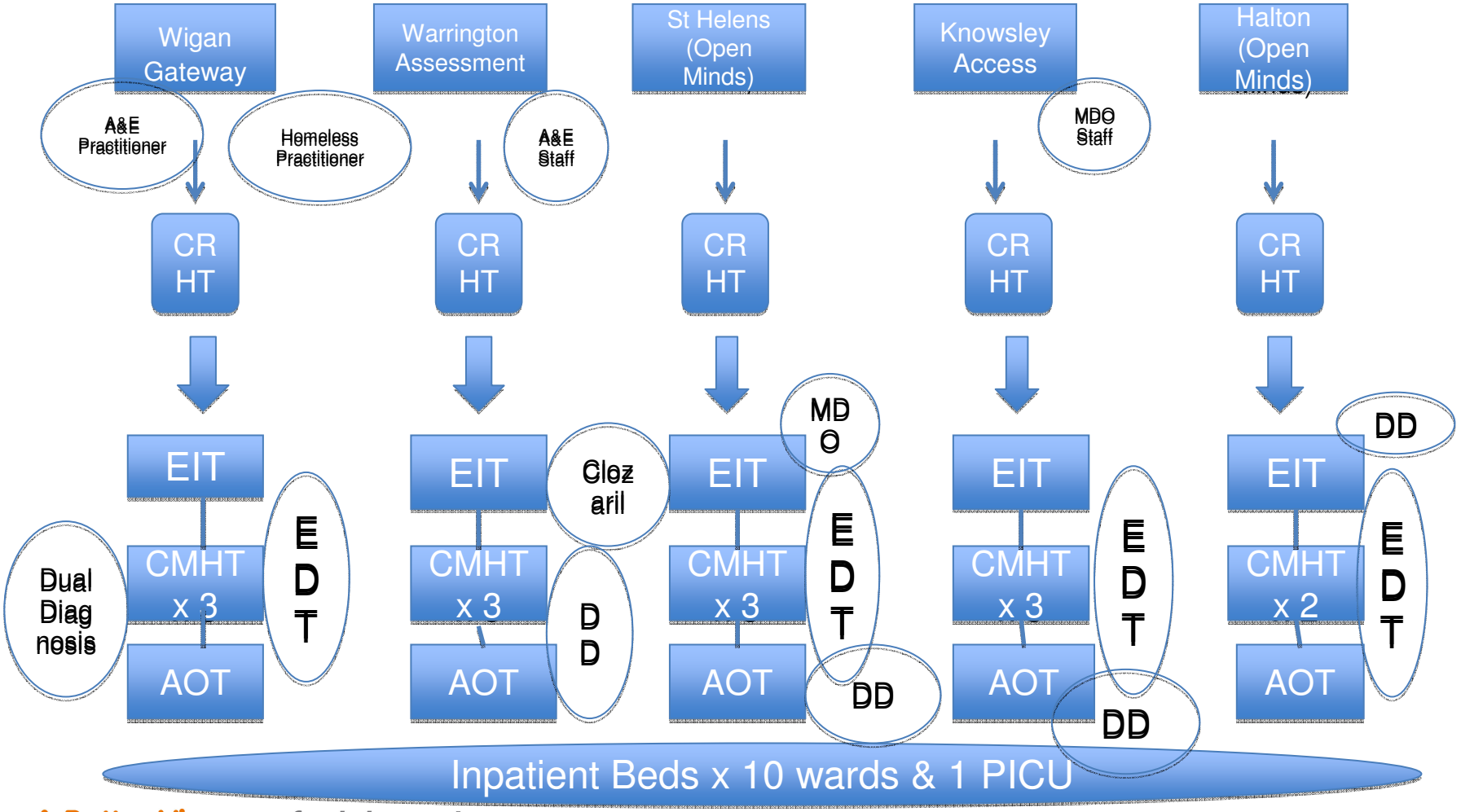
Implementation of New Adults Pathway

- Successful roll out of the Pathway in Halton from May 2013
- Approved by CCG
- Multi-agency redesign Steering Group
- Change Plan in place
- Evaluation of Benefits of Change underway
- Continue to develop the KPIs including Patient Recorded Outcome Measures

Expectations – Acute Care Pathway

- Extended Opening Hours
- Easier referral system
- Single care assessment process
- Shorter length of stay in inpatient settings
- Reduced readmission rates
- Improved interface between service providers
- Improved outcomes for service users and carers

Before ACP


Wigan Gateway
Warrington Assessment
St Helens (Open Minds)
Knowsley Access
Halton (Open Minds)
A&E Practitioner
Homeless Practitioner
A&E Staff
MDO Staff
CR HT
CR HT
CR HT
CR HT
CR HT
EIT
EIT
EIT
EIT
EIT
Dual Diag nosis
CMHT x 3
CMHT x 3
CMHT x 3
CMHT x 3
CMHT x 2
AOT
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EDT
Cloz aril
DD
MDO
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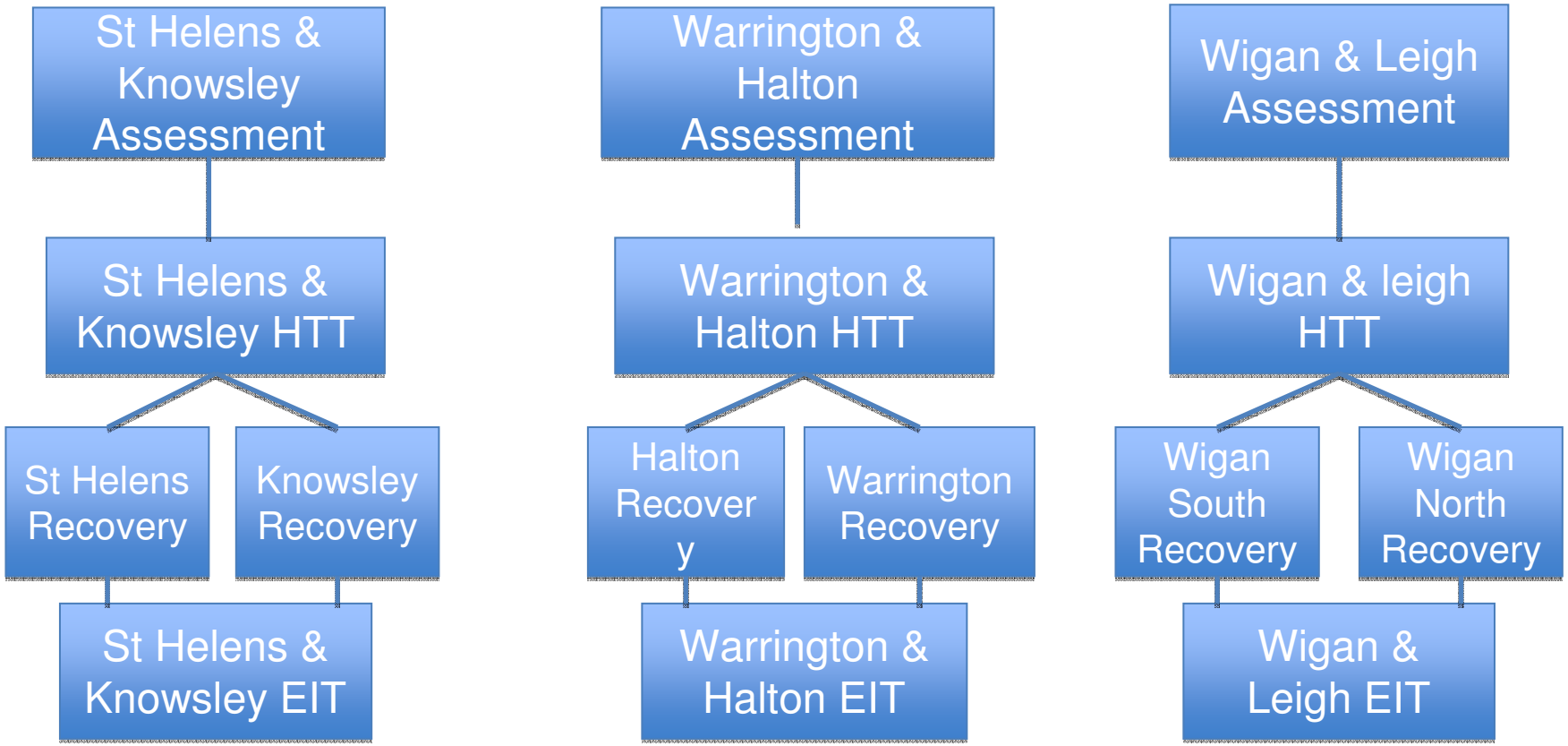
Inpatient Beds x 10 wards & 1 PICU

ACP Structure



Adults - Acute Care Pathway

- New Assessment and Home Treatment Services commenced June 2012
- 24 hour Assessment Service in place
- Standardised referral form
- 7 day per week Home Treatment
- Improved access from primary care to consultants

Adults - Acute Care Pathway

- Improved Buildings and IT Infrastructure
  - Brooker Centre, Wakefield House, St Johns
  - Mobile working pilots
- Workforce plan implemented successfully
- New Recovery Service implemented Dec 2012
- Commencement of recovery focussed pathway across in-patient services

Halton Performance – July 2012 – July 2013

- Average referrals to assessment team = 142 per month
- Previous data held by Open Minds
- Waiting times: - emergency 84.2 %, urgent 75%, routine 88.8%
- HTT episodes – continue to monitor but unable to benchmark – change of function
- IP admissions – 2011 – 2012 average 29 pm, 12-13 average 25 pm (3 delayed discharges at end July 13)
- Decreased lengths of stay – 43.1 (11-12) to 33.1 (12-13) occupied bed days

Measuring ACP Success

- Not solely about response times
- Linkages to other parts of the pathway
- Positive outcomes – reduced length of stay, reduced delayed discharges, reduced re-admission rates, improved HONOS scores
- Benchmarking and exploring the evidence base of developments

Next Steps….

- Ongoing improvement to data capture
- Focus on the concept of whole person recovery
- Continued collaborative work with CCG partners:

  - access

  - DNA

  - Liaison Psychiatry
- Continued focus on In-patient quality: HONOS, RFP
- Continue Member and LA Engagement
- Continue to develop the KPIs including Patient Recorded Outcome Measures

Thank you

Questions?

REPORT TO: Health Policy and Performance Board

DATE: 10 September 2013

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Warrington & Halton Hospitals NHS Foundation Trust : Dementia Friendly Environments

WARD(S): Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide the Board with an update on the Warrington & Halton Hospitals NHS Foundation Trust bid for 'Dementia Friendly Environments' funding from the Department of Health.

2.0 RECOMMENDATION: That the Board note the contents of the report.

3.0 SUPPORTING INFORMATION

3.1 One hundred and sixteen hospitals and care homes have been awarded a share of a £50 million fund from the Department of Health. The money will be used to launch care environment pilot projects designed for the needs of people with dementia.

3.2 Funding was awarded to projects that demonstrated how practical changes to the environment within which people with dementia are treated in will make a tangible improvement to their condition

3.3 The projects will form part of the first national pilot to showcase the best examples of dementia friendly environments across England, to build evidence around the type of physical changes that have the most benefit for dementia patients.

3.4 Warrington & Halton Hospitals NHS Foundation Trust were successful in their bid for Dementia Care Scheme funding. The total value of the funding awarded is **£1,053,322**, which will be used to transform the care environment for patients with dementia in hospital.

3.5 Plans for the funding include a redesign of an existing ward at Warrington Hospital and a new garden area to promote relaxation, stimulation and a calmer environment for patients with dementia.

4.0 POLICY IMPLICATIONS

4.1 Good quality care for people with a dementia diagnosis, and their carers, is a

priority of the national and local dementia strategies and Halton's Health and Wellbeing Strategy.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Warrington and Halton Hospitals NHS Foundation Trust will keep the Health Policy and Performance Board informed of financial and other implications as plans are developed and implemented.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**

None identified at this time

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

None identified at this time

6.3 **A Healthy Halton**

Halton residents with dementia who use Warrington Hospital will have access to high quality, safe care in environments designed specifically for their needs.

6.4 **A Safer Halton**

None identified at this time

6.5 **Halton's Urban Renewal**

None identified at this time

7.0 RISK ANALYSIS

7.1 Risk analysis will form part of the planning and implementation of development of plans to utilise this funding.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified at this time

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

9.1 None under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 10 September 2013

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health & Wellbeing

SUBJECT: Performance Management Reports, Quarter 1, 2013 – 14

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 This Report introduces, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to health in Quarter 1 of 2013-14. This includes a description of factors which are affecting the service.

2.0 **RECOMMENDATION: That the Policy and Performance Board**

i) Receive the Quarter 1 Priority Based report;

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

iii) Highlight any areas of interest or concern for reporting at future meetings of the Board

3.0 **SUPPORTING INFORMATION**

3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. In line with the Council's performance framework, therefore, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 1 2013 – 14.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications associated with this Report.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no other implications associated with this Report.

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

6.1 **Children & Young People in Halton**

There are no implications for Children and Young People arising from this Report.

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

There are no implications for Employment, Learning and Skills arising from this Report.

6.3 **A Healthy Halton**

The indicators presented in the thematic report relate specifically to the delivery of health outcomes in Halton.

6.4 **A Safer Halton**

There are no implications for a Safer Halton arising from this Report.

6.5 **Halton's Urban Renewal**

There are no implications for Urban Renewal arising from this Report.

7.0 **RISK ANALYSIS**

7.1 Not applicable.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no Equality and Diversity issues relating to this Report.

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

None under the meaning of the Act.

Health PPB Thematic Performance Overview Report

Directorate: Communities Directorate

Reporting Period: Quarter 1: 1st April 2013 – 30th June 2013

1.0 Introduction

This report provides an overview of issues and progress for the Health PPB that have occurred during the first Quarter of 2013/14. It describes key developments and progress against key objectives and performance indicators for the service.

2.0 Key Developments

There have been a number of developments within the first Quarter which include:-

COMMISSIONING AND COMPLEX CARE SERVICES

Mental Health Services

Section 136 Mental Health Act is the part of the Act which allows police officers to take people they find in a public place to a place of safety for assessment, if they believe they are mentally disordered and may pose a risk to themselves or other people. This needs close co-operation between the police, the Council social services team and the 5BoroughsPartnership, and there is a requirement that a multiagency policy and procedure, with agreed places of safety, should be in place. This work continues to develop; a draft process and policy has been developed by the police and can be agreed by the Council, but the work within the 5Boroughs has yet to be completed. This will be taken forward during the next Quarter.

Assessments for admission to hospital under the Mental Health Act are undertaken under most circumstances by doctors who are approved under Section 12 Mental Health Act as having special knowledge and experience in mental health issues. There have been some difficulties with securing adequate cover for this role, but continuing work from the Clinical Commissioning Group is resolving this issue.

A Mental Health Strategy is being drafted for Halton and will be presented for comment to the Health Policy and Performance Board in September 2013.

The pilot to deliver lower level social care support from the Mental Health Outreach Team within primary care continues to be developed. All surgeries have received a letter inviting them to join the pilot and there has been an encouraging response. This will be taken forward in the next Quarter.

Healthwatch Halton

Healthwatch Halton commenced on 1st April 2013. A transition from Halton LINK to a new organisation - Healthwatch Halton took place. A formal transition period took place prior to Quarter 1 to ensure that Healthwatch Halton would be up and running from 1st April 2013. Healthwatch Halton is registered with Companies House as a Community

Interest Company (CIC). Healthwatch Halton is supported by Halton and St Helens VCA under sub-contracting arrangements, which includes the provision of three full-time staff. Activity during the first quarter has centred on establishing Governance arrangements and building relationships, including, appointing a Board, Chair and Committee, which are now formally in place. Healthwatch Halton held a formal 'launch' on 5th July which was very well attended.

Running in tandem was the procurement of an Independent NHS Complaints Advocacy Service. Halton Borough Council took part in a cross-collaboration procurement exercise and the contract covering the Cheshire and Merseyside regions was awarded to Carers Federation. The service also commenced on 1st April 2013. In the first quarter there were three new cases where Halton residents required complaints advocacy support. Information regarding cases which require advocacy support will be reported to Healthwatch Halton and to the Clinical Commissioning Group (CCG) Quality Committee on a regular basis.

Carers

Having identified a number of issues around carers assessments, a review of this process is underway. Participants include the Carers Centre, Commissioning and Carefirst 6 staff. The aim of the review is to establish a more efficient and 'carer friendly' process with a view to eventually transferring assessments from the social care teams to the Carers Centre. Carers breaks that will flow from the new assessment will be supported via a pooled budget arrangement with Halton CCG.

The Carers Strategy Group action plan is also continuing to evolve. The latest developments will involve Job Centre Plus and will concentrate on supporting carers into employment & training and providing information in order that individuals can make informed decisions with regards to the upcoming impact on the introduction of Universal Credit

PREVENTION AND ASSESSMENT SERVICES

Halton Care Homes Project

This project has now commenced work with 4 homes in the borough. Nursing and social work staff are undertaking some baseline data collection with the care homes looking at the needs of residents, staff and how the wider system of health and social care can better support this group of people. The team will be joined by a Consultant Physician and is working with existing community and mental health services that support people in care homes.

Community Multi-disciplinary Teams

Work has been on-going with Halton Clinical Commissioning Group, General Practices, Bridgewater Community Healthcare Trust in developing an integrated approach to delivering care for people with high level needs based around their GP practice. We are currently moving forward on gaining some Clinical Facilitator time to support practices in implementing their models. Social care teams are realigning their work to match against General Practices and staff will start attending the surgeries in Widnes (as they do in Runcorn) during the summer.

Care Management and Assessment Services

The Care Management Teams are participating in the development of community Multi-disciplinary Teams that will be locality based, now making steps to be aligned to GP practices across Widnes and Runcorn.

Care and Support for You Portal

There is on-going development of an online, "Care and Support for You" portal. This is a website where you can easily find lots of information about Adult Social Care Support and Services to help you get on with your life and keep your independence. 'Care and Support for You' delivers information and advice, signposting citizens to the relevant information, and towards enabling self-assessment and self-directed support. The portal has now gone LIVE with over 3,000 organisations now available in the public domain. 'Care and Support for You' is also being used by our care management teams to signpost citizens to the relevant information required. System Administration access has been given to a number of providers for them to amend and change information on their own service page; this enables the information on the website to up to date. A marketing plan is being finalised. The Marketing Report has been produced and will be presented to the Directorate for approval September 2013, once this has been done we can then deliver workshops to the public, clients and external organisations to promote the website. 'Care and Support for You'.
http://halton.olminfoserve.co.uk/home/defaultalt2.aspx

3.0 Emerging Issues

3.1 A number of emerging issues have been identified during the first Quarter that will impact upon the work of the Directorate including:-

COMMISSIONING AND COMPLEX CARE SERVICES

Market Position Statement

From 1st April, 2014 all Local Authorities will have a duty to shape their local Adult Social Care market to ensure that the local service mix is shaped to meet the needs of the local population. All Local Authorities in England have been provided with three day's support from the Institute of Public Care (IPC) to help develop their role in market shaping. This includes support to develop a Market Position Statement for Adult Social Care. During the first quarter work has begun on the development of a Market Position Statement for Adult Social Care, covering the Borough of Halton. The Market Position Statement is inclusive of the whole market and not just the proportion of the market that the Council commissions. The audience for the Market Position Statement is Commissioners and Providers of Adult Social Care services within the Borough of Halton. It is expected that the first Market Position Statement for Adult Social Care for Halton will come into effect on 1st April, 2014.

Joint Strategic Performance Arrangements

At the beginning of April 2013, there were a number of changes that came into effect, namely the establishment of the Halton Clinical Commissioning Group and the transfer of Public Health responsibilities to the Council. In light of this and a commitment to increasing integrated working arrangements, a mapping exercise commenced during

Quarter 1 to review statutory reporting requirements across the Adult Social Care Outcomes Framework, NHS Outcomes Framework, Public Health Outcomes Framework and NHS Constitution. The intention of this work is to identify reporting responsibilities, areas of overlap and the development of an overarching integrated strategic performance framework which brings together strategic priorities within one framework. Additionally, due to changes in governance, it is intended that this work will identify the reporting requirements to existing as well as new and emerging boards and groups. It is expected that this work will continue throughout 2013/14.

PREVENTION AND ASSESSMENT SERVICES

End of Life Care

Training was held late 2012 for staff across care management and assessment services with the aim of increasing knowledge of end of life care issues. The 2 day course was run in conjunction with Halton Haven Hospice and Halton Borough Council Learning & Development Division, The Learning outcome was to enable staff to identify and relate end of life care to client assessment. The course has started to equip staff with knowledge and confidence to use end of life care tools and advance care planning during assessment. We had a follow up event in June 2013 to develop fourteen staff as dedicated champions of end of life care.

These champions will attend a Multi Agency End of Life Champions Forum. They are also to spend dedicated time with staff at Halton Haven who will operated a buddying approach for staff, with the opportunity to shadow more experienced staff to enhance staff confidence, learning and development.

Winterbourne View

Winterbourne View Review Concordat: Programme of Action was published by the Department of Health in December 2013. Halton CCG and Council are in the process of developing a localised action plan – this will be monitored through the Learning Disability quality and performance then reported to the Learning Disability Partnership Board and CCG Quality and Integrated Governance Committee.

- By April 2014, each area will have a joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with best practice as a consequence; there will be a dramatic reduction in hospital placements for this group of people.
- The Council has continued to work with health colleagues to review all out of area placements regardless of funding arrangements.
- Halton have a strategic task group set up to ensure those placed out of area are managed and monitored appropriately with professionals tasked with reassessing those individuals to enable them return to Halton. This work has been on-going with successful placements now achieved locally with the co work of the care management teams, health colleagues and the Positive Behaviour team.
- Executive report 17th July, 2013 with Winterbourne View Update
- Winterbourne View Stock take submitted to Local Government Association (5th July)

- Joint Health and Social Care Learning Disability SAF to be submitted 30th September 2013 working group chaired by Operational director leading on LD SAF and Winterbourne.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of the 2013/14 Business Plan , the service was required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Register.

As a result, monitoring of all relevant 'high' risks will be undertaken during Quarter 2 and Quarter 4.

5.0 Progress against high priority equality actions

There have been no high priority equality actions identified in the quarter.

6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Communities Directorate. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

Commissioning and Complex Care Services

Key Objectives / milestones

Ref	Milestones	Q1 Progress
CCC1	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. **Mar 2014.** (AOF 4) **KEY**	✓
CCC1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. **Mar 2014.** (AOF 4) **KEY**	✓
CCC1	Continue to implement 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. **Mar 2014** (AOF 4) **KEY**	✓
CCC1	Develop a Homelessness strategy for 3-year period 2013-2016 in line with Homelessness Act 2002. March 2014. (AOF 4, AOF 18) **KEY (NEW)**	✓
CCC2	Update the JSNA summary of findings, following community consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton. **Mar 2014** (AOF 21 & AOF 22) **KEY**	✓

SUPPORTING COMMENTARY

Services for children and adults with Autistic Spectrum Disorder

Autism Strategy Group continues to monitor progress.

Implementation of Dementia Strategy

The Dementia Strategy is now already complete and scheduled for Executive Board 12 September, 2013.

Implementation of service redesign within 5Boroughs Partnership

The 5BoroughsPartnership have now fully implemented the Acute Care Pathway, with many people who were formerly managed by the 5Boroughs now being supported through primary care services. The Directorate remains fully engaged in this process. The services for older people with mental health problems continue to be progressed, with a successful pilot in Wigan being repeated in Halton. The Trust is reporting on progress to the Health PPB in September 2013.

Development of Homelessness Strategy

A draft review of homelessness services was completed February 2013 and consultation events were held with partners on 27th March 2013 and with members on 27th July 2013. The event allowed the authority to consult with both stakeholders and members which was considered a successful day and all the consultation details will be included in the final review document.

It is anticipated that the Strategy review and Action Plan will be completed and circulated by September 2013 and the relevant Homeless Forum Sub Groups and Strategic Commissioning Group will form part of the development and implementation of the strategic review process.

Update of Joint Strategic Needs Assessment

A refresh of Halton's JSNA commenced in Q1. The refresh has been undertaken by Public Health.

Key Performance Indicators

Ref	Measure	12/13 Actual	13/14 Target	Q1	Current Progress	Direction of travel
CCC 5	Total number of clients with dementia receiving services during the year provided or commissioned by the Council as a percentage of the total number of clients receiving services during the year, by age group. (Previously CCC 8)	4.0%	5%	3.55 %	?	

CCC 6	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 8).	0	[1.2]	0	✓	↑
CCC 7	Number of households living in Temporary Accommodation (Previously NI 156, CCC 10).	6	[12]	6	✓	↑
CCC 8	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough) (Previously CCC 11).	5.42	[4.4]	7.76	✓	↑
CCC 11	Carers receiving Assessment or Review and a specific Carer's Service, or advice and information (Previously NI 135, CCC 14).	18.87 %	25%	4.90 %	?	↑

Supporting Commentary

CCC5

It is clear that there are issues on how dementia is recorded within CareFirst. This is particularly challenging as people diagnosed with dementia may well have dual diagnosis and this would be how they are categorised on CareFirst.

In addition, there has been a significant increase in the number of people supported by both the 5Boroughs Partnership and the Alzheimer's Society, but neither cohort is currently recorded on CareFirst. A solution to this is being sought.

CCC6

The Authority signed up to the Merseyside Sub Regional, No Second Night Out scheme in 2012. The service provides an outreach service for rough sleepers and has a close working partnership with Halton to identify and assist this vulnerable client group. The Authority will continue to strive to sustain excellent performance towards repeat homelessness within the district.

CCC7

Established prevention measures are in place and the Housing Solutions team will continue to promote the services and options available to clients.

There has also been a change in the TA process and accommodation provider contracts. The emphasis is now focused on independence, which has developed stronger partnership working and contributed towards an effective move on process for clients. The Authority will strive to sustain the reduced TA provision.

CCC8

The Housing Solutions Team promotes a community focused service. During the last 2 years there has been an increase in prevention activity, as officers now have a range of resources and options to offer clients threatened with homelessness. Due to the proactive approach, the officers have continued to successfully reduce homelessness within the district.

CCC11

This indicator is slightly improved on the position at the same time last year. A project is currently taking place to improve the processes for assessment and review of carers and this will lead to longer term improvements.

II ***Prevention and Assessment Services***

Key Objectives / milestones

Ref	Milestones	Q 1 Progress
PA1	Implement and monitor the pooled budget with NHS partners for complex care services for adults (community care, continuing health care, mental health services, intermediate care and joint equipment services). **Apr 2014.** (**AOF 21 & 25**) **KEY (NEW)**	✓
PA1	Engage with new partners e.g. CCG, Health LINks, through the Health and Wellbeing Partnership to ensure key priorities, objectives and targets are shared, implementing early intervention and prevention services. **Mar 2014.** (*AOF1, 3 & 21*) **KEY (*NEW*)**	✓
PA1	Review the integration and operation of Community Multidisciplinary Teams. **Mar 2014.** (*AOF 2, 4, & 21*). **(*NEW*) KEY**	✓
PA1	Develop working practice in Care Management teams as advised by the Integrated Safeguarding Unit. **Mar 2014** (AOF 10) **(*NEW*) KEY**	✓
PA1	Embed and review practice in care management teams following the reconfiguration of services in 2012/13 to ensure the objectives of the review have been achieved. **Mar 2014** (AOF 2, 4). ***(NEW)*** **KEY**	✓
PA1	Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets. **Mar 2014** (AOF 2, AOF 3 & AOF 4) **KEY**	✓

SUPPORTING COMMENTARY

Implementation of pooled budget

The pooled budget has been fully implemented, with regular monitoring reports to the partnership board. Further work on pathways and processes will be progressed.

Engagement with partners to ensure delivery of early intervention and prevention services

The Health and Well-Being partnership approach is being successfully implemented, focussed work on the prevention of falls is underway.

Community Multidisciplinary Teams

We are currently moving forward on gaining some Clinical Facilitator time to support practices in implementing their models using risk stratification. Social care teams are realigning their work to match against General Practices and staff will start attending the surgeries in Widnes (as they do in Runcorn) during the summer.

Develop working practice within care management teams which is advised by the Integrated Safeguarding Unit

Working practices are being progressed within the new structure including a focus on prevention and quality.

Continue to embed and review practice within care management teams

Work is progressing well, with the recent establishment of a practitioner group to ensure ownership of the recent changes.

Continue to ensure the delivery of personalised quality services through self directed support and personal budgets

Review of systems to ensure effectiveness is underway.

Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q4	Current Progress	Direction of travel
PA 2	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously EN 1)	84.35	99	Actual Number is: 327	✓	↑
PA 3	Percentage of VAA Assessments completed within 28 days (Previously PCS15) (Previously PA5 [12/13], PA8 [11/12])	86.73%	82%	88.15%	✓	↑

PA 7	**Percentage of items of equipment and adaptations delivered within 7 working days (Previously PA11 [12/13], PA14 [11/12], CCS 5)**	94%	97%	95.77%	✓	↑
PA 1 (AQuA 8)[1]	Proportion of local authority ASC spend on aged 65+ on res/nursing care	44.7%	45%	Not yet available	To be included	To be included
PA 9	Percentage of people receiving a statement of their needs and how they will be met (Previously PA 13 [12/13], PA 15, PCS 5, PAF D39)	96.53%	99%	76.82%	✓	↓
PA 10	Proportion of People using Social Care who receive self-directed support and those receiving Direct Payments (ASCOF 1C(1), Previously PA 14 [12/13], NI 130, PA 29)	75.6%	78%	74.5%	✓	↑
PA 11	Permanent Admissions to residential and nursing care homes per 100,000 population, 65+ (ASCOF 2A(1)	439.67	589.87	236.0	✓	N/A
PA 12	Permanent Admissions to residential and nursing care homes per 100,000 population,18-64 (ASCOF 2A(2)	11.4	15.2	3.8	✓	N/A
PA 14 (SCS HH10)	Proportion of Older People Supported to live at Home through provision of a social care package as a % of Older People	14.2%	15%	14.24%	✓	↑

[1] ADASS AQuA Benchmarking suite. Figure reported represents 2011-12 data which was reported at 2012-13 year end.

	population for Halton (Previously PA17 [12/13])					

SUPPORTING COMMENTARY

PA2

On track to achieve target by the end of the year.

PA3

On track to achieve target by the end of the year.

PA7
Improved performance on last year Q1.

PA1

This information is not currently available and will be supplied from Quarter 2

PA9

Q1 performance is lower than expected at Q1- work is on-going to ensure we achieve the target by end of year.

PA10

There has been a slight dip in performance in Quarter 1, as compared with last year's overall performance, but there is a significant improvement on the same time last year, and work is continuing to maintain this same high standard.

PA11

On target to achieve by the end of the year. Target readjusted in line with increasing population of older people.

PA12

On target to achieve by the end of the year. Target readjusted in line with increasing population of older people.

PA14

In line with target. The indicator is affected by 7% population increase.

APPENDIX

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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

HEALTH PPB – 10 SEPTEMBER 2013

PERFORMANCE MONITORING QUESTIONS AND RESPONSES

The following questions have been submitted:-

1 **Page 40 Warrington & Halton Hospitals, were successful in their bid for Dementia Care scheme funding £1,053,322, and plan to redesign an existing ward and a new garden area, my questions are:-**

1) What is the total estimated costs for this project?
2) What will be done with any funding not spent on the project?

Response

Simon Wright advises that the bid was for £1,053,322 and the cost is for the bid submitted – the full capital cost

2 **Page 45 Carers. What exactly is a pooled budget? And what are the contributions from the various providers? Have carers centres got capacity to carryout assessments? and are they also going to carryout annual reviews of assessments?**

Response

Both Halton Borough Council & Halton CCG are funding work on around the carers agenda. This year Halton Borough Council are investing £509,640 and Halton CCG £358,943. A total of £868,583. Both organisations have agreed to combine their funding to achieve the aims of the Carers Strategy.

A 'task and finish' group with membership from the Carers Centre and Adult Social Care and chaired by the Divisional Manager Mental Health, is currently reviewing carers assessments.

3 **Page 115 E-Learning. How is e-learning evaluated? How do you assess knowledge learned or gained?**

Response

At the end of the Dementia e-learning module the employee completes an evaluation questionnaire regarding their learning experience. To ensure that the employee has met the learning outcome an assessment is undertaken with a pass rate of 80%. Each employee shall then discuss their learning with line manager to ensure a transfer of knowledge into working practice.

REPORT TO: Health Policy and Performance Board

DATE: 10 September 2013

REPORTING OFFICER: Director of Public Health

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

SUBJECT: Longer Lives

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to present the Policy and Performance Board with information relating to the new Longer Lives website and provide some explanation regarding the findings from a local perspective.

2.0 RECOMMENDATION: That

(i) **The Board note the contents of the report and;**

(ii) **Feedback comments to the Director of Public Health**

3.0 SUPPORTING INFORMATION

3.1 On 12th June 2013 Public Health England launched the new Longer Lives website. The website has been specifically designed to provide local authorities and the NHS with an insight into the top causes of avoidable early death in their areas such as heart disease, stroke and cancer, and how they compare to other areas with a similar social and economic profile.

3.2 The website is intended to support Local Authorities in identifying their priorities and to help guide their health and wellbeing strategies. Using a traffic-light rating system, the website ranks areas showing those above average in tackling avoidable deaths as green, while those that still have more to do, are red.

3.3 Halton's profile can be accessed by following the attached link: http://longerlives.phe.org.uk/area-details#are/E06000006/par/E92000001 Longer Lives provides peer grouping so local authorities can compare their premature mortality rates with others of similar socioeconomic status.

Halton Data

3.4 The Longer Lives website uses 2011 data and compares us to the rest of England. It also compares us to areas with similar levels of deprivation but

very different ethnic groups with different lifestyle habits. Next to these areas we are a little better or worse than average for liver disease, lung disease, heart disease and stroke. We are worst in the group for cancer.

3.5 The graphs in Appendix 1 show how we compare to our usual industrial hinterlands statistical neighbours; Salford, St Helens and Hartlepool that have very similar problems. These graphs indicate Halton is on a par with these areas for the diseases outlined in Longer Lives.

3.6 Whilst the data indicates that Halton continues to have many challenging health issues it is important to acknowledge that significant progress has been made over the last decade to improve overall health and wellbeing and reduce health inequalities. Some of these improvements are listed below:

- The Halton mortality rate for cancer for under 75's in 2010 was the third lowest in any year since 1993, with 147.96 mortalities per 100,000 population

- The rate of lung cancer in men has fallen from 133 to 90 per 100,000 between 1993 and 2009. This fall matches the fall in the number of men smoking.

- The rate of liver disease has decreased from 20.9 per 100,000 population in 2004-06 to 13.9 per 100,000 in 2008-10.

- Lung disease in Halton is ranked as 121st (out of 149) in England. However, when compared to areas with a similar level of deprivation, the Halton rate is better than average.

- Mortality rates for bronchitis, emphysema and other COPD peaked during 2003-05 at 46.6 per 100,000 population and has decreased to 38 per 100,000 population in 2008-10.

- Research shows that 80% of people who develop bronchitis and emphysema are smokers. Smoking in Halton has declined in recent years with only 23% of the adult population smoking compared to 35% a decade ago. However, the legacy of smoking and existing smoking levels still places a burden of ill health on the population.

- Even though Halton is ranked as 134th out 150 in England for heart disease, the rate has reduced by 47.2%.

Factors affecting Health and Wellbeing

3.7 It is well documented that an individual's health and wellbeing is affected by a range of associated factors. For example:

- Poverty
- Individual lifestyle factors (e.g. diet, smoking and exercise);

- Social and Community networks;
- Living and working conditions; and
- General socio-economic and environmental factors.

When taking these factors into consideration it becomes easier for us to understand why some communities like Halton, suffer disproportionately from poorer health than others due to higher levels of deprivation and disadvantage.

3.8 The latest report into Health Inequalities, *Fair Society, Healthy Lives*, produced by Professor Sir Michael Marmot in February 2010, further cemented this view and advocated action across all the social determinants of health. The Review highlights six key policy objectives which will require action across the life course:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

The Halton Approach

3.9 In developing Halton's Health and Wellbeing Strategy full consideration has been given to the key health and wellbeing issues using local evidence, data and consultation. The Strategy has also been developed using a life-course approach as advocated by the Marmot Review.

3.10 The priorities for Halton's Health and Wellbeing Strategy 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 detection of mental health conditions

3.11 Many of the actions that will take place within each of these priority areas will have a direct impact on addressing the issues outlined as part of *Longer Lives* as well as addressing wider health inequality issues. As well as using the life course approach, actions have been developed across partnerships to ensure an inclusive approach that tackles the wider social determinants of health and wellbeing.

4.0 POLICY IMPLICATIONS

4.1 The *Longer Lives* website highlights a number of key health issues for Halton. The Health and Wellbeing Strategy together with a number of related strategies is already addressing many of the issues highlighted.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There are no direct financial implications as a result of this report. Actions identified within the Health and Wellbeing Strategy and associated strategies however, may have implications that will be reported to the relevant boards as they arise.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**
Improving the Health 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 and Skills in Halton**
The above priority is a key determinant of health. Therefore improving outcomes in this area will have an impact on improving the health of Halton residents

6.3 **A Healthy Halton**
All issues outlined in this report focus directly on this priority.

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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 should therefore, be a key consideration when developing strategies that examine the wider determinants of health and wellbeing.

7.0 RISK ANALYSIS

Developing strategies to address the issues outlined by *Longer Lives* in itself does not present a risk. However, there may be risks associated with the recommended actions. These will be assessed as appropriate. There are no

financial risks associated directly with this report. The recommendations are not so significant that they require a full risk assessment.

8.0 EQUALITY AND DIVERSITY ISSUES

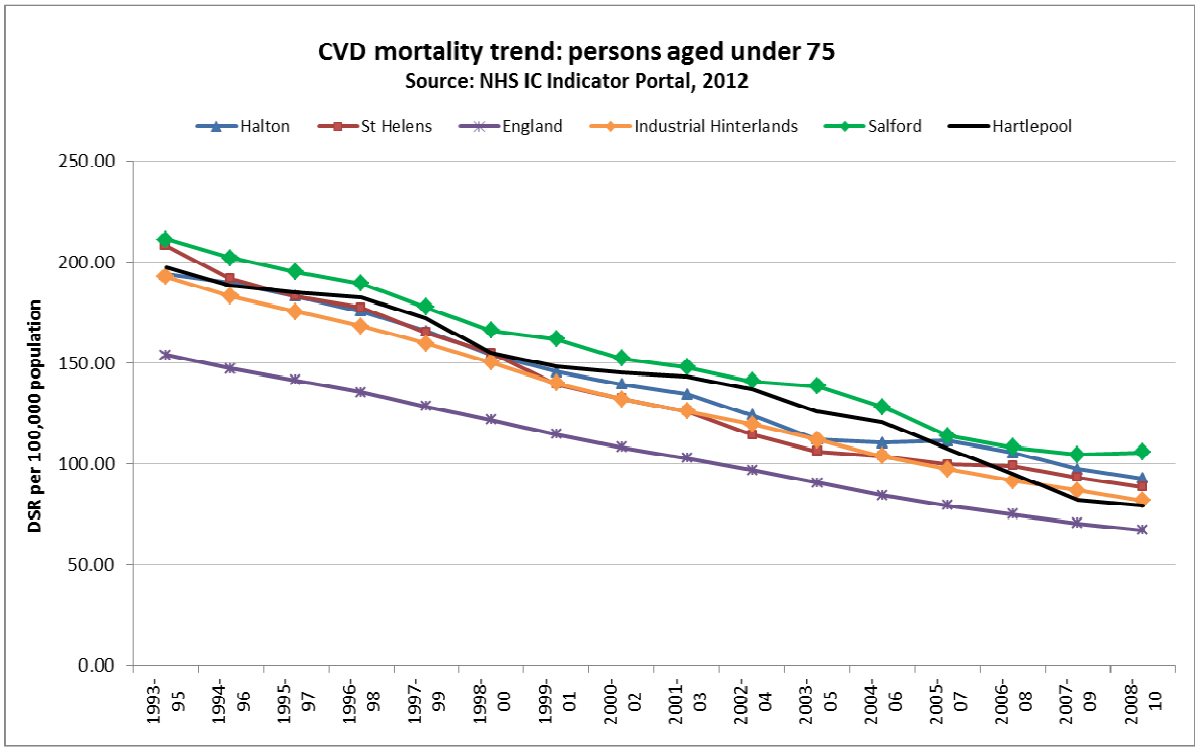
This is in line with all equality and diversity issues in Halton.

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

9.1 None under the meaning of the Act

Appendix 1- Longer Lives Mortality Under 75s

Cardiovascular Disease Mortality – aged under 75

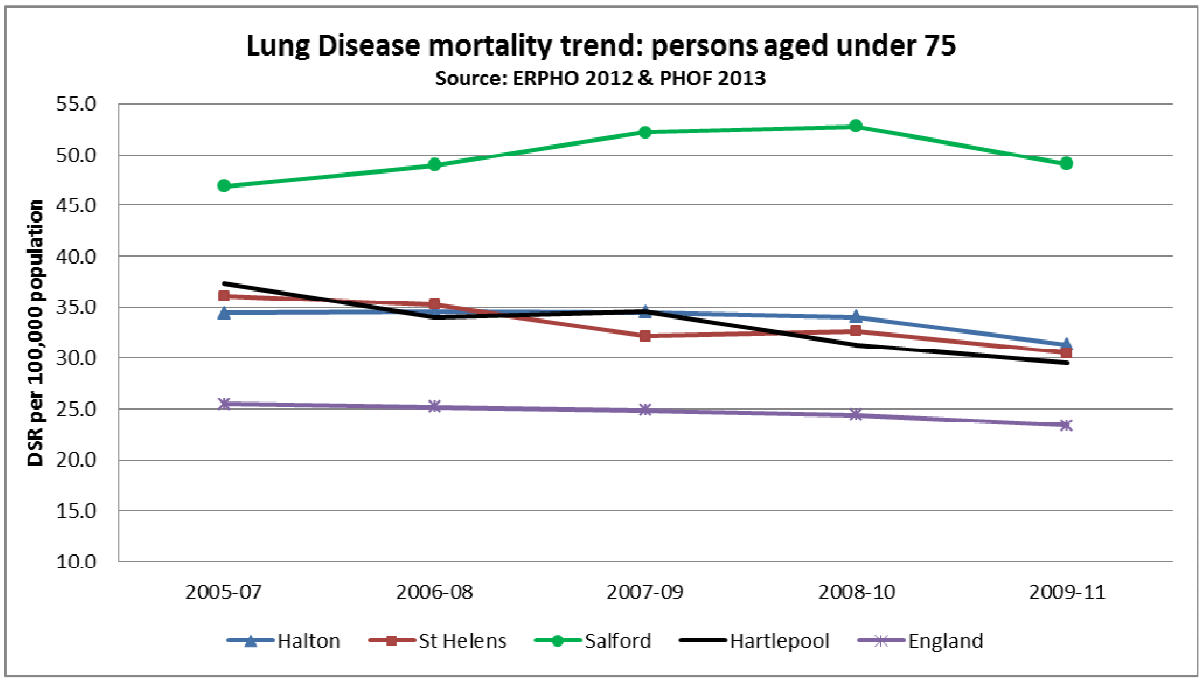


CVD mortality for people aged under 75 years in Halton has decreased steadily during recent years.

The rate for Halton remains higher than St Helens and the Industrial Hinterland average, however, the gap between the rates has reduced from 2005-07.

Salford have a similar level of deprivation compared with Halton, but the decrease in their rate hasn't been as steady and also increased slightly from 2007-09 to 2008-10.

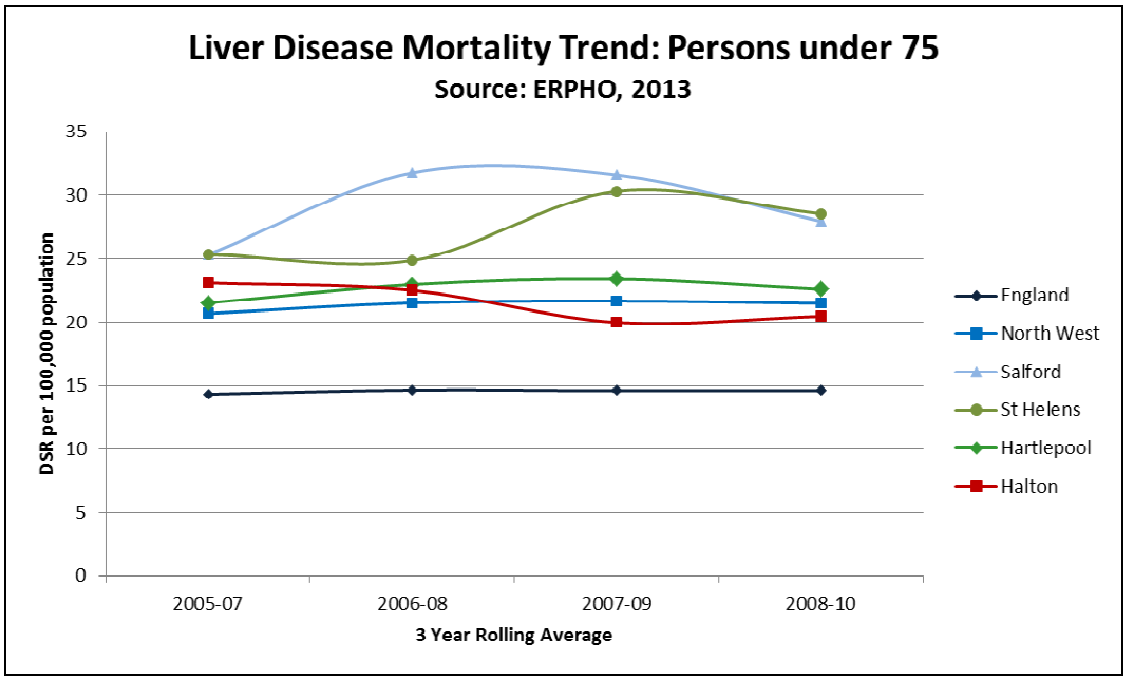
Lung Disease Mortality – aged under 75



Mortality in Halton from lung disease for people aged under 75 has decreased slightly from 2005-07. The gap between the England and Halton rates has also decreased.

The Halton rate is similar to the those for St Helens and Hartlepool, and has remained lower than the rate for Salford (who have a similar level of deprivation).

Mortality from Liver disease under 75

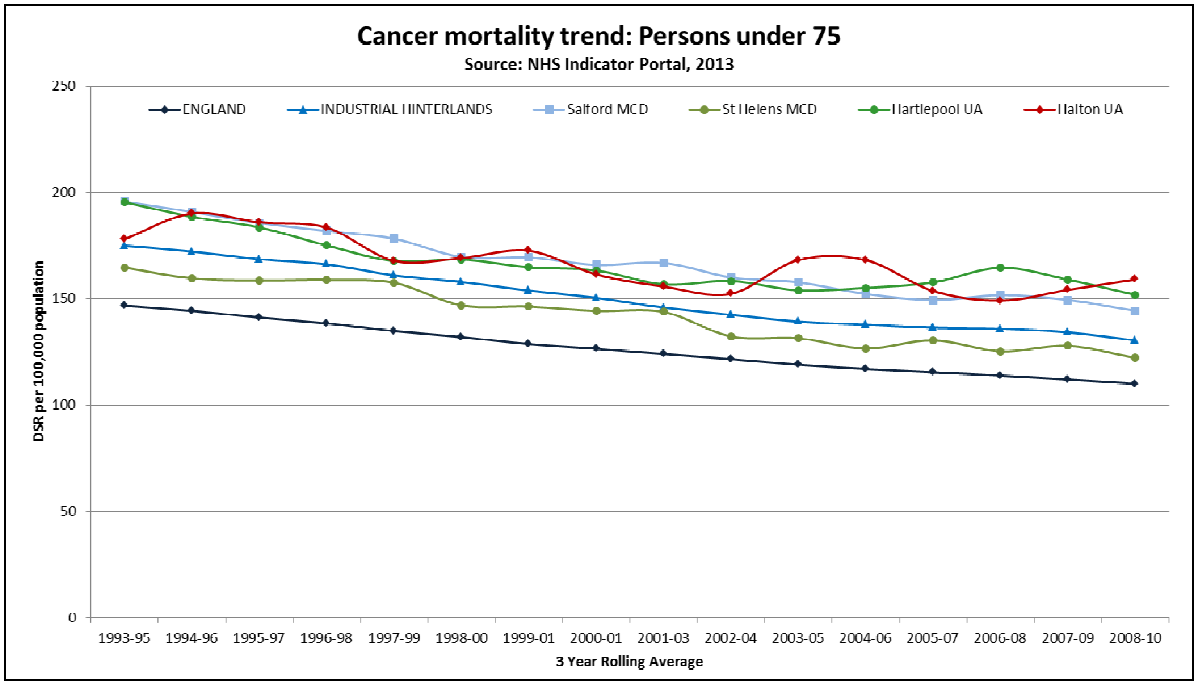


Though mortality from liver disease amongst the under 75's is above that of the England rate, Halton, has consistently witnessed lower rates of such mortalities than both Salford and St Helens.

The 2006-08 to 2008-10 also saw Halton account for a lower rate of such mortalities than Hartlepool.

The last two 3 year rolling averages in Halton witnessed lower rates of mortalities than the North West.

Cancer Mortality – aged under 75



Though there has been a very recent increase in mortality from cancer in Halton, amongst the under 75's, the rates as a whole from the early-mid 90's have witnessed a steady reduction.

Rates amongst areas of similar deprivation (Salford and Hartlepool), have been very similar to those of Halton.

REPORT TO:	Health Policy and Performance Board
DATE:	10 September 2013
REPORTING OFFICER:	Strategic Director, Communities
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Falls Strategy 2013 - 2018
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present the Board with Halton Borough Council's (HBCs) and NHS Halton Clinical Commissioning Group's joint Falls Strategy 2013 – 2018 ***(Appendix 1***) for review and comment.

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

3.0 SUPPORTING INFORMATION

3.1 Falls have been identified as a particular risk in Halton due to higher levels of falls in older people, as well as higher levels of hospital admissions due to falls. The Halton average of hip fractures in people over 65 is 499 per 100,000, compared with a national average of 452 per 100,000.

3.2 If you consider that the average cost of a hip replacement operation is in excess of £20,000 and if we are able to bring the Halton level down to the national average level this would offer an annual saving of £180,000 on just the operation. In addition you have to consider the significant cost savings due to the reduced need for rehabilitation and reduced hospital attendances.

3.3 The Falls Strategy sets out to explain the importance of understanding the complexities of both the cause and effect of falls; in particular it touches upon the high risk of social isolation that falls can cause.

3.4 The Strategy also aims to identify the areas that need to improve in Halton and to do this it recommends a number of outcomes that form the basis for the action plan and the implementation of the strategy, those being:

1. Develop current workforce training;
2. Develop a plan for awareness raising with both the public and professionals;
3. Improve partnership working;

4. Set and deliver specific targets to reduce falls;
5. Develop an integrated falls pathway;
6. Develop a prevention of falls pathway;
7. Identify gaps in funding of the pathway; and
8. Improve Governance arrangements to support falls.

3.5 The Strategy links directly with the outcomes of the Scrutiny Review on Falls Prevention that was presented at the Health Policy and Performance Board in June 2013. The outcomes of the Scrutiny Review and the Falls Strategy are scheduled to be presented to HBC's Executive Board on 19th September 2013.

3.6 As Falls is one of the 5 priorities identified in Halton's Health and Wellbeing Strategy, the draft Falls Strategy was presented to Halton's Health and Wellbeing Board in May for support and approval, following which it was launched in June during Falls Awareness week (17th – 21st); a joint public and professional week. An evaluation of the activities that took place during this week is attached at ***Appendix 2***.

3.7 The implementation of the Strategy will be through the multi-disciplinary Falls Steering Group. This Group will report to the Urgent Care Partnership Board and performance will be reported to the Health and Wellbeing Board on a quarterly basis.

4.0 POLICY IMPLICATIONS

4.1 There is limited national guidance in relation to falls although there is a wealth of academic research into the importance of falls prevention and the impact of falls on an individual.

4.2 In terms of National papers, the National Service Framework for Older People 2001 was the last document that specifically mentioned falls; however there has been a number of Government documents since then that recognise the importance of falls, for example *Healthy Lives, Healthy People*, the Darzi review and the recent Dilnot report.

4.3 In addition there is specific National Institute for Health and Care Excellence guidelines on falls that were updated and issued in June 2013 following a consultation exercise.

5.0 FINANCIAL IMPLICATIONS

5.1 This strategy does not require any additional resources.
A separate business plan will be developed if any additional funding is required as we progress with implementation of the strategy.

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 Strategy aims to improve the health and well-being of those at risk of falls by minimising their risk of falls, providing timely quality treatment should they sustain injury and to ensure people are rehabilitated following injury back to good health.

6.4 **A Safer Halton**

The Strategy action plan will be targeting a number of key service areas, for example residential care; and there will be an expectation that partners tasked with implementing the Strategy will work closely with the Adults Integrated Safeguarding Unit to support vulnerable people at risk of falls.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 The key risk it that the Strategy fails to meet the targets identified in the Strategy action plan and the Health and Well-being action plan. This risk is mitigated by robust performance monitoring through the multi-agency Falls Strategy Group and accountability to the Health and Wellbeing Board.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The Strategy aims to provide improved advice and care to all members of our community who are at risk of falling.

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

9.1 None under the meaning of the Act.

Halton Clinical Commissioning Group

Falls Strategy

2013 – 2018

'Today, improve the Wellbeing of Others'

myhalton living life well

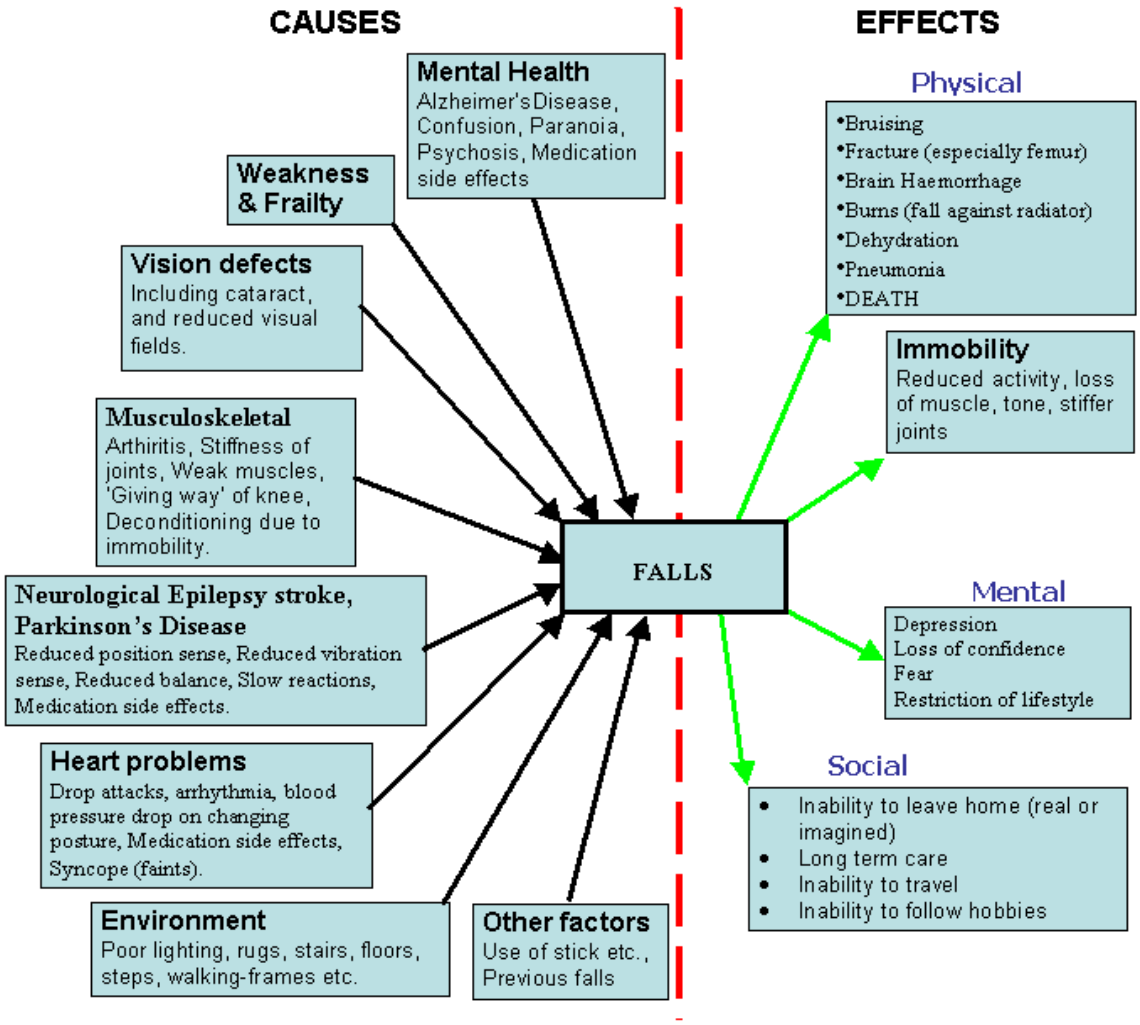
CONTENTS

Appendices

Executive Summary

There is clear evidence on the importance of ensuring that falls prevention and falls care are a high priority within any Local Authority. Halton has a falls rate that is higher than the national average. The hip fracture rate in people over 65 in Halton is 499 per 100,000, this is significantly higher than the national average of 452 per 100,000 people and when you consider that 1 in 3 people over 65 will have at least one fall per year you can see the scale of the problem. The difficulty that professionals have in responding to the issue is to understand the complexities that are involved. There is not one standard risk factor that can cause a fall and it can relate to anything from dementia to poor lighting in the home. However, it is important to consider that whatever the cause of the fall the effects can be significant.

Losing confidence and subsequently losing independence are a major result of someone having a fall and there is still too often a case in which older people receive treatment and very quickly are admitted into residential or nursing care or become isolated at home. The diagram below shows this in more detail.



As we develop the local falls programme we must always keep in mind exactly what a fall can mean to an individual as the story of Mrs A below highlights.

Mrs A was an active member of her local community who lived alone, but was often out socialising with friends or being involved in local groups. On a routine trip into town she tripped as she was disembarking from a local bus and fell into the pavement. The fall caused significant bruising and although there was no other physical symptoms Mrs A did suffer with a panic attack due to the shock of the fall. Her physical recovery was swift; however, the emotional strain of that day had a lasting effect. Mrs A began to offer a number of different reasons to friends as to why she couldn't go out and over time she stopped going to all of her groups that she previously attended. Within twelve months Mrs A had become completely withdrawn and isolated from her local community and her friends.

The story above helps us to focus this strategy, which although considers the current national and local position and offers the first steps towards improving Halton's performance in relation to falls, also should not forget the individual who is at the receiving end. This can be further illustrated by a quote from a local Halton resident who spent a number of weeks in hospital and subsequent rehabilitation after a fall:

I had never thought about having a fall before it happened to me, I was only 68 and very active, I just thought this was the type of thing that happened to other people.

In view of the current local position the falls strategy offers a number of ways in which we will tackle the issues and improve outcomes. Some of the areas of work are further developed than others and some of process driven whilst others are firmly rooted in service delivery.

The key deliverables of the falls strategy are:

1. **Develop current workforce training**
2. **Develop a plan for awareness raising with both the public and professionals**
3. **Improve partnership working**
4. **Set and deliver specific targets to reduce falls**
5. **Develop an integrated falls pathway**
6. **Develop a prevention of falls pathway**
7. **Identify gaps in funding of the pathway**
8. **Improve Governance arrangements to support falls**

The actions and work areas that have been identified within this document are at different stages of development for example the Postural Stability Exercise Programme is in place, but needs to increase capacity or the falls training programme is limited and has no sustainable plans in place. Therefore the multi-disciplinary steering group needs to work effectively and creatively to offer solutions to the problems faced in Halton.

It is also clear when using both the performance framework and action plan attached to this document that a number of the development areas that have been identified are process related. This is important as we have to ensure that the systems are in place and functioning before we can move to improve the services that exist and propose new services to commission.

1.0 Introduction

Falls are one of the Health and Wellbeing Boards key priorities in Halton. Falls are a leading cause of mortality due to injury amongst people over 65. Falls can have a serious impact on the quality of life of older people and can undermine the independence of an individual. Falls may be caused by a person's poor health or frailty, or by environmental factors, such as trip hazards inside and outside their home.

One of the major difficulties in relation to falls services is the fact that there are a number of potential consequences of a fall, these include:

- Physical (discomfort, hypothermia, pressure related injury, infection, pain, serious injury, inability to look after oneself, long term disability)
- Social (loss of independence, loss of social contacts, loss of home, move to residential care, financial costs of help / care / hospital, decreased quality of life, changes to daily routine)
- Psychological (loss of confidence, fear of falling, distress, guilt, blame, anxiety)

As services are developed we must always consider the importance of cause and effect in relation to falls. As mentioned there are many reasons why a person may fall, but the impact can be far more than just physical as outlined in the case study in the executive summary above.

As well as understanding the impact on an individual; professionals also need to understand the scale of falls nationally and locally. Between a third and a half of people aged over 65 falls each year and this percentage increases with age. Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged over 75 in the UK. Over 190,000 older people in England are admitted to hospital as a result of a fall every year.

Therefore, when we are considering falls and particularly on how we improve performance, we need to be mindful of the four areas that are impacted:

1. **People –** we have already considered the cause and effect of falls for an individual and that can certainly be extended to carers.
2. **Hospital –** falls can impact hospitals due to the need for an emergency admission and the initial recovery time required before discharge, but they can also be an area in which people can be more vulnerable to the risk of falling. Often this is due to people being in an unfamiliar environment.
3. **Care –** If people deteriorate from a fall rapidly they can find themselves requiring a level of care they had not previously needed. This transition can be very sudden and can have a significant impact on an individual's emotional wellbeing.
4. **Cost –** Hip fractures alone cost the UK an estimated £5 million per day (that is £2 billion pounds per year) the cost to treat one hip fracture is £13,000 in the first year and £7,000 for the subsequent year. Furthermore, fragility fractures account for costly aftercare, with an average hospital stay of 26 days. The current population and incidence projections developed by the National Hip Fracture Database, suggest that by 2020 the cost of managing a hip fracture will increase by 50% to £3 billion per year.

Falls are also a major reason for care home admissions with up to 40% of people moving as a result of a fall. Once in a care or hospital setting older people are three times more likely to fall compared to those residing in the community. In addition one in three women and one in twelve men over 50 are affected by osteoporosis fracture by the time they reach the age of 70.

The Department of Health has identified key intrinsic and extrinsic risks associated with falls. Intrinsic (i.e. associated with the individual's condition) include

- Balance, gait, mobility problems including those due to degenerative joint disease and motor disorders.
- Conditions requiring complex medication (e.g. four or more medications) and sedating or blood pressure lowering medications.
- Visual impairment
- Impaired cognition or depression
- Postural hypotension

Extrinsic, or environmental risk factors for example, include:

- Poor lighting
- Steep stairs
- Loose carpets or rugs
- Slippery floors
- Badly fitting footwear or clothing
- Lack of safety equipment such as grab rails
- Inaccessible lights or windows
- Assistive devices such as use of a stick, frame or wheelchair.

2.0 Context

2.1 National Context

There are two key documents that set the standards for best practice in the management of falls among older people. One of the issues for these two documents is when they were produced, The **National Service Framework for Older People** was published in 2001 and the **National Institute for Clinical Excellence** (NICE) published their guidelines in 2004. The NICE guidelines were reviewed in 2011 and updated to include an extension of the scope to cover inpatient settings and service delivery.

The **National Service Framework for Older People** identified the need for the NHS to work in partnership with councils to take action to prevent falls and reduce the resultant fractures or other injuries in their populations of older people and to ensure effective treatment and rehabilitation for those who have fallen through a specialised falls service. Health and social care organisations were required to put in place falls risk management procedures and put in place an integrated falls service by 2005.

Within the National Service Framework there were a list of 10 interventions that were proposed to support the effective implementation of a falls service in the borough, these being:

- Prevention, including the prevention and treatment of osteoporosis
- Provision of information, advice and support
- Specialist falls service within specialist multi-disciplinary and multi-agency services for older people to work with those at high risk of falling
- Encouragement of appropriate weight-bearing and strength enhancing physical activity
- Promotion of healthy eating (including adequate intake of calcium
- Smoking reduction
- Good pavement repair and street lighting
- Making properties safer
- Improving the diagnosis, care and treatment of those who had fallen
- Rehabilitation and long-term support

The National Institute for Clinical Excellence (NICE) give recommendations for good practice based on the best available evidence of clinical and cost effectiveness. The NICE guideline identifies five key priorities for implementation of a service for the assessment and prevention of falls in older people, as described in the table below.

Key priorities for implementation
1) Case / risk identification • Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall. • Older people reporting a fall or considered at risk of falling should be observed for balance and gait deficits and considered for their ability to benefit from interventions to improve strength and balance. **2) Multifactorial falls risk assessment** • Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and / or balance should be offered a multi-factorial falls risk assessment. This assessment should be performed by healthcare professionals with appropriate skills and experience, normally in the setting of a specialist falls service. This assessment should be part of an individualised, multi-factorial intervention. • Multi-factorial assessment may include the following: ✓ Identification of falls history ✓ Assessment of gait, balance and mobility, and muscle weakness ✓ Assessment of osteoporosis risk ✓ Assessment of the older person's perceived functional ability and fear relating to falling ✓ Assessment of visual impairment ✓ Assessment of cognitive impairment and neurological examination ✓ Assessment of urinary incontinence ✓ Assessment of home hazards ✓ Cardiovascular examination and medication review **3) Multi-factorial interventions** • All older people with recurrent falls or assessed as being at increased risk of falling should be considered for an individualised multi-factorial intervention. • In successful multi-factorial intervention programmes the following specific

components are common (against a background of the general diagnosis and management of causes and recognised risk factors):

- Strength and balance training
- Home hazard assessment and intervention
- Vision assessment and referral
- Medication review with modification / withdrawal

- Following treatment for an injurious fall, older people should be offered a multi-disciplinary assessment to identify and address any future risk, and individualised intervention aimed at promoting, independence and improving physical and psychological function.

4) Encouraging the participation of older people in falls prevention programmes including education and information giving

- Individuals at risk of falling, and their carers, should be offered information orally and in writing about what measures they can take to prevent further falls.

5) Professional education

- All healthcare professionals dealing with patients known to be at risk of falling should develop and maintain basic professional competence in falls assessment and prevention

2.2 Local Context

As identified in the introduction falls are an important issue for Health and Social Care organisations and are certainly an area in Halton that has been identified in a number of ways. The importance of this is clearly defined when we consider the different local strategies that link to falls.

- The Health and Wellbeing board has identified falls as one of its priorities, falls are included in the Health and Wellbeing strategy and an associated action plan, which is included in this document, has been completed.
- The Prevention and Early Intervention strategy outlines the importance of ensuring people are supported to have a healthy lifestyle no matter what their own personal circumstances. A significant part of this is raising awareness of falls prevention and falls safety.
- The Urgent Care Strategy considers all of the relevant pathways and protocols to support people through primary and secondary care in an appropriate and timely way. This is particularly pertinent when considering the responses that someone who has fallen requires.
- The Older People's Commissioning Strategy offers an overarching view of the needs of older people in Halton. This covers prevention through to end of life care.
- The Overview and Scrutiny Board has also agreed that falls prevention will be one of their annual scrutiny topics with a report available from June 2013. This review once complete will include a series of actions that will be added to the Health and wellbeing action plan that appears at the end of this document.

2.3 Why is Change required?

The introduction of this document sets out the impact of falls and why they are a priority for Health and Social Care Nationally. It is also worth considering the following statistics when assessing the needs in a local area:

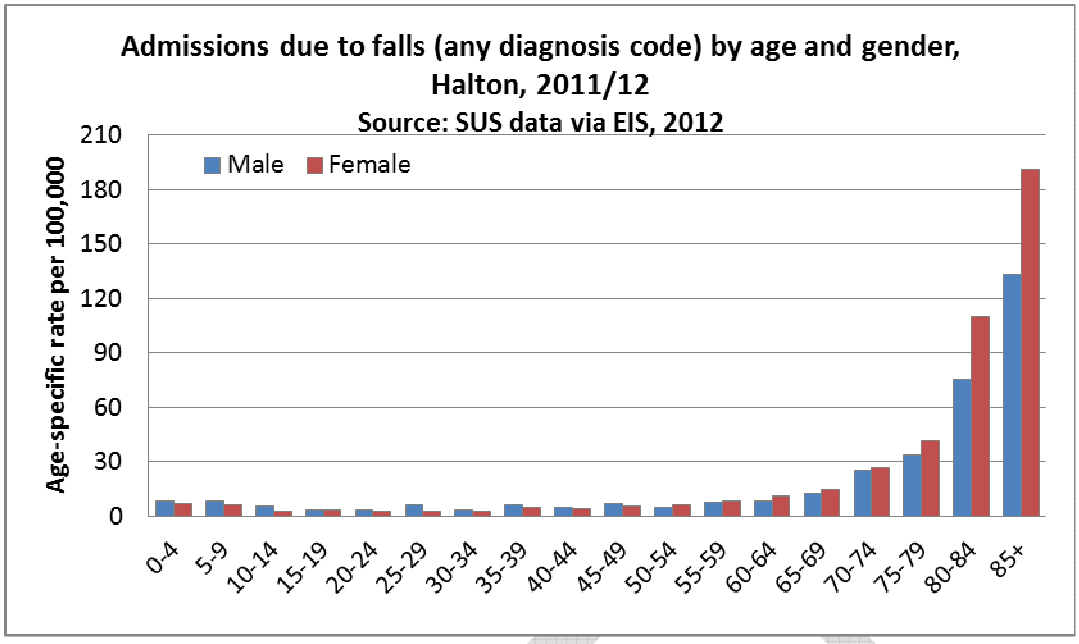
- 1:3 people aged 65+ experiences a fall at least once a year.
- 14,000 people die annually as a result of hip fractures
- Falls are a major cause of disability and mortality resulting from injury in over 75s
- Incidence rates for falls in nursing homes / hospitals are 2-3 times greater than community settings
- Approximately 5% of Older People who fall, experience a fracture or require hospitalisation
- 648,000 attendances at Accident and Emergency Department each year
- Cost to the NHS over £900 million per year

Although Halton has an integrated falls service it is small in resource and as a result capacity is affected. The service has operated for five years and the despite a considerable year on year increase in referral rates (as illustrated in the table below), there has been no increase in the size of the team.

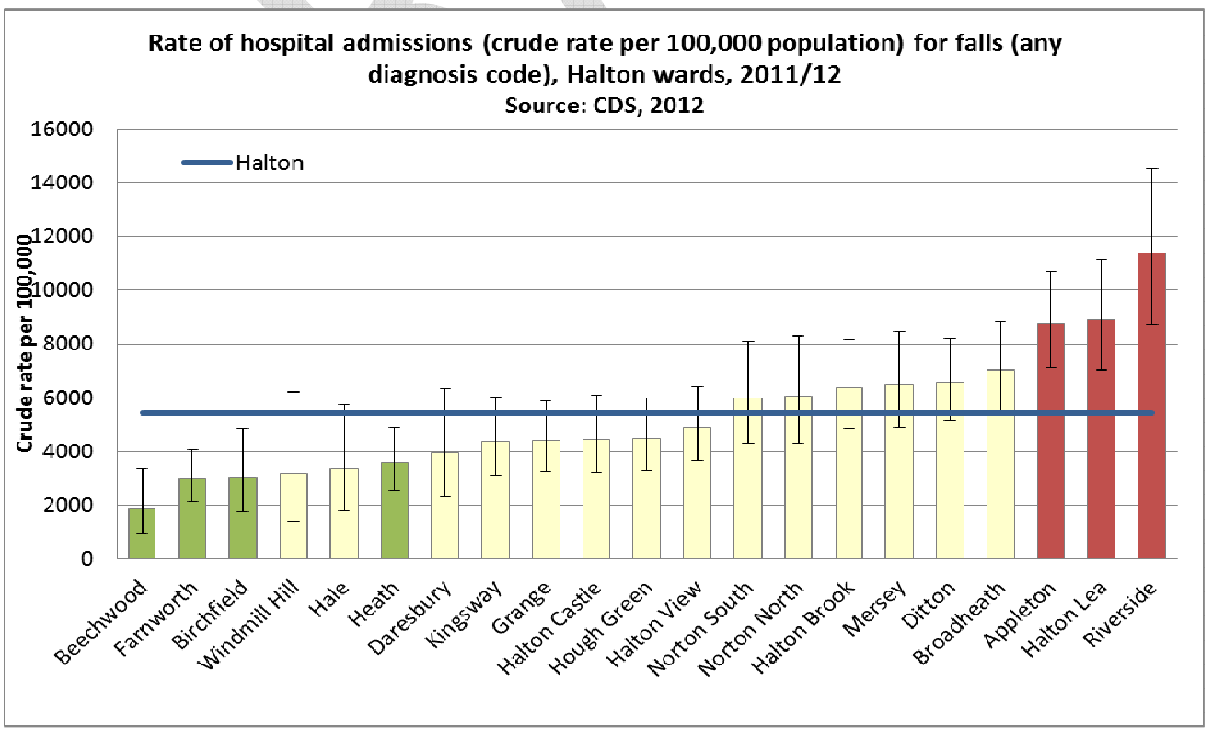
Halton Falls Prevention service started as a pilot in 2005. The service was extended to accept referrals from GPs, other health and social care practitioners and self-referrers in 2006. The current service consists of a full-time falls prevention practitioner, a 0.5 wte Project Officer, 0.3 wte of physiotherapist; 7 hours (0.46 wte) occupational therapy and10 hours (0.3 wte) Therapy Assistant.

Year	Male referrals	Female referrals	Total referrals
2008	39	66	105
2009	83	172	255
2010	121	226	347
2011	113	207	320
2012	155	338	493

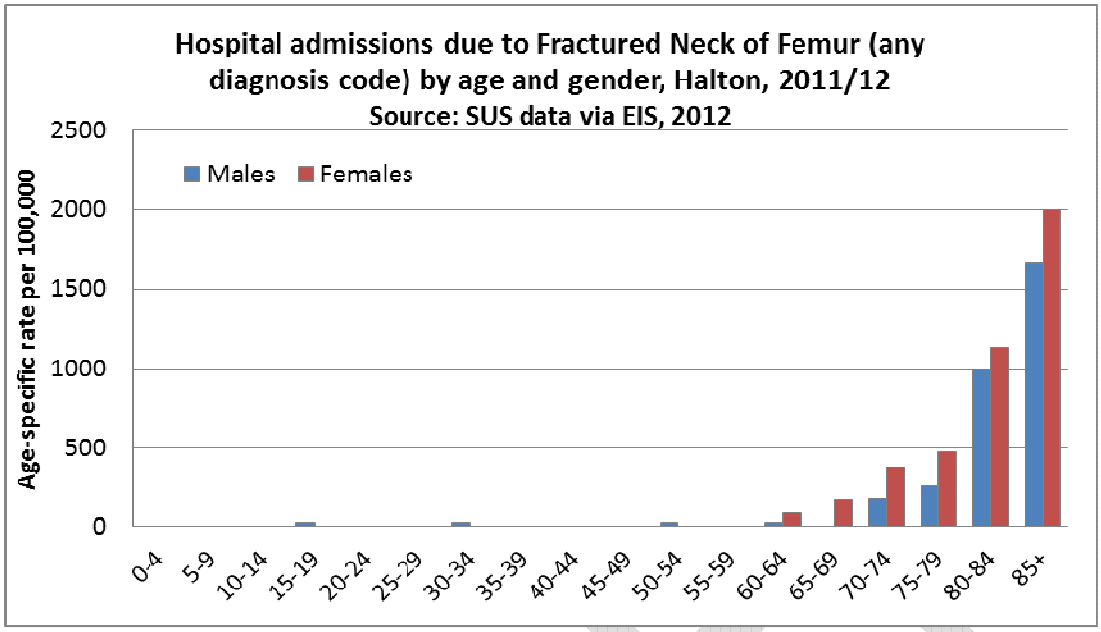
The following three graphs illustrate the local picture in relation to falls. The first graph shows the hospital admissions due to falls for people living in Halton in 2011/12. It is clear that the trend locally follows the National average with a dramatic increase in the number of fallers admitted aged 70+ and a very steep increase in the over 80s.



The table below shows the rate of hospital admissions per 100,000 populations for falls across each of the wards in Halton. The crude rate in Riverside is 11,371/100,000 population. This figure is almost double the local average and although the actual numbers can be quite small the impact is significant. It is also important to consider that in Riverside there 63 older people admitted to hospital due to a fall out of a ward population of 554; however Beechwood with a comparable ward population of 583 only had 11 fallers.



The final graph below shows the level of admissions to Hospitals for a fractured neck of femur that are a particularly common result of a fall in older people.



2.4 Public / patient involvement

On the completion of this strategy a consultation event will take place to launch the strategy, but also to invite attendees to be further involved in the design and delivery of services over the next three to five years. This consultation will be extended to local older people's group, voluntary sector organisations, health improvement services and Registered Social Landlords. The main aim will be to raise awareness of falls, help people understand where to get information from and then understand how they will be supported if they do have a fall.

3.0 Vision, outcome and aims of falls service in Halton

3.1 Vision

The vision of the Halton falls strategy is to reduce the number of falls and subsequently the number of hospital admissions due to a fall.

3.2 Outcome

Halton Borough Council and the Clinical Commissioning Group seeks to achieve the following outcomes in relation to falls:

- Know of this risk and what they can do to minimise it
- Are supported by health and social care staff to minimise the risk
- Receive timely good quality assessment, treatment and care should they sustain a fracture or injury through falling
- Are rehabilitated to their pre-fall health and wellbeing or even better

Outcome 1	A reduction in falls and associated injuries and fractures	• 3% in 2013/14 • 4% by 2014/15 • 12% by 2015/16
Outcome 2	A reduction in the number of falls related admissions into acute care	• 3% in 2013/14 • 4% by 2014/15 • 12% by 2015/16
Outcome 3	An effective integrated care pathway which is universally adopted	Agreed by May 2013
Outcome 4	The widespread use of an effective falls risk assessment tool	Agreed protocol for all providers
Outcome 5	Improved partnership working	Evidenced through the multi-disciplinary Team falls steering group
Outcome 6	Better standards for effective prevention and rehabilitation services	Checked through existing monitoring methods
Outcome 7	Increased patient satisfaction / wellbeing	• 5% increase on baseline data
Outcome 8	A reduction in acute, community, rehabilitation and social care costs related to falls	• 5% reduction on costs relating to falls

4.0 Current Services

4.1 Specialist

Profile of Current Services

The aim of the Falls Prevention Service is "To reduce the number of falls which result in serious injury and to ensure effective treatment and rehabilitation for those who have fallen. Older people who have fallen receive effective treatment and rehabilitation and, with their carers, receive advice on prevention through a specialised falls service.

The service is targeted to provide in some form each of the following list of activities, however, in Halton there are difficulties due to capacity and resource implications.

- **Falls prevention awareness raising –** We have recently been fortunate to receive some support from ROSPA to deliver some free falls awareness training to 15 frontline staff. A follow-up offer for a second session has been made and will be taking place sometime in 2013. However, there is still a risk in how as a borough we are able to deliver a sustainable training and awareness raising programme. This is currently part of the falls specialist nurse role, however, due to an ever increasing work load of assessments the prevention element is becoming more challenging.

- **Postural Stability Exercise Programmes (APEX) -** this is an exercise programme specifically designed to prevent falls and Osteoporosis. Currently this is delivered in Halton by the Health Improvement Team and there are 2 x 15 week courses. These courses have had some excellent outcomes, however, the current number of sessions does not meet the need of the local

population and we would need to find a way of increasing the number of courses. One of the biggest risk factors in relation to this is the fact that the course and the transport are funded through the existing falls budget. For this to be fully sustainable and increased there needs to be a shift to charge for the courses.

- **Intermediate care team with a strong rehabilitative focus** – Intermediate Care services in Halton offer assessment, treatment and care that aims to rehabilitate adults and older people who have been unwell and this includes people who have become unwell as a result of a fall. The team works directly with people who are being discharged from hospital and also with people who have been receiving a service in the community. The service aims to work with the individual and the family to design a programme of activities that aims to help people to live as independently as possible.

- **Telecare** – This is a set of electronic sensors installed in a person's home. These include: temperature sensors, fall detectors, smoke alarms, motion detectors, a personal alarm pendant and a 24 hour 7 days a week emergency response service. When coupled with an appropriate support plan Telecare helps individuals to live more independently and safely at home. Once installed, it can reduce risk by providing reassurance that help will be summoned quickly if a problem occurs. Telecare in Halton comprises three components: an emergency response, environmental monitoring and lifestyle monitoring

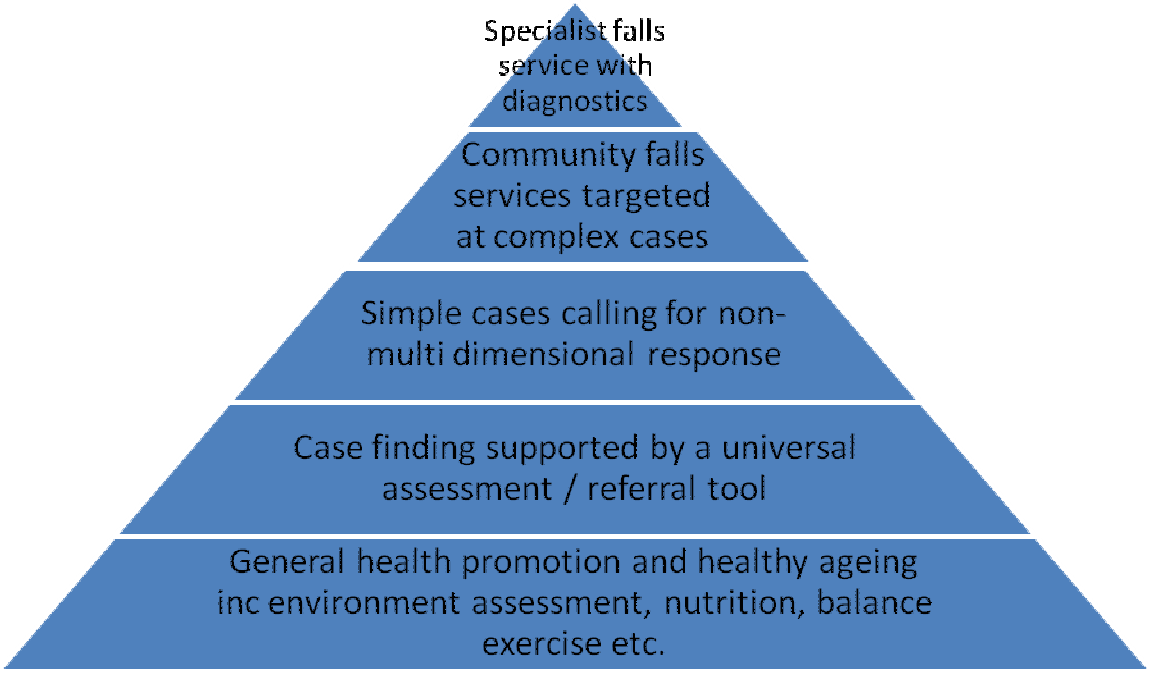
- **Improved prescribing for osteoporosis** – a Clinical Commissioning Group led initiative that has seen work with GPs to raise awareness with respect to falls.

- **The use of a validated Falls Risk Assessment Tool on both sides of the trust** – There have been successes in agreeing to use a standard assessment tool for falls in different areas and now the Falls Risk Assessment Tool (FRAT) is used in both Health and Social Care. There is still work to be done in other parts of the falls pathway that do not use the FRAT, for example the voluntary sector.

- **Falls steering group** – 2012 saw the establishment of a multi-disciplinary falls group in Halton. Members were invited from Halton Borough Council operational and commissioning services, Health Improvement, Clinical Commissioning Group, Occupation Therapy, Physio, Podiatry, and Voluntary Sector. This group will be expected to implement the Falls Strategy and report against performance for falls in Halton.

5.1 Taking forward the vision for falls services in Halton

This strategy proposes the development of an integrated falls care pathway with sufficient capacity to deliver an agreed model of care to older people in Halton who are at risk of falling. The model would build on an agreed model of care that is highlighted in the local **prevention and early intervention strategy.**



This model is rehabilitative, looking to move individuals back down the care levels wherever possible. The starting point is the broad health promotion and falls prevention work and will be mainly delivered through the Health Improvement Team, however, will also be the responsibility of a wide number of organisations. This will also include training and awareness raising and the partnership with Age UK and Cheshire Fire and Rescue to deliver environmental assessments.

The next stage should include wider use of the Falls Risk Assessment TOOL (FRAT) to identify individuals at a higher risk of falls or fracture. This should be carried out by an appropriately qualified member of staff and would act as the decision making element of the pathway. It should also be supported by appropriate baseline data from across health and social care. The third stage includes a response to cases where there is an identified cause e.g. podiatry, optometry, dietetics etc.

Stage four and five are linked to specialist assessment and mainly focus on complex cases that need specific input. Each of these stages must be integrated into a local health and social care initiative in Halton "Making Every Contact Count". This work is a means of describing how to provide the workforce at all levels with the knowledge and skills to offer health chats and signpost to appropriate services. The vision being that everyone has a role to play in public health service delivery. It recognises that the workforce is our greatest asset and that harnessing the skills of the workforce across organisational boundaries and settings provides a large-scale opportunity to improve health and reduce inequalities.

5.2 Implementation of the strategy

It is proposed that an integrated falls pathway is developed and agreed in Halton to support the principles of the above model of care. Further work will be undertaken to develop protocols, workforce and any service redesign. Where gaps or lack of capacity in the pathway are identified these will be reported to the falls steering group for consideration and action.

In developing an integrated falls pathway the following needs to be considered.

- The role of the falls specialist nurse and how this role effectively supports the current pathway and how the role will change with any alterations to the existing pathway.
- The possibility of creating a central or shared referral point to facilitate access and manage demand
- Full use across all identified services of an agreed falls assessment tool
- Systems in place to support case findings
- Work with commissioners to ensure that the new domiciliary and residential care tenders have effective policies and procedures in place to manage falls
- Work across Urgent Care services to ensure that fallers are supported to the best location to support their needs.
- Increase awareness of the falls register and ensure that the information is maintained and communicated to relevant partners
- Clarity on the educational needs of the workforce.
- Systems in place to clearly identify the need for a review of medication
- Increase the variety of stakeholders to include transport, leisure, pavement services etc.
- Agree monitoring and evaluation framework

6 Governance Arrangements and Performance Framework

6.1 Governance arrangements

This strategy will be managed through the falls steering group that is a multi-disciplinary meeting chaired by the Local Authority. Any service development will be reported through the Urgent Care Board and the Health and Wellbeing Board will receive quarterly performance updates.

6.2 Performance frameworks

This Evaluation Framework has been developed to support the review of falls services in Halton being carried out by the Falls Steering group. The framework aims to bring together a range of performance measures that can be applied across a number of services across Health, Social Care, voluntary and independent sector.

Aims

- To reduce the number of falls in people living in Halton that result in an emergency admission to Hospital.
- To reduce the severity of fall related injuries in people living in Halton.

Objectives

1. To build the capacity of the Falls Prevention service in Halton.
2. To engage with the local community in the development of local falls prevention services and related action plans.
3. To achieve planned and shared responsibility for falls prevention addressing the following components:

    i. Education / awareness
    ii. Exercise / balance programs
    iii. Referral and reporting
    iv. Risk assessment
    v. Environmental factors

4. To implement local action plans to reduce the number of falls and fall related injuries of people living in Halton.

Objective 1 – To build the capacity of the Falls Prevention service in Halton.

STRATEGIES	KEY PERFORMANCE INDICATORS	Targets	DATA COLLECTION, METHOD & TIMELINES
Establish and maintain Falls Prevention Steering Group	• Regular attendance and participation at meetings • Partnership development in program delivery	• Monthly operational meeting • All stakeholders involved	• Meeting minutes – on-going • Qualitative feedback from members - on-going
Establish and maintain a Halton performance group	• Regular attendance and participation at meetings • Partnership development in program delivery • Agreed process for data collection	• Report to Urgent Care Board quarterly • All Stakeholders involved • Shared data collection by Sept 13	• Meeting minutes – on-going • Qualitative feedback from members – on-going • Quarterly update on performance
Steering Group to collate best practice options for local plans	• Completion of best practice options • Options adopted and delivered at a local level	• Collected by Aug 13 • Commissioned plans by Dec 13	• Meeting records – on-going • Implementation of best practice results
Increase Service provider's awareness and understanding of falls prevention issues through targeted awareness raising program	• Awareness program developed • Awareness program implemented • Evaluation of service providers knowledge	• Complete by July 13 • Initial 5 sessions booked • Minimum 50 staff attending	• Survey service providers post program about changes in knowledge and behaviour • Follow-up survey on changes in practice

Objective 2 – To engage with the local community in the development of local falls prevention services and related action plans.

STRATEGIES	KEY PERFORMANCE INDICATORS	Targets	DATA COLLECTION, METHOD & TIMELINES
Service user representation on falls steering group	• Ensure inclusion of service users • Develop and implement a wider consultation plan	• Minimum of 2 service user reps on the steering group • Work with existing groups to develop consultation plan Dec 13	• Minutes of meetings – on-going • Qualitative feedback from service user representatives

Create supportive environment for service user representatives	• Each service user representative to receive a background briefing and induction • Each service user representative to have service provider mentor • All service providers to receive a background briefing • All service user representatives feel confident / comfortable to contribute freely at meetings	• Complete as part of joining • Allocated on joining • Completed through induction • Complete quarterly review with service users	• Minutes of meetings – on-going • Survey of service user representatives – including an intermittent review • Survey of service providers – intermittent review

Objective 3 – To achieve planned and shared responsibility for falls prevention addressing the following components:

i. **Education / awareness**
ii. **Exercise / balance programs**
iii. **Referral and reporting**
iv. **Risk assessment**
v. **Environmental factors**

STRATEGIES	KEY PERFORMANCE INDICATORS	Targets	DATA COLLECTION, METHOD & TIMELINES
Facilitate interagency partnerships	• All key stakeholders involved in steering groups • Key stakeholders including community representatives contributing time / resource to implementing the falls review and strategy	• All stakeholders initially agreed and invited • All to agree at establishment of the implementation group	• Minutes of meetings – on-going • Progress reports on implementation of the falls strategy • Evaluate and document any changes in practice and the impact they have
Implementation of local action plans	• Agreement by all parties to local action plan	• Agreed through Health and Well Being-Board	• Minutes of meetings – on-going • Feedback from members – on-going

	• Local action plans to be implemented	• Implementation by March 13	• Evidence of implementation of action plan
Local action plan containing strategies to address: i. Education / awareness ii. Exercise iii. Referral and reporting iv. Risk assessment v. Environmental factors	• Local action plans include strategies to address each of the five key components • Local action plan and strategy to include evaluation framework to assess: i. Enhanced education / awareness ii. Increased number of exercise programs or increased access and participation rates to existing programs iii. Enhanced referral and reporting by service providers iv. Increased use of risk assessment v. Reduced impact of environmental factors	• Action plan agreed through Health and Well-Being Board with relevant timescales	• Content of action plans – review and provide feedback as required

Objective 4 – To implement local action plans to reduce the number of falls and fall related injuries of people living in Halton:

STRATEGIES	KEY PERFORMANCE INDICATORS	Targets	DATA COLLECTION, METHOD & TIMELINES
Local Steering Group to implement education / awareness programs for service providers and communities	• Education / Awareness strategies implemented by adopting 'best practice' models. • Participation rate in education / awareness events	• Complete By Sept 13 • Minimum of 75 attendees on training by March 2014	• Survey service providers awareness and practices comparing pre and post intervention • Survey of service users experience

	• Increased number of referrals to falls service	• 10% increase in the number of referrals to the falls service	• NHS referral data
Local steering group to facilitate development of new exercise / balance programs or increased awareness of target population to existing programs	• Increased number of exercise / balance programs available • Increased participation rate to existing programs • Sustainability of exercise programs • Increased number of referrals to exercise programs • Improved strength / balance of participants	• Increase to six 15 week sessions per year • 12 people attending each session • Provide evidence of outcomes • 5% increase in referrals to exercise • 10% increase in the numbers of people with improved strength / balance	• Bridgewater exercise data • NHS referral data • Survey participants • Review existing and new exercise and balance programs on a regular basis to identify outcomes
Facilitation of enhanced referral & reporting mechanisms using the Falls Risk Assessment Tool (FRAT).	• Number of service providers using FRAT for falls • Number of interagency referrals via FRAT.	• 20% increase in the number of providers using FRAT for falls	• Pre and post service evaluation to establish impact of the intervention.

6.3 Health and Well-Being Action Plan

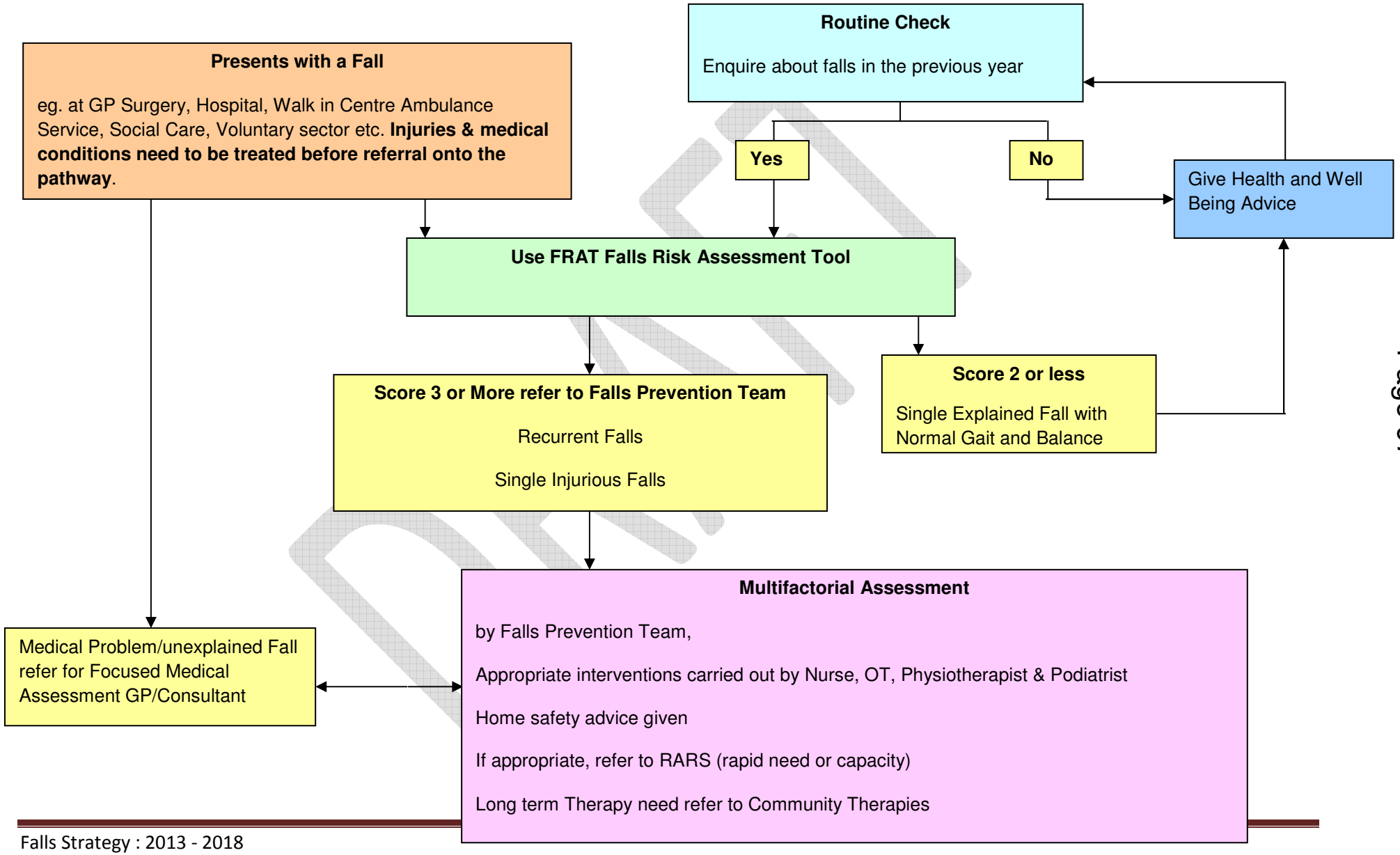
Name of Priority: Reduction in the number of falls in Adults

Adulthood (25-64) Older People (65+)				
Outcomes	**Targets**	**Actions**	**Timescales**	**Lead Officer**
Reduction in hospital admissions due to falls	5% annual reduction in hospital admissions as a result of falls (2012/13 baseline) 10% increase in the number of people accessing falls services (2012/13 baseline) Decrease the number of repeat fallers by 5% on discharge from the falls service (2012/13 baseline)	Increase the number of people who access the Falls service by 5% Increase the number of people discharged from the falls service who access low level prevention services by 10%. Increase the number of people accessing community services on discharge from hospital a minimum of 10%.	By 1st April 2014 By 1st April 2014 By 1st April 2014	Sue Wallace-Bonner (Falls steering group)
Reduction in the number of readmissions to hospital due to falls	5% annual reduction in hospital readmissions due to falls (2012/13 baseline)	Increase the number of people who have been admitted to hospital as a result of a fall who are subsequently referred to the falls service by 10%	By 1st April 2014	Sue Wallace-Bonner (Falls steering group)
Reduction in the risk of falls at home amongst older people	5% annual increase in the numbers of people, at risk of falls, accessing prevention services (2012/13 baseline) 10% annual increase in falls screening completed (2012/13 baseline)	Increase the number of people who access the Falls prevention service from 93 per year to 200 per year Provide falls awareness sessions twice yearly for --- number of Older People Introduce whole system screening for people at risk of falls	By 1st April 2014 By 1st April 2014 December 2013	Sue Wallace-Bonner (Falls steering group)

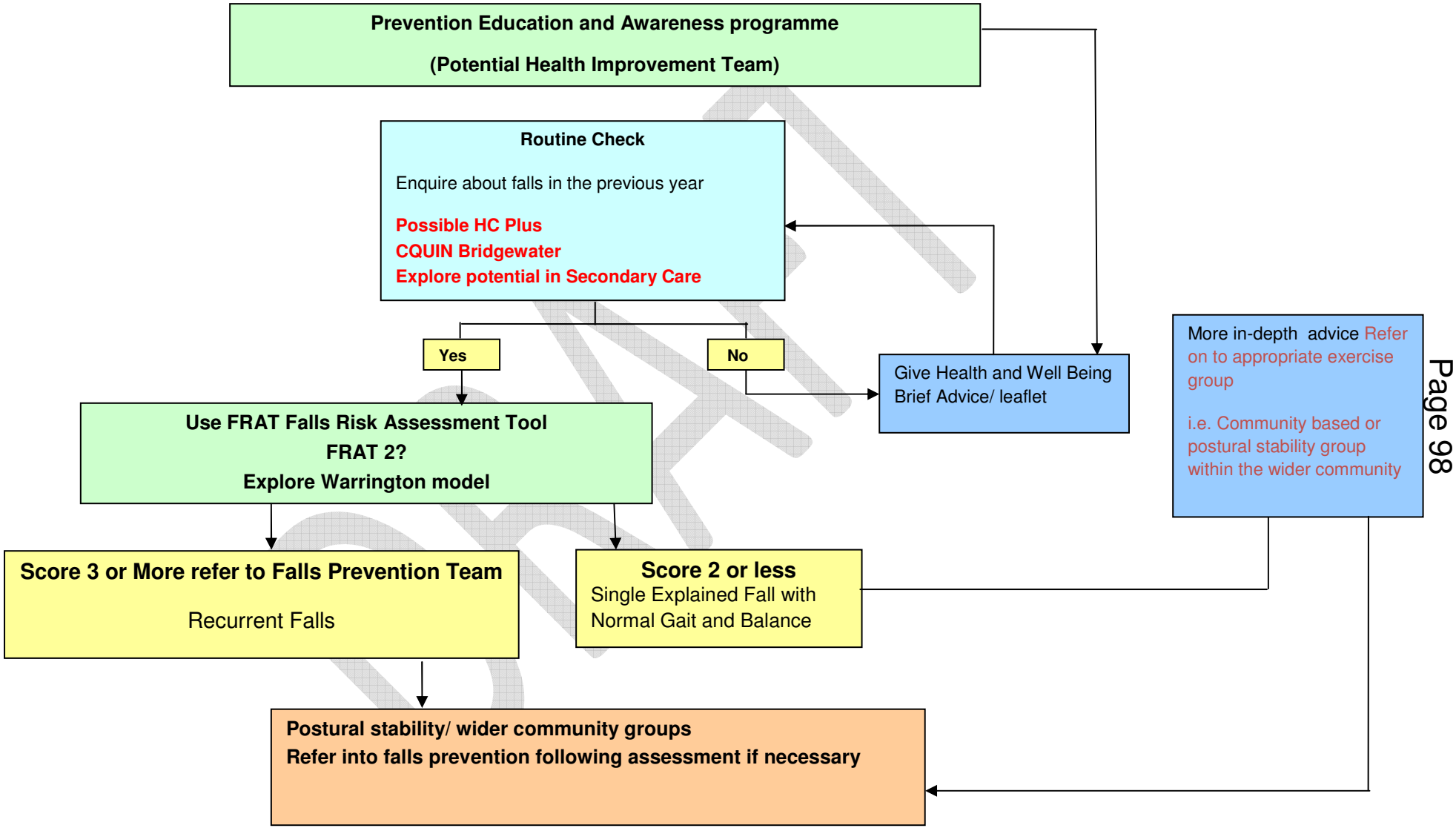
	20% increase in the number of providers using Falls Risk Assessment Tool (FRAT)	Targeted approach to those GP practices with higher incidences of falls. Specific training developed relating to the Falls Risk Assessment Tool (FRAT)	September 2013 March 2014	
Improved access to falls services	Redesign and implement the new service by 2013/14	Develop a falls strategy for Halton. Review the falls pathway for people who have fallen Review the falls pathway for people at risk of falls. Implement performance management system, across all falls services. Review access and range of falls prevention services Review age criteria for access to the falls service Develop a business case for additional resources for falls prevention services	September 2013 September 2013 September 2013 October 2013 August 2013 April 2013 December 2013	Sue Wallace-Bonner (Falls Steering Group)
Reduction in the number of people in care homes who experience a fall	5% annual reduction in recorded falls (2012/13 baseline)	Develop robust data collection methods Carry out provider forum awareness raising	August 2013 Sept 2013	Sue Wallace-Bonner (Falls Steering Group)

		Identify specific training for providers to support their individual needs.	Dec 2013	
Reduction in the severity of fall related injuries	5% annual reduction in number of fractured neck or femurs (current baseline 499 per 100,000 people)	Increase in the number of Exercise / balance programmes to six per year Develop and implement specific training programmes around the needs of different providers	April 2014 April 2014	Sue Wallace-Bonner (Falls Steering Group)
Increase in the number of frontline staff who receive specialist falls training	Provide initial training to 20 frontline staff	ROSPA accredited training for 20 frontline staff Increase provider training sessions to raise awareness of the risk of falling from 2 sessions to 5 sessions per year. Train 50 frontline staff in identifying the risk of falling	January 2013 - Completed March 2014 March 2014	Sue Wallace-Bonner (Falls Steering Group)

Appendix 1 – Halton Falls & Bone Health Pathway



Appendix 2 – Prevention Pathway



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living life well

Falls Awareness Week 17th - 21st June 2013 Evaluation Report

Falls Awareness Week

17th - 21st June 2013

Introduction

Falls prevention and care is a key priority for Halton Borough Council and its partners. 1 in 3 people over 65 will have at least one fall per year, and in Halton, the rate of falls and hip fractures is significantly higher than the national average. Falls cost the NHS an estimated £900 million per year.

However many falls are preventable. Through a series of events held during national Falls Awareness Week in June 2013, a number of local organisations worked together to educate older people across Halton about the dangers, how to avoid falls and stay healthy.

This year's Falls Awareness Week focused on healthy feet and in partnership with a number of local organisations we offered help and advice to older people as well as a range of activities designed to raise awareness about what you can do to avoid a fall, such as looking after your feet, exercise, diet and much more.

The week began on the 17th June with an event at the Stobart Stadium for both local people and professionals, which saw the launch of Halton's Falls Strategy and included a dance workshop and tea dance and the 'Sloppy Slippers' slipper exchange.

Other events during the week included:

- Breakfast morning at Quarry Court, Widnes
- Tai Chi, Naughton Fields, Widnes
- Breakfast morning at Brunswick House, Runcorn
- Coffee afternoon at Queens Close Sheltered Scheme, Runcorn
- Gentle Dance / Dancercise at Naughton Fields, Widnes
- Ignite Your Life, The Brindley, Runcorn

- 76 local people attended the launch event
- 121 residents attended Ignite Your Life
- 40 people attended local healthy feet and slipper swap events
- over 100 people assessed during the week by falls awareness team and podiatry
- Halton Housing Trust's supported housing coordinators carried out 89 home visits and made 14 referrals

Launch Event

To begin Falls Awareness Week, an event was organised at the Select Stadium in Widnes on the 17th June. Following a presentation to raise awareness of falls and to launch the falls strategy, people from the local community enjoyed a roaring 20's themed dance workshop, led by local dance group CO3, and following a hearty hotpot lunch, a tea dance.

A marketplace showcasing the services of each partner organisation ran alongside the workshop.

Ill fitting slippers, or walking barefoot or in socks or tights indoors, can increase the risk of a fall. To raise awareness of this, the falls prevention team and podiatrists from Bridgewater Community Healthcare NHS Trust hosted a slipper swap, which was also extended to other events taking place around Halton over the course of the week.

Over 50 people were assessed at the event itself and received a new pair of slippers.

Comments from attendees included:

"We learnt about the different aspects of health"

"Loved the dancing the roaring 20's and that everyone joined in"

"Atmosphere and socialising"

Healthy Feet and Slipper Swap Events

These events were held at Queen's Close, Quarry Court and Brunswick House.

Organised by Halton Housing Trust and with support from Bridgewater Community Healthcare NHS Trust's Falls Prevention team and podiatry service the falls prevention team and podiatrist were on hand to give advice and exchange 'sloppy slippers' for those that attended as well as those unable to attend due to limited mobility.

40 attendees at three community events in Runcorn and Widnes

The falls prevention team has since been asked to deliver talks to various groups and the profile of the team's service has been raised, leading to a slight increase in referral rates.

Forty people attended these three events, though over the course of the week, over 100 people were assessed and received slippers via the scheme.

At Queen's Close, There was also advice for anyone who suffers from back or neck pain from NHS spinal physiotherapy service.

At Quarry Court, HHT and HBC staff also carried out three site visits to the housebound, giving out two pairs of slippers. One referral to the falls prevention team was submitted and one follow up home call from the podiatrist resulted from the day.

Since the Brunswick House event 3 HHT customers from nearby Churchill Mansions have also swapped slippers

Angela Deakin, scheme manager at Naughton Fields said *"I would say the event was very relaxed. Although not planned, the customers reflected on times gone by and reflected with great fondness how Runcorn used to be, even down to the fact it used to be a holiday hot spot for local people. Many customers realised that their neighbours knew family members spanning back over decades."*

Ignite Your Life Events

'Ignite your Life!' is a half-day community resilience event, organised by Wellbeing Enterprises. 121 people attended two events in Runcorn and Widnes.

The event aimed to provide people with the skills and knowledge to stay strong during difficult times and teach people tips to improve their wellbeing. The event has three elements for participants:

- To promote emotional literacy - identifying our feel good factors
- To spot the signs and symptoms of common health problems, and the ways in which people can improve wellbeing
- To empower people to use their skills and talents, and to work together to improve the wellbeing of the community as a whole.

"Brilliant event, everybody was happy and positive – putting money to good use. Very good how young staff engaged with audience."

Ignite Your Life! - 121 people attended;

- 71% of attendees were female and 19% male
- 81% of attendees were from the target audience of people aged 50+
- 42% of attendees have a disability, 50% had no disability and 8% didn't disclose
- 60% of attendees have retired, 18% are in work and 11% are unemployed

Other Activities

Halton Housing Trust made a number of visits to vulnerable customers and falls assessments were carried out, with some customers being referred to the Falls Prevention team for further assessment and advice.

"Enjoyed all of it – relaxing and a great atmosphere"

In total 89 visits took place, carried out by HHT's Supported Housing Coordinators and neighbourhood teams and 14 referrals were made in total. Further visits are planned over the next couple of months, targeting 100 residents living within a mile radius of the sheltered schemes.

Feedback from both staff and customers of HHT suggested that falls prevention work should not be limited to just one week during the year, especially as there are a large number of customers living in their properties who may be vulnerable to falls.

"I went with somebody else as moral support, but ended up getting so much from it myself – you realise that there's not only yourself with problems."

With this in mind, HHT's Supported Housing Coordinators will be carrying out further visits to customers, who do not live on our sheltered schemes over the next few months.

Many customers were happy, and appreciated the opportunity to speak to the Falls Prevention officer and receive advice and guidance.

"Enjoyed the great community spirit and the interactions – excellent day, very enjoyable."

Many also commented on the opportunity to receive new slippers and exchange their footwear, which they didn't know could cause falls.

Halton Housing Trust carried out 89 visits and made 14 referrals

Next Steps

In light of the positive feedback from these event, we will look at organising further multi-agency community events across Halton, to raise awareness of falls and educate older people on how to avoid falls and stay healthy.

Further activities are being planned around International Older People's Day (1st October 2013) and World Mental Health Day (10th October 2013), where the theme this year is older people.

For more information, please contact the Health and Wellbeing Service, tel: 0300 300 0103 or 0303 333 4300.

Partner Organisations

HALTON BOROUGH COUNCIL

Bridgewater Community Healthcare NHS Trust

Health Improvement Team

myhalton living life well

wellbeing enterprises

sure start to laterlife www.ss2ll.co.uk

Mid Mersey ageUK

Halton Housing Trust

REPORT TO: Health Policy and Performance Board

DATE: 10 September 2013

REPORTING OFFICER: Strategic Director - Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Care Quality Commission (CQC) – Inspection of Acute Trusts

WARD(S): Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 This report provides Board members with details of how CQC will lead and undertake their new approach to inspecting NHS hospitals.

2.0 **RECOMMENDATION: That Board Members note the contents of the report and associated Appendix.**

3.0 **SUPPORTING INFORMATION**

3.1 As Board Members will be aware Professor Sir Mike Richards has now taken up his post of the new chief inspector of hospitals at the CQC.

3.2 Professor Richards has stated that his first priority will be to oversee a radical change to how CQC inspects acute hospitals and has published early plans as to how the CQC will do this in addition to a list of the first wave of Trusts CQC will be inspecting using the new approach.

3.3 The changes build on CQC's Strategy for 2013 – 2016 and will help shape their approach to the proposals in their consultation document (consultation closed 12th August 2013):

- Professor Richards will lead new hospital inspection teams, headed by a senior clinician or executive working alongside senior CQC inspectors. The teams will include professional and clinical staff and other experts, including trained members of the public who they call 'experts by experience';

- CQC teams will be significantly bigger than at present and will spend longer inspecting hospitals, covering every site that delivers acute services and eight key services areas:

    - A&E;
    - maternity;
    - paediatrics;
    - acute medical and surgical pathways;
    - frail elderly;
    - end of life care;

- outpatients; and
- additional specialities, where necessary;

- The inspections will be a mixture of unannounced and announced and they will include inspections in the evenings and weekends when CQC know people can experience poor care;

- The CQC will make better use of information and evidence, using new surveillance indicators to guide their teams on when, where and what to inspect. Before CQC inspect, they will assess a wide range of information from their partners in the system and from the public;

- CQC will work closely with each local Healthwatch and Overview and Scrutiny Committee to share information about the trusts as they plan and conduct their inspections; and

- Each inspection will provide the public with a clear picture of the quality of care in their hospitals, exposing poor and mediocre care and highlighting good care. Professor Richards will decide whether hospitals are rated as outstanding; good; require improvement; or inadequate. If a hospital requires improvement or is inadequate they will expect it to improve. Where there are failures in care Professor Richards will work with Monitor, NHS England and the Trust Development Authority to make sure that a clear programme is put in place to deal with the failure and to hold people to account.

3.4 By the end of 2015, CQC teams will have inspected all acute hospitals in this way.

3.5 Using CQC's new surveillance model they have identified the first wave of 18 NHS Trusts to be inspected in this new way (see attached ***Appendix 1***). CQC will complete those inspections by the end of 2013 and publish their findings in a clear, timely and accessible way.

The 18 Trusts on the list represent the variation in NHS hospital care. CQC have identified six Trusts that are a priority for inspection because they have high risk scores. There are a further six that their model indicates as low risk, and six others between these extremes, one of which is the Royal Liverpool and Broadgreen University Hospitals NHS Trust.

3.6 For at least three of the Trusts, CQC will also provide a 'shadow' rating as part of the inspection. The ratings will be in shadow form as they will be piloting their approach and because the underpinning legislation will not be in place until April 2014.

3.7 The variety of Trusts included in this first wave of inspections will help to test CQC's selection model, which will be developed and refined this year. CQC have already committed to follow-up inspections at the 14 Trusts covered by the Keogh Review, so those have been deliberately excluded from this activity.

3.8 CQC have written to the 18 Trusts that are on the list explaining their new approach. CQC have also written to the Chief Executives of Monitor, the Trust Development Authority and NHS England requesting discussions to inform the selection of further Trusts to be included in the next wave from January 2014.

3.9 For all other hospitals not covered by the new approach, CQC will complete their inspection programme for 2013-14, focusing on one or a small number of specific services within the hospitals that they think are most in need of inspection.

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

Improving the health and wellbeing of Children and Young People is a key priority in Halton. Maternity and paediatric services within hospitals are two of the eight service areas where the new inspection regime will focus.

6.2 Employment, Learning & Skills in Halton

None identified

6.3 A Healthy Halton

All issues outlined in this report focus directly on this priority.

6.4 A Safer Halton

It is intended that the new CQC inspection regime will help protect people from experiencing poor quality care within NHS acute trusts.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 None identified.

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

9.1 None under the meaning of the Act.

Appendix 1

First Wave of NHS Trusts to be Inspected

The 18 trusts are:-

A	High risk rating [All by alphabetical order]
1	Barking, Havering and Redbridge University Hospitals NHS Trust
2	Barts Health NHS Trust
3	Croydon Health Services NHS Trust
4	Nottingham University Hospitals NHS Trust
5	South London Healthcare NHS Trust
6	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
B	**Low risk rating**
7	Airedale NHS Foundation Trust
8	Frimley Park Hospital NHS Foundation Trust
9	Harrogate and District NHS Foundation Trust
10	Salford Royal NHS Foundation Trust
11	Taunton and Somerset NHS Foundation Trust
12	University College London Hospitals NHS Foundation Trust
C	**Variety of risk points in between**
13	Dartford and Gravesham NHS Trust
14	Heart of England NHS Foundation Trust
15	***Royal Liverpool and Broadgreen University Hospitals NHS Trust***
16	Royal Surrey County Hospital NHS Foundation Trust
17	Royal United Hospital Bath NHS Trust
18	The Royal Wolverhampton NHS Trust

REPORT TO: Health Policy and Performance Board

DATE: 10 September 2013

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Sector Led Improvement in Adult Social Care

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform Board Members of the approach to Sector Led Improvement (SLI) in Adult Social Care developed in the Northwest (NW) region by the Association of Directors of Adult Social Services (ADASS).

2.0 **RECOMMENDATION: That Board Members note the contents of the report and the NW approach to SLI in Adult Social Care.**

3.0 **SUPPORTING INFORMATION**

Background

3.1 Sector Led Improvement in Adult Social Care: The National Picture

With the Government deciding to reduce the burden of nationally imposed inspection and assessment regimes, such as the Care Quality Commission's inspection of Adult Social Care and the Comprehensive Area Assessment, a new approach to improvement, being overseen by the Local Government Association and with the support of Government, is being developed. This approach, SLI, is underpinned by a number of principles, including :-

- councils being responsible for their own performance and improvement and for leading the delivery of improved outcomes for local people in their area;

- councils being primarily accountable to local communities (not government or the inspectorates) and stronger accountability through increased transparency helps local people drive further improvement; and

- councils having a collective responsibility for the performance of the sector as a whole (evidenced by sharing best practice, offering member and officer peers, etc.)

SLI in adult social care is being taken forward nationally by the Towards Excellence in Adult Social Care (TEASC) Board. TEASC is the Partnership Board established to oversee the development of a new approach to sector-led improvement in adult social care. The Board includes representatives from the Association of Directors of Adult Social Services (ADASS), the Local Government Association (LGA), the Care

Quality Commission (CQC), the Department of Health (DH), Social Care Institute for Excellence, SOLACE (Society of Local Authority Chief Executives) and the Think Local Act Personal partnership.

3.2 Sector Led Improvement in Adult Social Care: The Regional Picture

The approach adopted by NW ADASS celebrates success and excellence, sharing best practice and providing support and / or intervention from within the sector where needed. It avoids burdensome and costly processes, such as detailed inspections previously undertaken by regulatory bodies such as CQC, ensuring that local authorities make use of existing data and intelligence, and is based on a culture of collaborative working, sharing of good practice, constructive challenge and learning between councils.

3.3 The North West Towards Excellence Board

The NW Towards Excellence Board will oversee the agreed approach. It is supported by a number of regional groups which manage the process of SLI, collate and analyse performance and benchmarking information and consider and analyse financial data and intelligence.

The NW Towards Excellence Board is made up of the Chair of NW ADASS who is the Chief Executive of Tameside Council, four Directors of Adult Social Services (one of whom is the Strategic Director, Communities in Halton) representing the sub regions of the North West, service users, the Department of Health Deputy Regional Director and the Deputy Regional Director for Social Care and Partnerships (North East Region).

The North West Leadership Commission's lead Chief Executive for Adult Social Care provides a link between the work of the Board and the Commission, leaving the detail of managing risks to Adult Social Care professionals, whilst maintaining an objective overview to reduce the risk of service failure.

3.4 Memorandum of Understanding

The NW Towards Excellence Board agreed that Local Authority engagement with and support for the North West's approach to SLI would best be achieved by inviting each of the 23 upper tier local authorities in the region to take a report through its Cabinet / Executive Board to get formal agreement to signing a Memorandum of Understanding (MoU); attached at *Appendix 1*. A report was presented to Halton Bororugh Council's Executive Board on 23rd May 2013 outlining the process of SLI and as a result the MoU was signed.

Rationale

3.5 The Northwest approach to sector led improvement.

The Northwest approach to SLI is based on a number of complementary elements of sector-led improvement, as follows:

- Thematic reviews

Each year, the Board will identify areas for thematic review to take place across all of the 23 upper tier authorities in the region. Each authority will complete a self-assessment, the outcomes of which will be pulled together into a single report on the region's strengths and areas for development for each theme for consideration by the Board. This report will be used to celebrate excellence as well as to identify areas where support may be required.

The thematic reviews planned for 2013/14 will focus on the development of the social care market and workforce development.

- Risk-based approach to peer challenge

In addition to thematic reviews, the Board has developed a risk based approach to the process of sector-led improvement, as set out in table 1 in Appendix 1 (the Memorandum of Understanding). The risk-based menu runs from support and self-help (sharing of good practice, shadowing and 'buddying' between authorities), through 'targeted support' (peer mentoring or peer review across authorities), to other forms of intervention including robust 'peer challenge' in cases where an authority is deemed to require significant external input to ensure that its adult social care services are of a quality to ensure appropriate support to vulnerable people. Peers will include Elected Members, senior officers from Adult Social Care and other individuals with specialist knowledge of social services. The Portfolio Holder for Health & Adults in Halton has expressed a desire to become a Peer and has been nominated.

Thus Peer challenge may be accessed via a self-help approach, where authorities invite challenge as part of their own approach to continuous improvement, but it may also be used where the NW Board has concerns that a particular authority is not self-aware and may be at risk of failure and / or national intervention in relation to some or all of its services for adult social care.

- Risk triggers

A set of 'triggers' and corresponding menu of support have been developed in a way that encourages self-help, making use of the significant skills, knowledge and expertise that abound in the region. These are built on the principal of reciprocity, enabling authorities to share strengths and excellence whilst also tapping into the expertise and strengths of others when needed.

The risk triggers are set out in table 2 in Appendix 1, under the following 4 headings:

- Outcomes (including analysis of data including Adult Social Care Outcomes Framework (ASCOF) measures;
- Resources (financial concerns or issues arising from Annual audit letter);
- Interface with Stakeholders (user satisfaction/level of complaints/market position, authority disengaging from regional networks); and
- Other intelligence (intelligence via LGA, or other sources)

None of the above risk triggers would in themselves be seen as identifying 'critical

signs of failure'; but the expectation is that they will, when viewed 'in the round', provide the Excellence Board with adequate evidence to identify if any authority is struggling in relation to adult social care, as well flagging up areas of excellence to be celebrated.

4.0 POLICY IMPLICATIONS

4.1 Officers from Halton Borough Council have been involved in the development of the regional approach to SLI, through representation on the SLI planning group and working parties. We are thus in a strong position to ensure effective input to and engagement with the process, and early action on any issues of concern.

4.2 No other specific policy issues identified.

5.0 FINANCIAL IMPLICATIONS

5.1 There will be no financial commitment required from Halton Borough Council.

5.2 Legal Implications

There are no direct legal implications. However failure to engage with sector led improvement could be detrimental to the Council's reputation nationally which could lead to more formal intervention by the LGA, ADASS nationally or Government.

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 activity will highlight successes and areas for development in adult social care across the NW.

6.4 A Safer Halton

The risk based approach to the process of sector-led improvement, will identify where an authority is deemed to require significant external input to ensure that its adult social care services are of a quality to ensure appropriate support to vulnerable people.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 In order to support the implementation of sector-led improvement processes as set

out above, the NW Excellence Board has agreed to engage a consultant with significant senior-level adult social care experience once a year, to assess the evidence emerging from the thematic reviews and the risk-based trigger process and report their findings to the Board. It is anticipated that the first such annual review process will take place between July and October 2013.

7.2 The risk based approach being adopted by NW ADASS should ensure that early signs of failure in any Authority are identified before they escalate and cause significant safeguarding and reputational issues.

7.3 One of the main risks associated to the Local Authority if it were to 'trigger' a Peer Challenge, would be in terms of its perceived reputation. It should however be highlighted that the Peer Challenge process aims to help Local Authorities help themselves to respond to issues/areas of concern. Undertaken from the viewpoint of a friend, albeit a 'critical friend', Peer Challenges allow a team of people who understand the issues/pressures to review practices in a challenging but supportive way. It would include an assessment of current achievements, but then would also provide the Local Authority with recommendations on how further improvements could be made. It is aimed at being a constructive, collaborative and supportive process which has a central aim of helping the organisation improve. It's not an inspection, nor would it award any form of rating.

7.4 Failure of any Council to engage in the regional process could put that Council at risk. Even though sector-led improvement is a voluntary process, if the peer review uncovered systematic problems or the Local Authority did not make appropriate changes to issues highlighted this could lead to more formal intervention by the LGA, ADASS nationally or Government.

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

9.1 None under the meaning of the Act.

APPENDIX 1

Memorandum of Understanding

Context

All 23 upper tier local authorities in the North West of England are committed to the principles behind sector led improvement (SLI). We individually and collectively believe that it is our responsibility to ensure that the services we provide and the approaches we take are rooted in ensuring that outcomes for adults are improved and that our populations are better off as a result of the work we do. Our ambition is that sector led improvement sits at the heart of the shift away from compliance and towards a learning and improvement culture. The approach we are adopting across the region will, over time, ensure that we develop reflective practice throughout the system and the necessary skills to embed our vision of shared learning, reflection, self-awareness and different forms of peer support and challenge leading to targeted action where needed.

We recognise this shift in approach is ambitious and will present significant challenges along the way. To achieve our aspirations we recognise that we need to change culture rather than structure and this takes time, commitment and determination. We recognise the need to invest in the development of our staff to ensure that we plan for the future and equip the next generation of the workforce to further develop the legacy created by our initial activity. Alongside the development of the necessary skills and competencies needed to work within the new cultural framework, we will develop tools to support the process and provide essential evaluative capability. In the spirit of sector led improvement we acknowledge that the tools and agreed process will evolve as they are reflected upon and improved.

We are determined that the ambitious approach we have committed to will lead to the development of next practice, rooted in system change rather than best practice which is so often invested in an individual or group. To ensure that our approach has lasting commitment we have all secured support from our Chief Executives and Lead Members. To root the agreement we all signed this Memorandum of Understanding. This move demonstrates both our commitment and determination to improve outcomes beyond those achieved already.

1. Introduction

1.1. This Memorandum of Understanding (MoU) is between the 23 upper tier Local Authorities that make up the North West Region.

1.2. The MoU sets out the agreed areas and activities in which the Local Authorities will work together to support Sector Led Improvement with the shared aims of:

- Securing improvement work that is focused on galvanising adult social care services to achieve the best quality of provision and best possible outcomes for people, working in particular on the need to avoid service failures, improving performance in relation to the more intractable challenges and sustaining progress during a period of significant economic restraint and budget reductions.

- Building on existing capability in adult social care services, corporately and with partners to diagnose improvement challenges, identify risks to performance and to commission effective, evidence based and value for money solutions.

- Systematically sharing knowledge about what works across the sector and ensuring that there is effective brokerage of best practice solutions.

- Contributing to the development and implementation of policies designed to improve the lives of service users and their families and carers.

1.3. The MoU is not a statutory or contractual document. It is a statement of commitment to work collaboratively to support the regional sector led improvement model.

1.4. The commitment of authorities relate to both providing and receiving the types of support and intervention that are set out in **Table 1** below.

1.5. A menu of 'triggers' has been drawn up which identifies the things to be taken into account when assessing risk across the region, and this is set out in **Table 2** below.

TABLE 1: MENU OF SUPPORT AND INTERVENTION

Support (Self Help) (one or a combination of any of these)	Targeted Support	Intervention
Sharing good practice 'Beacon' events, networks, 'self help' regional excellence directory, matching tool	**LGA Peer Review**	**Local Peer Challenge**
Shadowing via existing regional or national networks	**Peer Mentoring** via existing regional or national networks	**Peer 'consultancy'** Review of service by a single regional or national peer
Buddying via existing regional or national networks	**Coaching** via existing regional or national networks or external provider	**LGA Peer Review**
Action Learning Facilitated via existing regional or national networks of externally	**Training** via existing regional or national networks or external provider	
Local Peer Challenge	**Local Peer Challenge**	

TABLE 2: RISK TRIGGERS

Sources of data / intelligence shown in brackets in italics in each cell

Outcomes An overall qualitative analysis of data sets will be undertaken to identify areas of concern rather than having a rigid formula based on % of 'red' or 'amber' measures	**Resources (Finance and People)**
ASCOF Measures: (*NW Performance Leads Group / UMU*	**Financial Concerns:** *(NW Strategic Finance Leads Group)* i.e. higher than average cuts to prevention budget; raised FAC eligibility criteria (i.e. to critical only); significant unexplained increase in admissions to residential or nursing care
TLAP Markers of Progress: (*InControl)*	**Financial Measures:** *(NW Strategic Finance Leads Group)* i.e. significant change in cost metrics (significant increases in unit costs or significant reductions, which if not underpinned by a robust VFM review, may indicate a reduction in quality
NW ADASS Local Measures: (*NW Performance Leads Group / UMU)*	**Annual Audit Letter** (in relation to financial issues): *(Local Authority / Committee Report / Website)*
Locality Scorecard Measures (AQAA): (*NW Performance Leads Group / UMU)*	**Recruitment / retention issues / high vacancy rate / high sickness absence / significant turnover of senior staff in a relatively short time / staff surveys:** *(SSD001 DoH return updated / validated by HR Leads Group)*

Other Intelligence	Interface with Stakeholders
Failure to meet minimum standards (i.e. Level 1) on key elements of self assessment for thematic reviews: *(Completed self assessment following thematic review)*	**User Satisfaction / Complaints / Outcomes of Ombudsman referrals / Outcome of Judicial Reviews / other customer feedback:** *(Annual Complaints Report from Scrutiny Committee; Council / Ombudsman website)*
Annual Audit Letter (non-financial concerns): *(Local Authority / Committee Report / Website)*	**Annual Safeguarding Report:** *(Local Safeguarding Board / LA website; National Data Return for vulnerable adults)*
Intelligence via LGA Regional Lead i.e. perception of lack of momentum on improvement activities following LGA Peer Review: *(LGA Adult Social Care Lead)*	**NW Personalisation Report:** *(NW Personalisation Board / Network)*
Local Accounts: (*Council website)* Not doing one or vague / ambiguous / too ambitious	**Disengaging from networks** i.e. becoming insular: *(SLI Planning Group / NWTEB)*
Quality Improvement Programme: (*Local authority DASS via phone or e mail)* i.e. System not meeting targets resulting in a significant impact on the local authority	**Relationships with partners:** *(Has Joint H&WB Strategy been completed and is it meeting targets; LATs, relationships with Health via Sheila Locke; questions to partners)** i.e. issues identified through local Health & Well Being Boards, VCS, providers, service users and carers; CQC Lead * *Only in the event of other concerns*
Sudden political change *(media / local knowledge)*	**Market position:** *(InControl / council websites)*
	Interface with Public Health: *(Local Authority DASS; DPH via e mail or phone)*

2. Local Authority Commitment

2.1. By the signing of the MoU, North West Councils commit to the following:

a) To completing self-assessments (up to two per year) in relation to the areas identified for thematic review by the North West Towards Excellence Board.

b) To co-operating with an annual risk assessment in relation to the 'triggers' shown in **Table 2** above. Most of the information used to inform this risk assessment will be accessed directly from other sources, but where areas of concern arise from this, the person undertaking the risk assessment on behalf of the North West Excellence Board will seek to discuss such concerns with the authority before taking a final view.

c) To share learning and best practice with others in the region (and nationally) where invited to do so.

d) To participate in networks and regional events in relation to SLI in Adult Social Care in order to share learning and to learn from others as appropriate.

e) To host 'Beacon' events to share excellence as and when required by the North West Towards Excellence Board. Where this is required, funding will be made available to the authority to cover the costs of such an event.

f) Where the authority has good practice to share and or specific skills, knowledge and / or expertise, to provide officer and member time free of charge to work with other authorities in the region. Activities may include peer mentoring, shadowing, coaching, the provision of training, buddying or involvement in more formal peer challenge teams as set out in **Table 1** above.

g) The amount of officer and member time each authority is asked to contribute will not be excessive. If an authority believes that it is being asked to provide a disproportionate amount of time, it should challenge this by approaching the relevant sub regional DASS on the North West Towards Excellence Board.

h) To use the risk 'triggers' shown in **Table 2** as an informal annual self-assessment or checklist and where the authority believes it is prudent to do so, to avail itself of the support mechanisms available either directly or by raising this with the relevant sub regional DASS on the North West Towards Excellence Board.

i) To accept such targeted support or intervention as shown in **Table 1** as the North West Towards Excellence Board deems

necessary following the annual risk assessment and to participate fully in any such support or intervention provided.

3. Implementation

3.1. This MoU commences in April 2013 and will remain in force until such time as it is revoked by the parties.

3.2. The MoU will be reviewed after April 2014 when the North West Towards Excellence Board evaluates and reviews the North West approach to SLI in Adult Social Care, and may otherwise be reviewed at any time at the request of any party.

4. Commitment

Signatures provided below show the commitment to North West ADASS's approach to Sector Led Improvement in Adult Social Care of the Director of Adult Social Care, Lead Member for Adult Social Care and Chief Executive of the council.

Local Authority: Halton Borough Council

Chief Executive of the Council:

David Parr

Signed:

Date:

Lead Member for Adult Social Care

Cllr Marie Wright

Signed:

Date:

Director of Adult Social Care

Dwayne Johnson

Signed:

Date:

REPORT TO: Health Policy and Performance Board

DATE: 10 September 2013

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Domiciliary Care across the Borough

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Health Policy & Performance Board on the current home care provision Borough wide.

2.0 **RECOMMENDATION: That Members of the Board note the contents of the report.**

3.0 **SUPPORTING INFORMATION**

3.1 There are different options of purchasing domiciliary care in Halton. Individuals can choose to buy care through a direct payment or a commissioned care route. When individuals opt for the commissioned route, they can be reassured that all the care providers are monitored by the Quality Assurance Team (QAT) and by the Care Regulator, Care Quality Commission (CQC).

3.2 There are currently ten domiciliary care providers who deliver care in Halton. The QAT monitors the quality by assessing a number of areas including consultation feedback, safer recruitment, medication records, training, and case recording.

3.3 The providers in Halton are rated as the following:

Six – Green (Good / Excellent)
Four – Amber (Adequate / Satisfactory)
None are rated as Red (Poor- with actions)

Adequate rated services receive additional monitoring and spot checks to improve standards within agreed timescales.

CQC have rated two domiciliary care services as requiring minor improvement actions and the rest are fully compliant.

3.4 There is a drop in performance across domiciliary care in Halton from the last period. Three providers fell from good rating to

adequate. The main theme is a lack of training in areas such as safeguarding, risk assessments, dementia, challenging behaviour and pressure care. A number of HBC E learning modules are available for providers to access free of charge and additional training is available at a charge of £50 per person. However, providers are reporting difficulties sustaining levels of good quality training in the current financial climate where the Providers operational costs are increasing and the Councils budgets are reducing. QA officers will continue to monitor the levels of training undertaken within each agency and contract compliance action plans are in place to ensure that required levels of training are maintained.

3.5 Feedback forms are sent to the QAT by stakeholders including social work teams, family members etc. These are low level issues and are not complaints. Very often these are resolved quickly to prevent further escalation into complaints and safeguarding referrals.

The number of feedback forms received during 1st January 2013 - 31st June 2013 are:

Carewatch	2
Caring Hands	10
Local Solutions	47
Homecare Support	32
Castlerock Care	15
M-Power	1
Premier Care	6
Just Care	16
I Care	15
Victoria Community Care	6
Grand Total	**150**

The two largest providers in Halton are Local Solutions and Homecare Support. They have up to 5 times the volume some of the others have.

This is a slight increase of 7 from the previous period (April – December 2012).

A query has been raised through Safer Halton PPB regarding Manual handling. However, on reviewing the information contained within the above feedback forms, there have only been three substantiated concerns regarding manual handling. Two have been progressed through safeguarding and one resulted in a re-assessment for equipment.

3.6 There is a formal tender process for domiciliary home care in Halton starting in September 2013. As part of this process, financial standing, recruitment, quality, performance and policies and procedures will be evaluated.

3.7 **Electronic Monitoring**

3.7.1 The Council's IT department are in the process of completing an updated system which records electronic monitoring returns submitted by providers on a four weekly basis. This will improve processes the Quality Assurance Team use to monitor the activity of care providers.

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

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

5.1 **Children & Young People in Halton**

None identified.

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

None identified.

5.3 **A Healthy Halton**

Work is starting in 2013 on a nutrition and hydration pilot with domiciliary care providers. The Council, Pubic Health and Bridgewater will be working jointly on a programme to improve the health and wellbeing of vulnerable people living in their own homes.

5.4 **A Safer Halton**

The domiciliary care packages enable people to live in their communities for longer. Following the consultation undertaken in November 2012, 99% of the respondents felt safer having care in their own homes. The next consultation will take place between September – November 2013.

5.5 **Halton's Urban Renewal**

None identified.

6.0 **RISK ANALYSIS**

6.1 The current financial climate is placing pressure on the domiciliary care market. The Council are working with providers to understand the concerns.

6.2 Commissioning care through accredited contracted providers reduces risks to the Council of provider failure.

7.0 **EQUALITY AND DIVERSITY ISSUES**

7.1 All contracted providers are required to comply with the Equality Act 2010 as stated in the domiciliary care contracts 2009-13.

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

None under the meaning of the Act.

Provider Name	HBC - RAG Rating	CQC - Latest Report Published	CQC - Comments
Carewatch (North Cheshire)		15.02.13	All standards met.
Caring Hands Cheshire Ltd		05.02.13	All standards met.
Castlerock Care		01.11.12	All standards met.
Homecare Support (The Human Support Group)		11.06.13	Improvement required in standards of management.
I Care (GB) Ltd		05.03.13	Improvement required in standards of management. Improvements required in standards of staffing.
Just Care (Nort West) Limited		Currently reviewing the service.	
Local Solutions		26.02.13	All standards met.
M-Power		Not Yet Visited.	
Premier Care Limited - Cheshire Brnach		Not Yet Visited.	
Victoria Community Care		13.08.12	All standards met.

REPORT TO: Health Policy & Performance Board

DATE: 10 September 2013

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health & Wellbeing; Community Safety

SUBJECT: Safeguarding Adults Update

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Board on key issues and progression of the agenda for safeguarding 'vulnerable adults' (i.e. adults at risk of abuse) in Halton.

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

3.0 **SUPPORTING INFORMATION**

3.1 The Integrated Adult Safeguarding Unit is now fully operational and funded jointly with the CCG. The Unit operates with a multidisciplinary team, including: Social Workers, Positive Behavioural Analyst, GP, Registered Nurse and Pharmacy Technician. This integrated approach ensures that the unit has the right mix of skills and knowledge to enable them to lead on the investigation of complex safeguarding investigations across Health and Social Care.

3.2 Events at Winterbourne have highlighted the particular vulnerability of people with learning disabilities/Autistic Spectrum Disorder who challenge services. There is now a strong and growing evidence base for the effectiveness of behaviour analytic approaches and these have been shown to significantly reduce the frequency, intensity and duration of challenging behaviour. Having a Positive Behaviour Analyst within the Unit helps to focus exclusively upon that group of people who are funded (in part or fully) by the NHS and who exhibit behaviour that challenge services.

3.3 The Unit are currently undertaking a 6 month service user/carer engagement pilot which will help to identify improved approaches to raising public awareness and learning from service user experiences.

3.4 From 1st April local authorities became the Supervisory Body for the

Deprivation of Liberty Safeguards in hospitals - a role previously undertaken by Primary Care Trusts. Hospitals apply to local authority Supervisory Bodies where they think they may need to deprive a patient of their liberty to treat them. Preparation for the transfer of the Supervisory Body responsibility from hospitals to the local authority has been ongoing since 2012. This has also included a joint review with St Helens local authority of the role of the MCA co-ordinator. The MCA steering group has developed and led a transition group which has overseen the safe transfer of all necessary functions of the role.

3.5 An initial meeting has been held which brought together leaders from different faith groups, HBC staff and key partners. It was noted that meaningful engagement with the faith sector would help HBC achieve some of our own policy goals around community empowerment, integration, encouraging active citizenship, responsible service delivery and even poverty reduction and safeguarding agendas. These meetings are to be developed and to continue.

3.6 As part of the Multi-Agency Safeguarding Adults Learning and Development 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 the completion rates have steadily increased to 499 during 2012/13.

3.7 Further E-learning modules have been developed to provide training on Dignity in Halton, Safer Recruitment, and Children Safeguarding Basic Awareness. Such training has the potential to prevent abuse, promote safe practice, reduces the time away from the workplace and can be completed at a convenient time to the individual.

3.8 Seven Elected Members have attended Safeguarding Adult's/Children's Alerter training and further dedicated training is planned for 2013/14

3.9 From September 2012 the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) have merged into the Disclosure and Barring Service (DBS) and CRB checks are now called DBS checks. The new Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. The changes have been staggered across the intervening year and the whole process has yet to be fully implemented.

4.0 POLICY IMPLICATIONS

4.1 A review of existing policies and procedures will be completed this year.

5.0 FINANCIAL IMPLICATIONS

5.1 None identified.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Safeguarding Adults Board (SAB) membership includes a Manager from the Children and Enterprise Directorate, as a link to the Local Safeguarding Children Board. Halton Safeguarding Children Board membership includes adult social care representation. Joint protocols exist between Council services for adults and children. The SAB chair and sub-group chairs ensure a strong interface between, for example, Safeguarding Adults, Safeguarding Children, Domestic Abuse, Hate Crime, Community Safety, Personalisation, Mental Capacity & Deprivation of Liberty Safeguards.

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

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 It is essential that the Council addresses issues of equality, in particular those regarding age, disability, gender, sexuality, race,

culture and religious belief, when considering its safeguarding policies and plans. Policies and procedures relating to Safeguarding Adults are impact assessed with regard to equality.

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

None under the meaning of the Act.

REPORT TO: Health Policy and Performance Board

DATE: 10 September 2013

REPORTING OFFICER: Strategic Director - Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Complex Care – Joint Working Agreement

WARD(S): Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 The report provides a summary of the background to the development of the Joint Working Agreement, including pooled budget arrangements, between Halton Borough Council (HBC) and NHS Halton Clinical Commissioning Group (HCCG), which aims to improve the quality and efficiency of meeting the needs of people with complex health and social care needs within Halton.

2.0 **RECOMMENDATION: That Board Members Note the contents of the report.**

3.0 **SUPPORTING INFORMATION**

3.1 In October 2012, a Business Plan was presented to HBC's Executive Board which outlined that the current processes in place associated with the provision of services to Adults with complex needs were fragmented and presented 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 Plan focused on the need to improve joint working between health and social care partners, and provided us with the opportunity to reconsider our approach to supporting people with complex needs and the opportunities that could be realised by adopting an integrated model of working.

3.3 The integrated model would 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.

3.4 The Business Plan received approval from both HBC's Executive Board and HCCG's Governing Body and subsequently work progressed in terms

of its implementation.

3.5 As such on the 1st April 2013, HBC and HCCG commenced a Joint Working Agreement for the management of a Pooled Budget between the two organisations covering spend on service packages in the following areas: -

- Adult Social Care;
- Continuing Healthcare;
- Funded Nursing Care;
- Joint Funded Care;
- Intermediate Care;
- End of Life Care;
- Equipment Services; and
- Ad-hoc Grants.

3.6 It is envisaged that the pooling of funds will ensure high quality, safe, efficient and effective health and social care services which will be commissioned and provided in the most appropriate and timely way in order to meet the health and social care needs of people in the Borough.

3.7 The overall governance arrangements for managing this Joint Working Agreement, lies with the newly established Complex Care Board which is chaired by HBC's Executive Board Portfolio holder (Health and Wellbeing), Cllr Marie Wright, and has senior management representation from across HBC and HCCG.

3.8 This Board is supported by the Complex Care Executive Commissioning Board (ECB), which has an oversight of the pooled fund, develops and makes recommendations to the Complex Care Board on the strategies, commissioning and operational direction of Complex Care in Halton.

4.0 POLICY IMPLICATIONS

4.1 New pathways and processes have been developed which now 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 The Joint Working Agreement is underpinned by a pooled budget arrangement.

5.2 The Local Authority acts as the host organisation for the pooled budget and it is managed at Operational Director level.

5.3 The pooled budget consists 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 The pooled budget for 2013/14 is approximately £32m.

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**

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 As previously stated, supported by the Complex Care ECB, on-going management of the Joint Working Agreement is being conducted via the Complex Care Board. The Board ensures that any on-going risks associated with the process etc. are identified and appropriately dealt with.

7.2 In addition to monthly monitoring of the pooled budget by the Pooled Budget Manager, quarterly monitoring reports will be presented to Executive Board.

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)	Communities Directorate Policy Team	Louise Wilson Louise.wilson@halton.gov.uk