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Health and Wellbeing Board

Wednesday, 4 July 2018 2.00 p.m.
Halton Suite, Halton Security Stadium

Chief Executive

Please contact Gill Ferguson on 0151 511 8059 or e-mail gill.ferguson@halton.gov.uk for further information.
The next meeting of the Committee is on Wednesday, 3 October 2018

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

Part I

Item No.	Page No.
1. APOLOGIES FOR ABSENCE	
2. MINUTES OF LAST MEETING	1 - 6
3. ONE HALTON PREVENTION FRAMEWORK AND MODEL	7 - 19
4. ONE HALTON TRANSFORMATIONAL POPULATION HEALTH PROGRAMMES 2018	20 - 22
5. EVERYONE EARLY HELP STRATEGY 2018-2021	23 - 59
6. PERSONS/PEOPLE IN A POSITION OF TRUST (PIPOT)	60 - 76
7. WORK PLACE HEALTH & TIME TO CHANGE EMPLOYER PLEDGE	77 - 82
8. ADULT SOCIAL CARE FUNDING – IMPROVED BETTER CARE FUND (IBCF) ALLOCATION 2018/19	83 - 86
9. CARE QUALITY COMMISSION (CQC) - LOCAL SYSTEM REVIEW (LSR) OF HEALTH & SOCIAL CARE IN HALTON: ACTION PLAN FINAL UPDATE	87 - 101

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 28 March 2018 at The Halton Suite - Select Security Stadium, Widnes

Present: Councillors Polhill, Chair, McInerney, Woolfall and Wright and N. Atkin, P. Cooke, G. Ferguson, P. Frost, T. Hemming, T. Hill, N. Gregory, M. Larkin, W. Longshaw, E. O. Meara, D. Nolan, D. Parr, J. Regan, D. Roberts, R. Strachan.

Apologies for Absence: B. Dutton, A. Fairclough, A. McIntyre, M. Pickup, S. Wallace Bonner and S. Yeoman.

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB28 MINUTES OF LAST MEETING

The Minutes of the meeting held on 17th January 2018 having been circulated were signed as a correct record.

HWB29 HEALTHY NEW TOWN HALTON HOSPITAL AND WELLBEING CAMPUS - PRESENTATION

The Board received a presentation from David Parr, Chief Executive Halton Borough Council, who provided an update on the development of the Healthy New Town Halton Hospital and Wellbeing Campus. A £40 million bid had been submitted to NHS England to create a Hospital and Wellbeing Campus at the very heart of Halton Lea, which would bring together all of the elements to deliver a seamless health and social care system for the people of Halton.

However, it was reported that NHS England had announced 40 hospitals and community centres that would receive a combined total of £760 million and the Halton bid had been unsuccessful. It was noted that only six facilities across the entire north were granted funding and none were in Merseyside or Cheshire and only one in the North West.

The Board expressed their disappointment that the bid had been unsuccessful but agreed that although it would be a challenge to gain funding for the Healthy New Town Halton Hospital and Wellbeing Campus, work would continue to achieve this.

RESOLVED: That

1. The current position on the development of the Healthy New Town Halton Hospital and Wellbeing Campus be noted; and

2. Regular reports be provided to the Board as the Healthy New Town Halton Hospital and Wellbeing Campus proposal is developed.

HWB30 ONE HALTON PREVENTION MODEL AND FRAMEWORK PRESENTATION

The Board received a presentation from the Director of Public Health, outlining the work that had taken place to date to develop the One Halton Prevention Model and Framework.

The Board was advised that the aim of *One Halton* was to deliver a place based health, integrated, user friendly, prevention model. It would make the most of local talents and assets, services and providers and enable people to stay well and within reason manage their own health. It aimed to improve health outcomes so that people live longer, healthier and happier lives.

It was noted that the next stage in the development of the model and framework would be to:

- Share the draft model for discussion – March 2018
- Scope what we currently have for prevention – April 2018
- Decide 5 key initiatives we would like to focus on initially – May 2018
- Develop an action plan – June 2018
- Share plan with Board – September 2018

RESOLVED: That the presentation be received.

HWB31 ALL-AGE AUTISM STRATEGY

The Board considered a report of the Strategic

Director, People, which provided an update on the new Halton All-Age Autism Strategy.

The Board was advised that the current Autism Strategy was developed in 2012. Since then, a number of national reports relating to Autism had been published and in addition, Halton took part in the Autism Self-Assessment Framework, which was completed at the end of 2016.

A working group was established in July 2017 to move forward with planning a new All-Age Autism Strategy, with questionnaires, consultation and a draft strategy produced, as detailed in the report. The development of the All-Age Autism Strategy aimed to take a more joined up and holistic approach to developing opportunities and realising potential for people with Autism at every stage of their lives. It was noted that the Health Policy and Performance Board had considered a report on the proposals at its meeting on 27 February 2018.

RESOLVED: That the contents of the report, appendices be noted.

HWB32 CARE QUALITY COMMISSION (CQC) - LOCAL SYSTEM REVIEW (LSR) OF HEALTH & SOCIAL CARE IN HALTON: ACTION PLAN UPDATE

The Board received a report of the Director of Adult Social Services, which provided an update on progress towards the actions included in the Action Plan developed following the Care Quality Commission (CQC) – Local System Review (LSR) of Health and Social Care in Halton. The Plan included details on those actions which had been completed and the progress to date of those actions which were outstanding.

RESOLVED: That the Board note the contents of the report and associated appendix.

HWB33 ONE HALTON

The Board considered a report of the Chief Executive / Strategic Director, People, which provided an update on *One Halton*.

One Halton would deliver a single fully integrated place based health, wellbeing and social care system for the people of Halton. It had wellness at its heart and would address health and social care needs of the local community.

The *One Halton* Strategic Vision built on the initial commitment of partners to improve the delivery of health and social care by enabling people to take more responsibility for their own health and wellbeing; with people staying in their own homes and communities as far as possible; and when complex care was required, it was timely and appropriate.

To progress *One Halton*, the Council and its partners had established a *One Halton* Accountable Care System Board (the Board), to provide a forum to provide system leadership and meaningful engagement in the development of *One Halton*. Members noted that Appendix 1 contained information about general progress and the emerging approach to *One Halton*. Appendix 2 set out the emerging thinking of a new "model of care", led by the Halton GP Federations and Bridgewater NHS Community Care Trust.

RESOLVED: That

1) the progress of *One Halton* be noted;
2) the better integration of health and social care services which is essential, and that additional investment in local services is badly needed, be supported; and
3) the Board receive further updates on the progress of *One Halton*.

HWB34 TRANSFORMING DOMICILIARY CARE

The Board received an update report on the progress of the Transforming Domiciliary Care Programme. Domiciliary Care describes the delivery of care and support services to people within their own homes. The Council had recommissioned the domiciliary care provision for the borough with a lead agency, Premier Care. The contract was for up to 7 years providing stability and security in this sector.

On behalf of Premier Care, John Regan attended the meeting and advised the Board on the progress of the contract, including details on the recruitment and retention of staff.

RESOLVED: That the report be noted.

HWB35 COMMUNITY SHOP

The Board considered a report of the Chief Executive, which provided a progress report on the development of a Community Shop in Halton.

The Board was advised that the Community Shop model was a supermarket with a targeted membership which aimed to tackle food poverty. The concept was to provide quality branded food at discounted prices to reach people that needed help to achieve financial independence. This was achieved by redistributing food that was surplus in the supply chain, which would otherwise end up in landfill.

It was reported that after undertaking a feasibility study, commissioned by Big Local and Well Halton in September 2017, a site in Windmill Hill was identified as a suitable location for the opening of a Community Shop in Halton. Regardless of its location, it was noted that all households that were eligible for membership within the Borough would have the opportunity to become members as part of a rolling programme that would target identified areas of need. Alongside this, Members were advised that a Community Shop would provide employment and training opportunities; provide financial and debt advice; reduce dependence on food banks; and offer two-course low cost lunches to its members.

RESOLVED: That the Board support the continued development of a Community Shop in Halton, as outlined in the report.

HWB36 SUPPORT FOR KEY GOVERNMENTAL ACTION ON OBESITY

The Board considered a report of the Director of Public Health, which provided information on new options to tackle obesity. It was recognised that the causes of obesity are complex, environmental, physiological and behavioural factors all interrelate and play their part in influencing the prevalence of obesity. At a local level Halton had a wide range of activities to tackle obesity. This included:

- An integrated healthy lifestyle and wellness programme;
- Health planning policies; and
- 0-19 service working with schools to be health

promoting.

However it was felt that national government needed to do more to support the efforts of local areas in particular to take the lead on following three areas of action details of which were outlined in the report:

- Implement the food revolution;
- Tackle food poverty; and
- Introduce a fairer and greater obesity focus of the use of sugar levy,

RESOLVED: That the Board note the contents of the report and support the three key areas for government action.

Meeting ended at 3.21 pm

Agenda Item 3

REPORT TO: Health and Wellbeing Board

DATE: 4 July 2018

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: One Halton Prevention Framework and Model

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

To provide Health and Wellbeing Board members with the final version of the One Halton Population Health Framework and Model.

2.0 RECOMMENDATION: That the Board endorse the One Halton Framework and model.

3.0 SUPPORTING INFORMATION

The One Halton Population Health Framework developed in conjunction with Cheshire and Merseyside Health & Care Partnership Prevention Board, Public Health England (PHE), Halton Borough Council, NHS Halton CCG, NHS providers, the voluntary sector and third sector seeks to support the delivery of the prevention challenge.

Traditionally efficiencies have been delivered through improved delivery of care but meeting the current goals of saving lives, reducing morbidity, improving quality, being more cost effective and reducing inequalities requires a new solution and a focus on stemming demand through delaying or preventing the onset of need.

This Population Health Framework sets out evidence based guidelines partners can use to create a transformational and sustainable shift in the health and wellbeing of the Cheshire and Merseyside population.

This approach promotes the integration of health, mental health and social care services, the development of multidisciplinary and multisector teams working together to improve population health. This includes individual care management, the mobilisation of community assets, committing to integrated care models, and making every contact count across sectors, as well as population level interventions like access to employment and workplace health and education.

In support of this approach the Prevention Framework provides practical guidelines and the opportunity to self-assess and review against them for each place based care system working on population health with:

- Local system leaders
- Local communities
- General Practices or Primary Care Hubs
- Local tertiary and acute providers

4.0 POLICY IMPLICATIONS

4.1 The Prevention Model and Framework will inform collaborative action for the Council, NHS, Social Care, Public Health and other key partners as appropriate.

5.0 FINANCIAL IMPLICATIONS

5.1 No additional funding required. However the model and framework will inform future activity and spending across the system.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The best start in life is essential if children and young people are to have good physical, social and emotional health. A robust prevention framework and model will ensure this is embedded throughout the system.

6.2 Employment, Learning and Skills in Halton

Improving the Health and Wellbeing of Children and Young People is a key priority in Halton. The prevention model and framework includes child development as a priority.

6.3 A Healthy 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

6.4 A Safer Halton

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime have an impact on health outcomes particularly on mental health.

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.

7.0 RISK ANALYSIS

Developing the Prevention Model and Framework does not present any obvious risk however, there are risks associated with the sustainability of the health system if we do not implement the model. These will be assessed as appropriate.

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

Appendix 1 Halton Prevention Model and Framework 2018

Lead Officer: Eileen O’Meara

Health & Care Partnership
for Cheshire & Merseyside

One Halton Population Health Framework

About this Population Health Framework

The One Halton Population Health Framework developed in conjunction with Cheshire and Merseyside Health & Care Partnership Prevention Board, Public Health England (PHE), Halton Borough Council, NHS Halton CCG, NHS providers, the voluntary sector and third sector seeks to support the delivery of the prevention challenge.

Traditionally efficiencies have been delivered through improved delivery of care but meeting the current goals of saving lives, reducing morbidity, improving quality, being more cost effective and reducing inequalities requires a new solution and a focus on stemming demand through delaying or preventing the onset of need.

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In support of this approach the Prevention Framework provides practical guidelines and the opportunity to self-assess and review against them for each place based care system working on population health with:

- Local system leaders.
- Local communities.
- General Practices or Primary Care Hubs.
- Local tertiary and acute providers.

Systems Leaders Framework

1. To embed Prevention within corporate governance structures, appoint a board level champion for prevention and ensure health is in all policies.

2. To prioritise a relentless focus on wellbeing, prevention and early intervention.

3. To develop the workforce so they deliver on prevention and embed *Making Every Contact Count* (*MECC*) within all contracts and commissioning, ensuring data collection and contract management reflects MECC outcomes.

4. To work in partnership through commissioning bodies and Health and Wellbeing Boards to mainstream commissioning for prevention and develop clear prevention and lifestyle service pathways with a single point of access.

5. To tackle unwarranted variation across clinical services, and reduce exception reporting within the Quality Outcomes Framework.

6. To adopt a universal approach to prevention with additional resources for areas of acute deprivation and need.

7. To have a digitally mature system with shared health and social care records so we identify issues sooner and treat people more effectively.

8. To recognise that the residents of Cheshire and Merseyside will be key agents in supporting and achieving better health outcomes.

9. To develop a Corporate Social Responsibility Strategy with social value and prevention at its heart to maximise the organisation's impact for prevention across its staff, estates and corporate activity.

10. To consider **system, scale** and **consistency** in implementation, delivery, marketing and communication of population health programmes.

Community Framework

1. To utilise the local community and the voluntary sector as a key asset for prevention and co-create health and wellbeing initiatives with Halton communities, the voluntary sector and local social networks.

2. To build capacity and increase the use of local non health workforces to deliver prevention: fire & rescue services, housing associations, sports clubs, community development teams, social prescribing, voluntary and third party sector, etc.

3. To work with local companies to engage with the local community, deliver the workforce health charter and offer workplace health initiatives.

4. To work with planners to develop healthy neighbourhoods that encourages an active lifestyle and is dementia and disability friendly.

5. To provide support in a variety of ways for local people who have a disability, long term illness or mental health condition, including safeguarding them from harm and acting on allegations of neglect or abuse.

6. To train and accredit community champions, volunteers and advocates such as dementia friend training.

7. To work with local retailers to retail products that have an impact on health responsibly.

8. To offer Healthy Schools and Early Years Programmes.

9. To offer integrated self-help, wellness and lifestyle programmes in the community including: managing long term conditions, diet, exercise, reducing harm from alcohol, stopping smoking and improving emotional resilience and access to psychological therapies.

10. To enable local communities to access information digitally and in hard copy on local assets.

Primary Care Framework

1. Health and Wellbeing staff including: health trainers, youth workers, drug and alcohol staff, social workers, mental health staff, as required, be part of the Primary Care Hubs and the Multi-Disciplinary Team model for intermediate and complex care patients.

2. Public health nurses, health visitors, family nurse practitioners, school nurses and social care workers linked to Primary Care Hubs.

3. Systematic referral to sources of non-clinical support through social prescribing and community connecting roles, aligned with wider approaches to community capacity building and stronger partnerships with voluntary organisations.

4. Embed shared decision making and enabling choice, so that people are knowledgeable and supported as equal partners in decisions about their care and treatment.

5. People and families are supported in the way they need to manage their health that suits them best, tailored to their level of knowledge, skills and confidence. This includes focused care, health coaching, self-management education and systematic access to peer support options; measured through tools such as the Patient Activation Measure.

6. Hospital specialists have a more holistic understanding of patients by linking into Primary Care Hubs and participating in MDTs, offering phone advice, electronic advice and delivering training.

7. Provide personalised care and support planning as a proactive process, bringing together people's and families physical, mental health and wellbeing needs into a single conversation focused on what is important to them and co-ordinating better access to personalised care and treatment, alongside psychosocial and community based support.

8. Have integrated personalised commissioning, including personal health budgets and integrated personal budgets, enabling people who could benefit to take control of resources to meet their health and care needs.

9. Increase awareness of the value of national screening programmes and increase uptake.

10. In house training and education programmes for staff and patients on self-management, health

literacy, behaviour change, MECC and specialist topics.

Provider Framework

1. Tertiary and secondary prevention that reduces the impact of established disease through interventions such as lifestyle advice and cardiac or stroke rehabilitation programmes embedded in all Trusts.

2. Commonality of prevention pathways across all Trusts.

3. Have holistic approaches to history taking to address lifestyle and other risk factors and use this information in care planning and include in discharge summaries.

4. To share information on clinical and lifestyle risks in referral and discharge summaries to ensure that prevention is addressed at all points in pathways and that patients are included on relevant disease registers as early as possible.

5. Systematically adopt a Making Every Contact Count (MECC) approach with the delivery of all services supported by necessary staff training and IT infrastructure to record activity and outcomes.

6. Mandatory common competency and training frameworks for the workforce.

7. All Trusts aligned to the national lifestyle CQUINs. Ensure healthy food provision within all premises, removing sugary snacks and beverages from vending machines in public sector buildings.

8. A regional dashboard to compare and contrast shared outcomes from prevention work.

9. Hospital specialists and Community Trust specialists run joint clinics in the community and be part of primary care Multi-Disciplinary Teams.

10. A holistic approach to health and social care for all; integrating physical and mental health during consultations and treatment.

THE ONE HALTON PREVENTION & POPULATION HEALTH MODEL TARGET POPULATIONS AND OUTCOMES.

Informed, confident individuals better skilled to have choice and control over the care they receive due pro-active case management promoting earlier discharge, maximising rehabilitation and re-ablement and reducing the need for long-term institutional care.

People with complex needs: 5% (6,350)

TERTIARY PREVENTION

SECONDARY PREVENTION

People with long-term physical and mental health conditions: (30% 38,050)

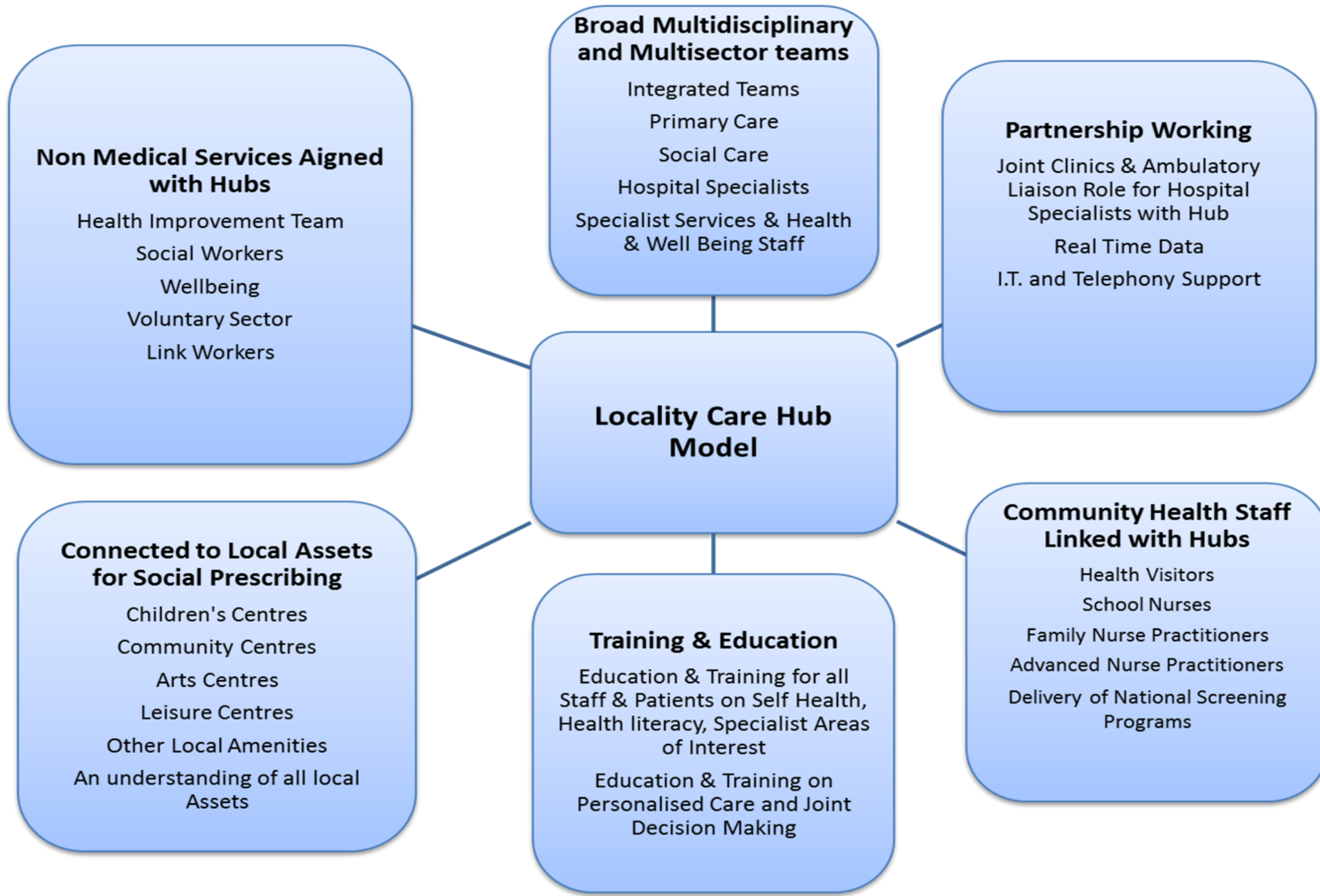
Informed, confident individuals better skilled to manage their own long term health conditions, mental health and disabilities and their children's illness and injury and able to manage changes that occur with aging.

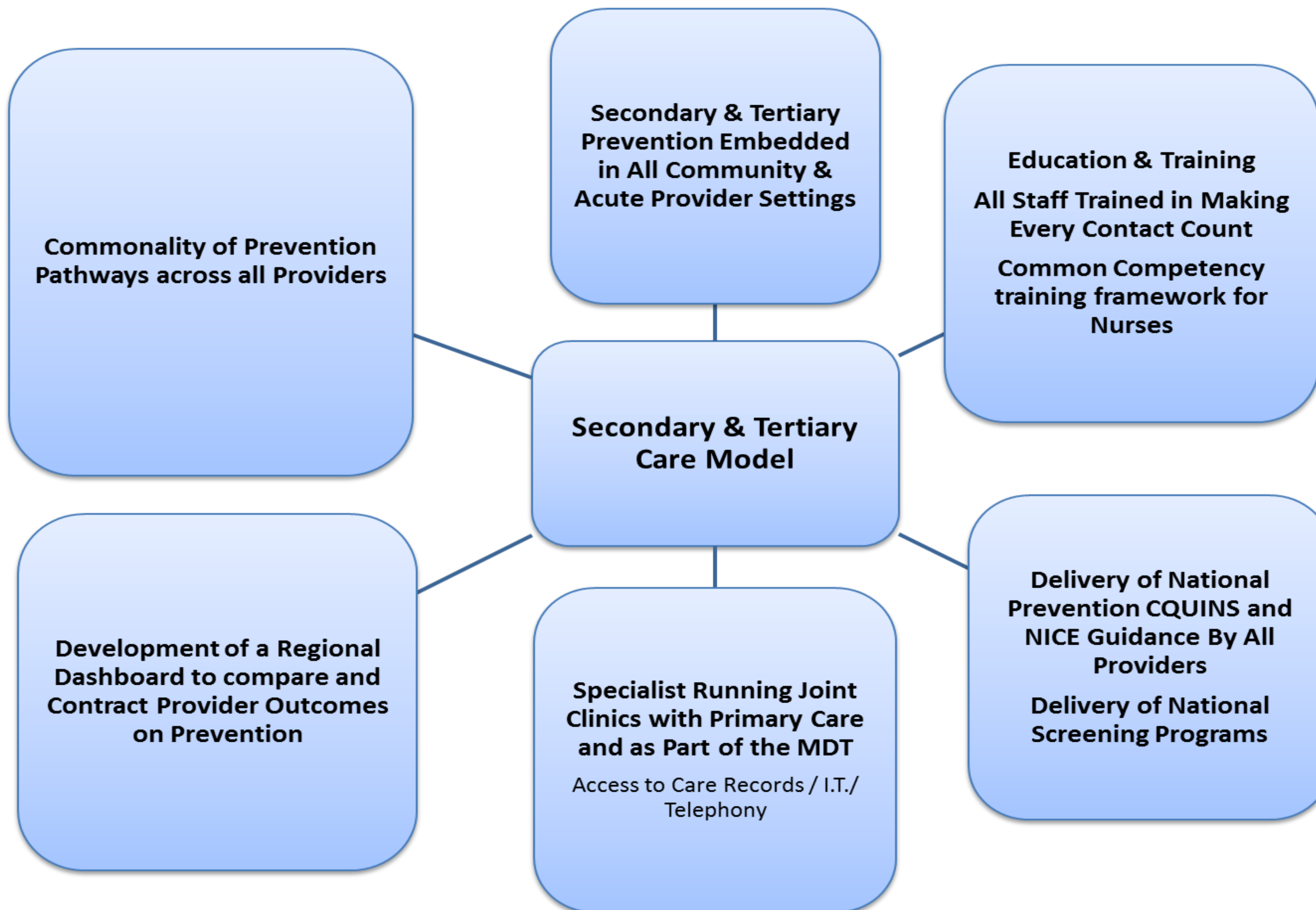
Active resilient communities redressing the determinants of ill health and supported to stay well and look after themselves to maximise mental, physical, social prescribing and spiritual health.

Community: 100% (126,900)

PRIMARY PREVENTION

Connected to Development of Healthy Neighbourhoods
Healthy New Towns
Transport Team
Planning & Regeneration
Open Spaces
Affordable Housing & warmth
People into work initiatives
Dementia friendly communities
Good Local Centres
Healthy Schools
Children's & early years centres
Primary Care Hubs
Arts Centres
Community Centres
Healthy Living Pharmacies
Other key Partnerships
Local social networks
Local voluntary organisations
Fire & Rescue Services
Wellbeing Enterprises
Community Development Team
Active Cheshire
Merseyside Sports Partnership
Resilient Community Place Based Model
Happy Healthy Workforce
Partnership working between local business & organisations
To encourage local supply chains and local jobs
Supporting employability & Healthy workforce schemes
Ensuring employers and other agencies work together to provide good quality job opportunities and development
Training & Education
Development of more accredited community health champions & advocates
Training for staff & community on health literacy
Access to social prescribing
Development of local health initiatives
Using Digital & Electronic Technology
Telehealth Care
Shared Care Records
Apps – CATCH/LINCUS/BEST-YOU
NHS Choices
Digital GP Health Advice


Broad Multidisciplinary and Multisector teams
Integrated Teams
Primary Care
Social Care
Hospital Specialists
Specialist Services & Health & Well Being Staff
Non Medical Services Aigned with Hubs
Health Improvement Team
Social Workers
Wellbeing
Voluntary Sector
Link Workers
Partnership Working
Joint Clinics & Ambulatory Liaison Role for Hospital Specialists with Hub
Real Time Data
I.T. and Telephony Support
Locality Care Hub Model
Connected to Local Assets for Social Prescribing
Children's Centres
Community Centres
Arts Centres
Leisure Centres
Other Local Amenities
An understanding of all local Assets
Training & Education
Education & Training for all Staff & Patients on Self Health, Health literacy, Specialist Areas of Interest
Education & Training on Personalised Care and Joint Decision Making
Community Health Staff Linked with Hubs
Health Visitors
School Nurses
Family Nurse Practitioners
Advanced Nurse Practitioners
Delivery of National Screening Programs


Secondary & Tertiary Care Model
Commonality of Prevention Pathways across all Providers
Secondary & Tertiary Prevention Embedded in All Community & Acute Provider Settings
Education & Training
All Staff Trained in Making Every Contact Count
Common Competency training framework for Nurses
Development of a Regional Dashboard to compare and Contract Provider Outcomes on Prevention
Specialist Running Joint Clinics with Primary Care and as Part of the MDT
Access to Care Records / I.T./ Telephony
Delivery of National Prevention CQUINS and NICE Guidance By All Providers
Delivery of National Screening Programs

References

- Resilient Communities 2018, John Moores University.
- Lambeth Connecting Care Evaluation 2016, Kings College London.
- Rotherham Social Prescribing Model Evaluation 2017, Sheffield Hallam University.
- Integrated Care 2017, International Advisory Board.
- Addressing Prevention through the Development of New Care Models. 2016, Public Health England, Dr Marilena Korkodilos.
- New Models for Paediatric and Child Health 2016, RSPCH, Dr Hilary Cass.
- Addressing Inequalities in Child Heath 2018, Prof. David Taylor Robinson.
- Memorandum of understanding for Personalised Care Network Sites. NHSE 2018
- Meeting the Prevention Challenge, East Midlands PHE and NHS Clinical Senate 2015
- Cumbria and Lancashire Population Health Model 2016

Agenda Item 4

REPORT TO:	Health and Wellbeing Board
DATE:	4 July 2018
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	One Halton Transformational Population Health Programmes.
WARDS:	Borough Wide

1.0 PURPOSE OF THE REPORT

To invite Health and Wellbeing Board members to comment on the proposed One Halton Transformational Population Health Programmes.

2.0 RECOMMENDATION: That the Board note the proposed transformational population health programmes and comment on them.

3.0 SUPPORTING INFORMATION

3.1 The One Halton Health and Wellbeing Strategy 2017 – 2022 is an overarching strategy to improve health in Halton. It has been jointly developed after consultation with Halton Borough Council, NHS Halton Clinical Commissioning Group, the voluntary sector, Community Health Services, Health Watch, the blue light services, housing and local community groups.

Through the One Halton model, that engages local people and all partners, we are starting to radically change the way we do things so that by 2022 fewer people will be suffering from poor health. Effective prevention and early action can deliver a 'triple dividend' by helping people to stay well and live healthy lives, thus reducing the demand for costly services and creating the conditions for a prosperous economy.

3.2 The One Halton Health and Wellbeing Strategy outlines 6 key priorities:

- Children and Young People: improved levels of early child development
- Generally Well: increased levels of physical activity and healthy eating and reduction in harm from alcohol
- Long-term Conditions: reduction in levels of heart disease and stroke
- Mental Health: improved prevention, early detection and treatment
- Cancer: reduced level of premature death
- Older People: improved quality of life.

3.3 There are **six transformational programmes of population health** that meet current health needs and embody and exemplify the way in which systems leadership can come together and ensure a substantial contribution to One Halton's priorities:

1. Develop a Healthy Streets programme that builds on the work of the Well North Programme and being dementia friendly and takes forward the whole systems approach to healthy weight.

2. Build a prevention culture within providers by embedding Making Every Contact Count at scale.

3. Pilot the One Halton Population Health Framework model for Primary Care Hubs.

4. Develop a Workplace Place Health Programme across Halton that enables employees to stay well and supports more people with health conditions and disability to remain in the labour market, to support productivity, reduce non-clinical demands on primary care and to reduce the flow of people who move onto long-term sickness and disability benefits.

5. Develop a social and emotional health programme for young people in education aged 16 – 22 years commencing with Halton College.

6. Build on the current work for physical activity by promoting and engaging people in every walk of life at scale.

4.0 POLICY IMPLICATIONS

The transformational health programmes will support delivery of the One Halton Health and Wellbeing Strategy 2017 – 2022 and inform collaborative action for the Council, NHS, Social Care, Public Health and other key partners as appropriate.

5.0 FINANCIAL IMPLICATIONS

No additional funding required. However the model and framework will inform future activity and spending across the system.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The best start in life is essential if children and young people are to have good physical, social and emotional health. The transformational population health programmes support delivery of this priority.

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

Workplace health is a key programme outlined and supports this priority.

6.3 **A Healthy 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.

6.4 **A Safer Halton**

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime have an impact on health outcomes particularly on mental health.

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.

7.0 RISK ANALYSIS

Developing the population health programmes outlined does not present any obvious risk however, there are risks associated with the sustainability of the health system if we do not implement programmes. These will be monitored as appropriate.

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

One Halton Health and Wellbeing Strategy 2017-2022

Lead Officer: Eileen O'Meara

REPORT TO:	Health & Wellbeing Board
DATE:	4th July 2018
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Children, Education and Social Care Health & Wellbeing
SUBJECT:	Everyone Early Help Strategy 2018-2021
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the new Everyone Early Help strategy that combines children, adults and public health.

2.0 **RECOMMENDATION: That**

1. the content of the strategy is discussed and comments invited; and

2. the Board agrees to support the implementation of the strategy.

3.0 **SUPPORTING INFORMATION**

3.1 Services to support children, families and vulnerable adults are facing unprecedented challenges. It is obvious that Early Help and Prevention services should make up the cornerstone of any delivery model. If low-level needs can be prevented (or delayed) from developing into more serious or acute needs then this is win-win. Effective, early help and prevention can not only increase independence, improve outcomes and the quality of life for individuals, but also provide a financial return to the Local Authority in the form of cost avoidance and a reduction in the use of more expensive, acute resources.

3.2 This transformation in thinking is about undertaking a whole system review of the approach to Early Help and Prevention, with a focus on increasing the resilience of communities and their potential to help themselves, supported by a planned prioritisation of resources, integration, collaboration, and understanding the benefits that Early Help can have on a wide range of longer term outcomes for everyone involved.

Halton's Approach

3.3 There is a long standing and strong commitment to early help and prevention across all agencies and strategic partners in Halton. Within Halton during 2016/2017 the council restructured to combine the adult and children directorate to create a People's directorate. Both of the existing directorates had in place a prevention/ early intervention strategies but it was agreed to the creation of a new joint Early Help strategy that would sit across the new People Directorate.

3.4 In response to the range of national and local policy developments, this new strategy for Early Help represents a refresh of our approach and reflects our desire for an integrated approach to Early Help across children,' adults and older people's services and public health as part of a whole Council approach.

3.5 Halton's definition of "early help and prevention" across children's and adults' services and public health can be described as:

"Supporting communities to prevent and reduce need at the earliest stage whilst taking targeted action as soon as possible to tackle emerging situations, where there is a risk of a person developing problems. Early intervention may occur at any point in a person's life".

3.6 Within the strategy there are five key aims

1) More children and young people will lead healthy, safe lives and will be given the opportunity to access education and develop the skills, confidence and opportunities they need to achieve their full potential;
2) More adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health, mental health and social care services;
3) Everyone will be given the opportunity to voice their opinions and experiences to ensure that services meet their individual needs;
4) The best possible services will be provided within the resources we have, giving excellent value for the public.
5) Our workforce will continue to thrive and work effectively to support each other and the community they serve, ensuring that we have a confident, competent, happy workforce.

3.7 Contained within the strategy there are 3 priorities that we are wanting all agencies to work towards to help further embedded early help principles.

1) The right early help, in the right place at the right time.
2) Ensuring a whole system approach to early help with strong

partnership working

3) Empowering local people and communities to build capacity and resilience, to enable people and communities to do more for themselves.

3.8 This strategy is ensuring that we are all responsible for Early Help. The idea is to build upon people's strengths at an early stage, so they are enabled with the support of family and friends to recognise when help is required. By tackling the root causes of a problem as early as possible, people are able to maintain their independence and general wellbeing longer and where necessary can self-refer to an appropriate person or service.

3.9 We will expect to see that more individuals and families are empowered and enabled to take control of their lives, and they are supported in their local communities avoiding the need for services intervention. When there is service intervention we will expect to see the positive impact in a timely way with families reporting sustained improvement in their circumstances.

3.10 Going forward we will focus on some key elements to assist with our early help offer these will be around improving information management and use of information technology, enhancing co-ordination and timing of service delivery, enhancing approaches to whole household and/or family support and building resilience and community capacity.

3.11 The development of a robust early help offer for children, young people, adults and families in Halton will prevent problems escalating and becoming entrenched and more complex. It will also lead to a reduction in the need for more costly, specialist and statutory services while preventing unnecessary trauma and emotional upheaval for families.

4.0 POLICY IMPLICATIONS

4.1 There are no policy implications identified.

5.0 FINANCIAL IMPLICATIONS

5.1 None identified.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Early help strategy directly relates to improving the safety and wellbeing of children and young people The document also support key elements within Halton's Safeguarding and Children and Young People's Plans.

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

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

6.3 **A Healthy Halton**

Early Help Strategy supports the Council's strategic priority of Improving Health.

6.4 **A Safer Halton**

There are no implications for 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 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

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

None.

Strengthening our Communities

Everyone Early Help Strategy 2018 - 2021

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Early Help For Everyone In Halton – Children, Young People, Adults, Families

Version Number	Date	Author	Review Date
V9	May 2018	Clare Hunt	September 2019

Foreword

1. **Introduction**
2. **Purpose and Aims of the Strategy**
3. **Legislative Framework**
4. **What do we mean by Early Help?**
5. **Early Help in Halton**
   - 5.1 **Priorities**
   - 5.2 **Principles**
   - 5.3 **Early Help Stories**
6. **Working Together**
7. **Case for Change**
8. **Halton's approach**
9. **How will we measure success in Halton?**
10. **Conclusion**

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FOREWORD

Councillor Tom McInerney
Lead Member Children, Young People and Families Chair, Halton Children's Trust Board

I am pleased to introduce Halton's Early Help Strategy. Effective Early Help is essential to improve the life chances of Halton's children, young people and their families. Although Halton, along with many other Local Authorities and our partner agencies, faces unprecedented financial pressures, we believe that a focus on support, prevention and early intervention will not only mean that we can overcome the current and future financial challenges but also, and more importantly, give people of all ages, the opportunity to take full advantage of everything that Halton and life has to offer. Our vision is to empower our children, young people, adults and families to become more resilient and less reliant to cope with the demands of life in the 21st century. Early Help is fundamental to achieving this vision.

Milorad Vasic
Strategic Director
People, Halton
Borough Council

This Early Help Strategy is an enabling approach for all ages in Halton and it stresses the importance of different areas of social care, health and mental health working together with other agencies to improve the wellbeing of every individual. The Care Act (2014) highlighting the individual's right to choice and independence combined with The Children & Family Act 2014 which has a focus on greater integration across health, social care and education underpin much of what we do already and is articulated in this Strategy through examples, of how individuals, families and communities can benefit from different teams pooling their ideas and resources to develop local priorities and deliver early help that can make a significant difference in people's lives. Our approach will provide children, young people, families and older people with a straightforward route to the services they need from their first contact with us and strike the right balance between specialist support, targeted work to prevent issues getting worse and access to universal services that are open to all in our communities.

This balance of provision is becoming ever more difficult to maintain as the challenging financial position of the public and voluntary sector continues. This strategy is, therefore, an important document that will shape and guide the development of services by both the Council and its partners over the coming years and how we will work with you, as we all seek to ensure that Halton's families are supported in providing their children with the best start in life and maximise the chances for their children to achieve in their schools and into adulthood and for older people to live independently

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1. INTRODUCTION

There is a long standing and strong commitment to early help and prevention across all agencies and strategic partners in Halton. The majority of people, irrespective of their individual circumstances want to live a fulfilling and where possible active life. They also want to stay healthy for as long as possible while remaining a valued part of the community and able to play a part. Halton fully supports this view. It recognises that by addressing needs and the root causes of a problem at an early stage, individuals and families can be supported to cope better and achieve their own future potential.

In response to a range of national and local policy developments, this new strategy for **Early Help** represents a refresh of our approach and reflects our desire for an integrated approach to Early Help across children,' adults and older people's services and public health as part of a whole Council approach.

This strategy aims to build upon the good practice and existing strategies from early help and prevention which already exists in Halton. We will use these foundations to establish a new **'Everyone' Early Help Strategy** that is firmly embedded within the main relevant legislative acts for children and adults. Throughout this document the term 'Adult' is defined within the meaning of the Care Act (a person aged 18 or over and which also includes 'older people' - aged 55+).

Whilst the Early Help services in the People's Directorate of the Council has a key role in the provision of early help services by taking a lead in the delivery and commissioning of services; it also has a role as a partner working collaboratively and co-operatively within a system of services from the statutory, voluntary and community sector. In addition, as a facilitator it helps to build capacity and confidence among young people, adults and families within Halton as well as the wider partnership.

The main benefits of early help approaches include identifying and promoting protective factors at an early stage and as a result prevent negative outcomes developing. The overall aim is to support people to maximise their potential, and as a consequence, enjoy a better quality of life. Early help approaches are often 'enabling': equipping individuals and communities with the tools to succeed, rather than interventions being imposed upon them. Asset based approaches, being introduced in communities in Halton will foster self-reliance and resilience rather than dependency.

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2. PURPOSE AND AIMS OF STRATEGY

In Halton we see a focus on early help as fundamental in tackling the root causes of problems as soon as they arise; this is critical to improving people's quality of life throughout each life stage. We want to break down intergenerational cycles of deprivation and poor outcomes, prevent problems from escalating and reduce the need for the involvement of statutory services. Early Help is an overarching philosophy that that should influence all strategies in Halton. The aim of the strategy is to achieve much better outcomes for local people of all ages and their families.

In doing so, we will be promoting better outcomes for the people of Halton and the communities which are an integral part of their identity. We want to help to ensure that we reduce avoidable spending on acute services where early help would have prevented, decreased or delayed the need for them, and hence provide better value for public money.

The strategy outlines our intentions and approach to ensure early help is understood, accessible and firmly embedded within the working practices of all agencies, promoting lifetime and whole-family planning to deliver effective early help in Halton.

We want to empower our children, young people, adults and families to become more resilient and less reliant.

2.1 Aims

These aims set out our aspirations in broad terms. Further detail will be in the action plans that are currently being developed. By 2021 in Halton:

1. More children and young people will lead healthy, safe lives and will be given the opportunity to access education and develop the skills, confidence and opportunities they need to achieve their full potential;
2. More adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health, mental health and social care services;
3. Everyone will be given the opportunity to voice their opinions and experiences to ensure that services meet their individual needs;
4. The best possible services will be provided within the resources we have, giving excellent value for the public.
5. Our workforce will continue to thrive and work effectively to support each other and the community they serve, ensuring that we have a confident, competent, happy workforce.

3. LEGISLATIVE FRAMEWORK

The recent changes in legislation have reinforced the need to consider the needs of all individuals regardless of age and their families.

The Children & Family Act 2014 sets out a range of new responsibilities including the promotion of greater integration across education, health and social care. This focus on joint approaches to deliver integrated and personalised care provides a fresh impetus on achieving together the outcomes that matter to children, young people and their families. The act requires particular attention to be given to:

- Prevention
- Early identification
- Access
- Transition across life stages, and
- Preparation for adult life.

Also important to Early Intervention and Prevention work for children are the Children Act 1989 and 2004; the Ofsted single inspection framework; the thematic Ofsted framework; the Ofsted Children's Centre inspection framework; and the new Ofsted SEND inspection framework.

The Care Act 2014 highlights the requirement of effective person-centred planning to help intervene at the earliest possible stage. It states "*It is critical to the ethos of the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point.*" To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, prevents need or delays and deterioration wherever possible".

According to the Care Act 2014 the most important part of adult care and support is to help people achieve those outcomes that are important and matter most to them in their life. This means that Halton, when carrying out its care and support functions for any person, must always promote that person's wellbeing. This idea of wellbeing covers many areas but can be summarised as follows:

- remain mentally and physically healthy
- maintain dignity stay safe and be in control
- enjoy, achieve and remain socially connected
- have a suitable home
- avoid financial and domestic troubles

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4. WHAT DO WE MEAN BY EARLY HELP?

Early help aims to give people who are experiencing difficulty at any point in their lives the help they need as early as possible. It also supports individuals, families and communities to do more for themselves. People are no-longer considered passive recipients of care. Instead, they are actively involved and encouraged to adopt a 'can do' approach in tackling many of their own problems. This reduces dependency, but stresses independence and self-referral as means of accessing early support when needed.

In Halton, all agencies working with children or adults recognise that **prevention and earlier intervention** are more successful and cost effective than later or more formal interventions. We are all engaged to a greater or lesser extent in work that seeks to prevent the escalation of difficulties or the deterioration of circumstances which could adversely affect people at any age.

Halton's definition of "early help and prevention" across children's and adults' services and public health can be described as:

"Supporting communities to prevent and reduce need at the earliest stage whilst taking targeted action as soon as possible to tackle emerging situations, where there is a risk of a person developing problems. Early intervention may occur at any point in a person's life".

By **early help** we mean **the targeted action** that we take to prevent the development or escalation of problems. This definition importantly includes both help provided **early in life** (with young children, including pre-birth interventions) as well as the help delivered **early in the development of a problem** (with any person, regardless of age).

Who is responsible?

Everyone is responsible. The idea is to build upon people's strengths at an early stage, so they are enabled with the support of family and friends to recognise when help is required. By tackling the root causes of a problem as early as possible, people are able to maintain their independence and general wellbeing longer and where necessary can self-refer to an appropriate person or service.

For this to work effectively, a number of different groups involving public, private, voluntary and community have to work together to ensure the appropriate support is made available at the right time and in the right place.

Specifically in relation to children's services, Munro (2011) outlines three levels of prevention: primary, secondary and tertiary. Focussed more on adults, the Care Act 2014 provides a similar categorisation using the language of prevent, reduce and delay.

This definition highlights the importance of early intervention in improving outcomes for people. The dual aspects of better life chances and improved value for money are

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fundamental. In addition to this overarching definition, the Partnership recognises a continuum of prevention, ranging from:

- 'primary' or 'upstream' approaches (including whole population approaches and/or services and interventions for people with lower level needs)
- through 'secondary' approaches – typically those directed at people with emerging needs, in an attempt to stop these getting worse; and finally
- 'tertiary' or 'downstream' approaches to prevention, usually targeted at people with a range of complex needs and/or more pronounced ill-health, focused on maintaining stability and preventing deterioration for as long as possible.

The diagram shows how both the principles of "Prevent, Reduce, Delay" interrelates with Primary, Secondary and Tertiary Prevention, so that whether we are talking of children's or adults' services, we have a clear framework to describe early help in Halton.

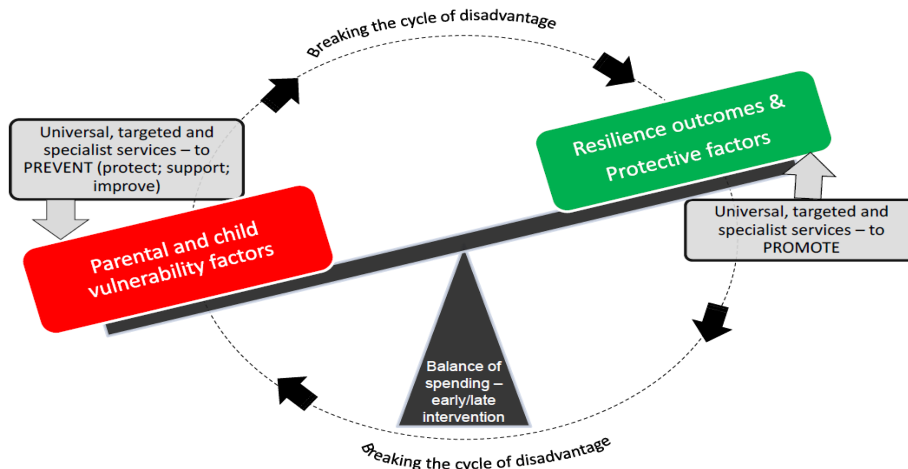
The table below summarises the different levels of prevention to help agencies to describe their contribution across three levels.

Primary Prevention: Prevent	Secondary Prevention: Reduce	Tertiary Prevention: Delay
Preventing the occurrence of problems	**Preventing problem escalation**	**Reducing the severity of problems**
Early Help is taken at the level of the whole population in order to prevent the development of risk factors. At this universal level agencies build resilience across the population. Informal and formal education, awareness raising, helps to strengthen the support communities provide for local people.	At this level agencies will intervene early with individuals who have existing risk factors, vulnerabilities or acknowledged additional needs to ensure that problems are halted and do not become either more significant or entrenched.	At this level agencies work with individuals to tackle more complex problems to reduce the severity of those problems that have already emerged and reduce or delay the need for the involvement of more specialist services. This includes individuals, children, young people and families in crisis and on the edge of family breakdown.

HALTON'S LEVELS OF NEED FOR CHILDREN

It is important that there is a clear understanding of where early help fits into the 'threshold of need' for children and that it is used appropriately by all partners. The diagram below illustrates this relationship it provides a continuum of needs of all children and their families in Halton.

What we do with children and young people now will have an impact and future savings for the adult population and the community. For example, social and emotional foundations in the early years, capable and confident parenting amongst vulnerable families, healthy lifestyles and good education experiences set during the primary and secondary school years can determine positive outcomes throughout the life course. It can also tackle the costly consequences of issues such as school exclusions and unemployment in later years.



EARLY HELP IN HALTON

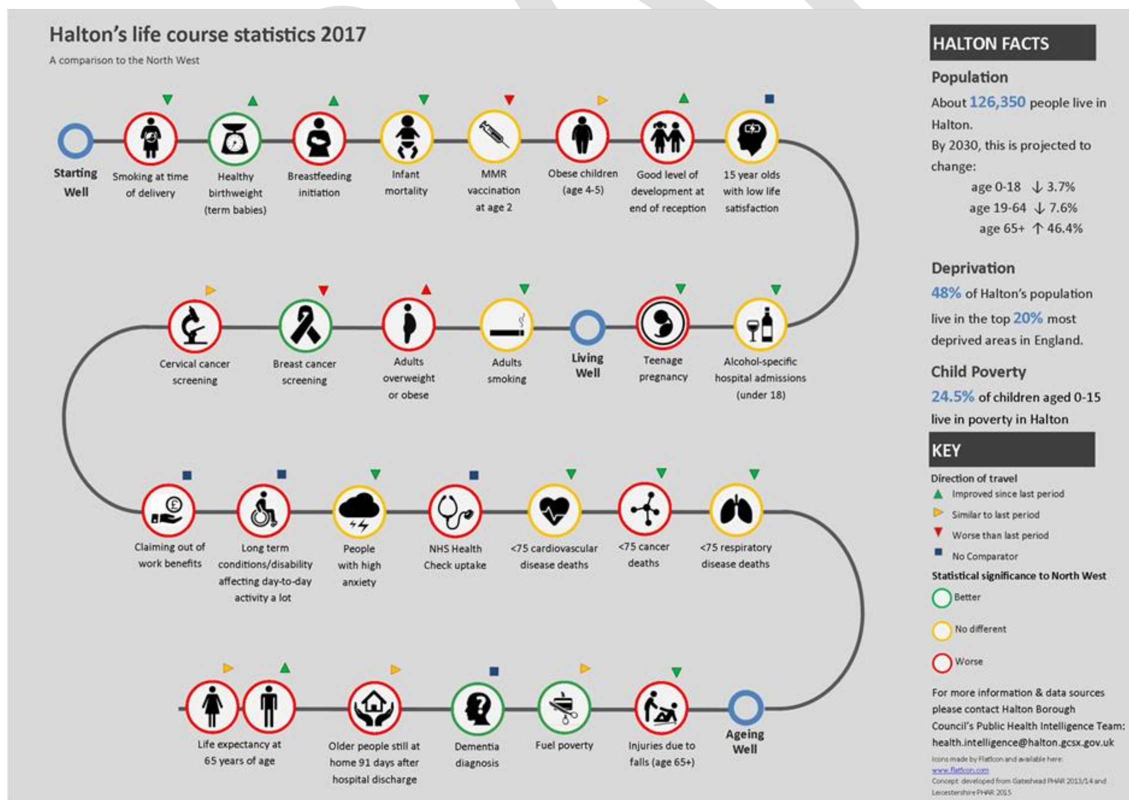
Halton's strategy is made up of three elements:

- a set of **shared early help priorities** to support the shift to early help,
- a set of **early help principles** to inform the borough partners' work on early help
- a selection **of early help 'stories',** that help to illustrate some of the real benefits of effective early help to individuals, families and communities.

5.1 SETTING OUR PRIORITIES FOR 2018–2021

The Joint Strategic Needs Assessment uses all available data and information to assess the current and future health and wellbeing needs of our local residents and communities. Such information is used to inform how resources are allocated across the borough in accordance with identified needs, ensuring the best possible health and wellbeing outcomes are achieved whilst also reducing health inequalities.

The following diagram provides an overview of the key findings from the most recent Joint Strategic Needs Assessment and other intelligence sources. The diagram reflects some common risk factors associated with the need for early help.



Priority 1

The right early help, in the right place at the right time.

Outcome

Individual's families and communities are self-aware, able to identify when they need support, and engage appropriate services to maintain their independence and overall wellbeing.

We will:

- Ensure whole system early help pathways are developed which are clearly understood and embedded in practice.
- Work with all agencies to put in place a workforce development plan to provide a whole system workforce response to our early help offer.
- Embed an outcome-focussed approach, ensuring that we can demonstrate the impact and difference made to, and in partnership with, our communities through the delivery of a whole system early help offer.

What difference will it make?

- People in Halton will know what advice and support is available to them and their families. This will help them respond to problems or needs arising due to changing circumstances.
- They will know where and who to go to for support, and what to expect.
- People will be able to deal with issues or problems before they become more severe or complicated. They will be independent and resilient enough to support themselves in the longer term, appropriate to their particular needs.

Priority 2

Ensuring a whole system approach to early help with strong partnership working

Outcome

Mature and adaptive partnerships which have shared ownership and accountability for the delivery of an effective early help offer.

We will:

- Embed a shared understanding and commitment of the 'everyone early help' offer.
- Ensure that all learning across the early help spectrum is shared to celebrate successes, but also learn from areas of improvement.
- Ensure that Early Help is not seen as something at the periphery of service design and delivery, but is embedded as mainstream.

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What difference will it make?

- Service Providers will work together to minimise duplication, share knowledge about services available, and ensure that vulnerable people don't fall through gaps in processes.

Priority 3

Empowering local people and communities to build capacity and resilience, to enable people and communities to do more for themselves.

Outcome

Strong, connected communities supporting themselves and each other to lead happy and fulfilling lives, thereby reducing the demand on statutory services.

We will:

- Ensure that the premise of early help is underpinned by an asset-based approach to community development and resilience.
- Enable individuals, families and communities to self-help, and access services independently through maximising the use of technology, ensuring everyone is well informed about the service and support available.
- Promote independence by encouraging and enabling individuals to maintain a good quality of life accessing provision in their communities (helping them to help themselves).
- Recognise the need for strong connectivity with universal services to ensure people who need help are identified early, and effective step-up and step-down practices are in place.
- Ensure that the voice of the individual is at the centre of the early help offer, and individuals, families and communities are empowered to take control of their lives.

What difference will it make?

- People will have the knowledge and confidence to get involved or take a lead on community-based activities and projects, tailored to the skills and needs of their local areas.
- People will feel enabled to be independent, but aware of how to seek support services when needed.

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Early Help Enablers

To assist with the 3 highlighted priorities we recognise that we need to more in the following areas:

- Improve **Information Management and Use of Information Technology**
- Enhance **Co-ordination and Timing of Service Delivery**
- Enhance approaches to **Whole Household and/or Family Support**
- **Building Resilience** and **Community Capacity**

We want to support individuals to make choices in their lives that enable them to achieve their full potential. Recognising that carers, staff and volunteers are an important part of delivering our vision, and must be valued and supported.

Our purpose is to improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill-health, promoting self-care and independence, arranging local, community-based support whenever possible and ensuring high-quality hospital services for those who need them.

We will work with local people and with partner organisations including healthcare providers and the voluntary sector. This will ensure that the people of Halton experience smooth, co-ordinated, integrated and high-quality services to improve their health and wellbeing.

The Council is working hard to maintain services with fewer resources and with further cuts expected, this will continue over the coming years. Our focus will be on prevention and independence and through making the most of universal and community based services to help young people, families and adults build, retain and recover skills.

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5.2 Early Help Principles

Our vision is underpinned by a number of early help principles;

- Adopting strength based approaches using the strengths of individuals, families and communities;
- Supporting independence at all stages, with different levels of intervention offered;
- Working together as a strong partnership to deliver an effective local offer of support;
- Early help will be addressed across the life course, from developmental support in early years, to maximising wellbeing in later years.
- Ensuring we have an engaged, knowledgeable and committed workforce, that fully understand the importance of their role in early help;
- Identifying the children, young people, adults and families who need extra help and support at the earliest opportunity.
- Commitment to a 'Think Child', 'Think Parent', 'Think Family' and 'Think Community' approach to the assessment of needs which will have a positive impact upon all individuals within the whole family.
- Listening to children, young people, adults and families, and ensuring that the voice of children, young people, adults and families is evident throughout our involvement.
- Make every contact count – through effective assessment processes and by empowering professionals to address recognised needs of children, young people, adults and their families at the first opportunity.
- Share information – in a timely way, avoiding the need for continuous or repetitive assessment and 'starting again' syndrome. Understanding the whole family's needs, regardless of which individual service or setting they come to.
- Continuously improve – learning as we go along by monitoring, reviewing and evaluating the way that we work, gaining a better understanding of what helps families most, eliminating wasteful systems and bureaucracy and focusing our resources on making a positive difference.

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By 2021 we will have:
Introduced targeted prevention, so that more people can live independently for longer in their communities, needing less; preventing and delaying the need for traditional public health or social care services.
Implemented and embedded requirements of the new Care Act.
Become more efficient in the way we work, making more use of digital technology to produce better results for people.
Supported new and existing providers of public health and social care to increase the range and quality of services.
Developed a confident, skilled and knowledgeable workforce that works flexibly with a range of partners to provide services.

5.3 Early Help Stories

The early help stories help to illustrate some of the real benefits of effective early help to individuals, families and communities.

David developed skills and confidence to live more independently

David has a diagnosis of Autism. He moved out of his family home to live in supported accommodation. His informal family carers were getting older and keen to see him settled in his own home.

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At an early stage David was supported by his social worker and learning disability nurses to ensure all of his health needs were being met. Halton Housing was able to find suitable supported housing accommodation that David felt comfortable with. With assistance from his support agency he has been able to increase his independence gradually and improve his daily living skills such as maintaining his personal care and completing domestic tasks.

David now feels comfortable and safe in his new environment. Halton's Community Bridge Builders have enabled him to locate a local range of meaningful activities to take part in. These include volunteering with the local museum at Norton Priory to taking part in wider community activities such as walking groups. David and his family agree that the move has overall been a great success. He will be reviewed regularly by the social work team to ensure there is a continual emphasis on outcomes that match what David wants now and in the future.

Halton offers support to people at all levels of need and at every level will actively explore how people can be safeguarded and protected from harm. We offer timely intervention from our 'Home Support,' 'Rapid Access' and 'Reablement' teams. All of our actions are targeted to promote independence like David's story above.

Doris was reassured and felt enabled to access support

Doris's Story:

I felt horribly alone when my partner died 4 years ago, especially as my remaining family live in London. Apart from shopping once a week I don't go out due to diabetes affecting my feet. I used to enjoy playing whist, but lack of transport made the journey impossible. When I had trouble with my answerphone and Lifeline I realised something had to be done.

I was referred to the Volunteer Service who arranged a whole raft of other services for me. Theseincludeddoor-to-doortransport,enabling me to play whist gain. My answerphone and Lifeline problems were quickly solved and I had my feet checked at the Podiatary Clinic.

Social isolation and the twin problems of loneliness and depression are common among people who are over 55 and living alone. The Volunteer Service that Doris found so helpful is part of Halton's SureStart to Later Life information service. This offers information about a range of activities available in the local community (benefits and pensions, transport, education, social activities, health and fitness and much more. The idea is to enable older people to counter loneliness and take an active part in their community.

Betty was supported to develop the right skills helping her to move forward to independence

Betty's Story:

Betty has Down syndrome and a diagnosis of Autism. She recently moved from her family home to live in her own flat in Runcorn. She receives some support each day to help her to maintain her tenancy, cook her meals and maintain her personal care. Before moving, she worked with her social worker and the Community Bridge Building team to set up social, education and work-based activities in her week. Structure and routine are very important for her and plans were put in place before she moved to avoid unnecessary disruption to her.

Betty is now attending college each week thank to the intervention of Halton's Bridge Building team and her social worker. She does voluntary work at a cafe and a salon both of which are run by Halton Day Services. She has a much more active social life and attends events in her local area with her friends. For big decisions that she may have to take about her life, she has help from advocacy services and also support from the Bridges Health Team to put plans in place and increase her independence. Currently, she is working with her social worker in order to gradually reduce the support that she needs from staff.

Community Connectors is a recent example of a local project that will provide practical person centred assistance to anyone in specific localities in the borough. The service is about empowering people to have the skill set to solve their own problems before they reach the crisis stage.

Individuals will be enabled to clarify their own goals, strengths and needs and develop a plan to pursue their aspirations, build resilience and improve their possibilities for a more fulfilled life.

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Robinson Family were fully supported, reassured and motivated to regaining the confidence to move forward with family life

The Robinson family, are two parents under 25 years of age with a 2 year old and new born baby. A Health visitor referred the family for early help with a number of support needs including parenting, budgeting and mums isolation and low mood.

The family worked with a Family Support Worker for four months to holistically address their individual needs as adults, developing the families parenting skills as well as ensuring that the individual needs of the children were met.

The Family Support Worker supported the family through a range of suitable approaches to meet their needs; expanding their skills in areas such as child development, money management and parenting, as well as supporting Mum to access mental health support.

As a result of this early help, the family developed the necessary skills to grow their confidence to move forward with their lives independently. They have built strong connections in their community, helping to reduce social isolation, maintain their independence and improve their quality of life.

Halton offers a variety of support to parents and families. This family found support through their health visitor interactions, support via the G.P and with their local children's centre. These interactions got mum to talk about their mental health issues and get support, it identified a 2 year funded place, plus access to local groups to widen their support networks and improving their parenting confidence.

6 WORKING TOGETHER

6.1 The vital role of partnerships

We need to build on the work of the partnership to date to ensure we draw on the full range of resources, expertise and insight of all partners so we can better understand the needs of our children, young people, adults and families. We need to better identify and engage with those families who will benefit most from services, and provide co-ordinated services that effectively address needs early, to ensure the very best outcomes for our children, young people, adults and families.

The strategy is set in the context of a very challenging economic climate which has seen unprecedented levels of central government cuts to local authority funding. Central Government funding for Halton Borough Council has already fallen by £45m. The next four-year period looks equally challenging. One example is within the North West. Alder Advice were commissioned to report on the future of Adult Social Care

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in the region. Their report indicated a number of key risks and challenges some of which involved moving from expensive residential care to community provision and greater use of digital technology to lower the cost of long-term care. This highlighted major financial challenges for Halton. By 2022 a further £4.8m will be needed to fund services. If demographic changes are included this figure increases to £12.8m. Halton's challenge working with others, is to deliver on our agreed priorities while maintaining front-line services within limited resources and at a difficult time for the national economy. To achieve this, particularly with vulnerable adults, Halton has introduced a new model of care. This emphasises the need to work with adults as early as possible. It aims to make the most of the person's own strengths and skills, enabling them to live independently as long as possible. The focus of assessment is for the individual leading a life (as fulfilling as possible) rather than having a service.

Partnerships are the key to being able to maintain effective services and continue to improve outcomes for everyone in Halton. There are key partnerships between the council and health services in supporting early help. The partnership between the third sector, the council and other partners is also crucial to achieving better outcomes for children, young people, adults and families. Third sector partners, including community groups and volunteers, perform an important role in reaching local communities and supporting individuals and families and it is important there is further collaboration across the partnership which maximises the third sector's contribution, and its ability to lever in additional resource.

Partnerships need to build on our achievements to date and encourage both the alignment of resources and more formal joint commissioning arrangements. Grants for 11 voluntary sector organisations, totalling £214,000 have been recommended for the current financial year (2018-19). These will contribute to the council's priorities involving: Children and young people; employment learning and skills; healthy Halton and Safer Halton. These grants will have a significant impact on volunteering, training and development opportunities as a means of reducing reliance on statutory services.

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6.1 Commissioning

Bringing agencies to work together to meet the needs of children, adults and families is at the heart of early help. This is requires whole system change, driven by energetic and visionary leadership which is already in place across the Council. Integrated commissioning is the key. It will support the delivery of the whole system change that is needed. It will also provide a robust, credible and objective way of making decisions about sparse resources, so that they have maximum positive impact on the lives of children, adults and families.

Key commissioning principles

We will:

- adopt an outcomes based approach to commissioning;
- understand the needs and priorities of our community, now and in the future and clearly specify our requirements;
- ensure that value for money and achieving sustainable efficiencies are the foundation of our commissioning solutions;
- undertake co-production and involve customers and service users in the planning, design, monitoring and evaluation of services;
- ensure commissioning takes place at the most appropriate level (services will be personalised wherever possible);
- be honest about the financial and legislative frameworks in which services are to be provided;
- support market developments to ensure there is a mixed economy of commissioned services enabling partners and individuals to deliver services where they can enhance outcomes and efficiency;
- build the capacity of our local third sector and small businesses to ensure they have equal opportunity to participate in commissioning;
- promote investment in the local community through all stages of the commissioning process; and
- work jointly with other relevant local and regional commissioners to best secure positive outcomes and value for money for our residents.

Halton will use commissioning and co-production approaches to develop and imbed a different widespread culture and practice. This will supports and allow innovation and collaboration, as well as greater capacity and relevant freedom at local level to develop and implement new approaches.

An example of our joint commissioning is around Mental Health Services. Following a redesign of the services provided by the council for people with mental health needs, the Mental Health Outreach Team is now working collaboratively with NHS Halton Clinical Commissioning Group to provide targeted and time-limited support for people with the full range of mental health conditions in Halton, including people with

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complex needs supported by the North West Boroughs NHS Trust and those people with more common, but often equally difficult to manage, mental health conditions who are supported only by primary care services.

When people are referred to the outreach team, they are interviewed about what changes in their lives they want to make, in order to have a better quality of life and to be able to participate in their own communities. An individual plan is then developed with them, targeted at their wishes and needs, and a member of the team supports them over an agreed time period to achieve these aims. This approach is having a considerable level of success and is reducing the need for people to be referred for more complex and expensive levels of support.

In addition, the mental health social work service has redesigned and is able to focus more fully on people whose needs are only being managed through primary care services. Both approaches are achieving positive outcomes for local residents with mental health problems.

6.2 Community Capacity Building – Working Towards a Community Asset Based Approach

Halton Borough Council has always helped communities to "help themselves", including helping people to understand their needs and develop their own solutions to these needs. There are three key areas that we can continue with to develop this further:

1. Unlock the capacity of communities to support themselves and vulnerable individuals and families – reducing the demand on public service.
2. Support communities to work in partnership with the Council to design and deliver services, including those currently delivered by the Council
3. Develop voluntary and community sector (VCS) organisations in Halton as effective providers in a diverse market which supports delivery of the Council's priorities.

By 2021 we will have:

Strengthened arrangements for existing public health services so that more people get the right support to manage lifestyle issues such as substance misuse, smoking or being overweight.

Put in place actions to support communities and individuals to reduce loneliness and social isolation.

Improved preventative services for children and young people through the Healthy Child Programme.

Invested in local community projects within Halton that support people to live longer, healthier and more independent lives.

7 THE CASE FOR CHANGE - NATIONAL RESEARCH AND EVIDENCE

Nationally there are varying degrees of commitment to early help. Many services across health and social care are responding to escalating levels of demand through increased crisis management. However there is a growing body of evidence to support early help, which has been highlighted in key national documents and research.

Many local authorities are operating within a climate of unprecedented challenge for the public and voluntary sector, as demand for specialist services rapidly increases against a backdrop of dramatically reducing resources. For some families (estimated at 30 per cent of the population), difficulties arise which, if addressed early enough, can be prevented from escalating into costly statutory service intervention.

The Marmot Review into health inequalities in England published in February 2010 acted as a timely reminder of the continuing social and economic cost of health inequalities and provided further pointers towards early intervention help and support. In doing so, it presents a robust and well-evidenced business case for national and local action to address health inequalities through concerted action.

Work undertaken by the Early Intervention Foundation, the Washington State Institute for Public Policy, the Dartington Social Research Unit, MP Frank Field's review on the Foundation Years, MP Graham Allen's review of Early Intervention, and the work of the WAVE Trust among many others provide enough evidence that Early Help can reduce demand on more reactive and expensive services.

They all independently reached the same conclusion that it is important to provide help early in order to improve outcomes. Nationally, interest is growing in an evidence base for early help and in particular a need to demonstrate effectiveness to produce cost savings in more specialist and acute services. It is important to recognise that early help is not a one-off fix, but a highly targeted process and approach – a way of working with specific outcomes.

The emphasis on the economic value of early help has been developed further by the Social Research Unit at Darlington University. The American 'Blueprint' model is being translated into a UK context for a number of evidence-based interventions. The work currently in progress is specifically on child protection, however work on Early Years and Young Offending has already been published.

It is estimated nationally that if the number of offences by children and young people were reduced by 1%, it would generate £45 million in savings to households and individuals per year. The cost of educational underachievement has been projected at £18 billion per year by the London School of Economics for the Prince's Trust. Statistics highlight intergenerational cycles; daughters of teenage parents are three times more likely to become teenage mothers, and 65% of sons with a convicted father go on to offend themselves, with significant costs to society. Inequality also

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impacts; a child living in poverty is more likely to have poorer health, lower attainment and less earning potential.

As people age they become more likely to have reduced contacts with family and friends .They are also more likely to be less mobile and have reduced income. These factors and others such as increased likelihood of hearing and sight deterioration can cause older people to be vulnerable to loneliness. Loneliness and isolation pose severe risks to health and can lead to early death. The effect of loneliness on life expectancy exceeds the impact of factors such as physical inactivity and obesity, and has a similar effect to that of cigarette smoking and alcohol consumption. Older people who are lonely have a greatly increased risk of developing Alzheimer's disease and have an increased use of health and social care services.

Well targeted loneliness interventions can substantially decrease spending on health and social care services. SCIE give case studies of befriending schemes saving £300 per person per year and Community Bridge Builder / Sure Start to Later Life type services saved even more. Research highlights that for every £1 spent on preventing loneliness there is a potential to save £3.

8 HALTON'S APPROACH

A key priority of this strategy is to develop a more cost effective, integrated and sustainable service model for people's services which identifies emerging problems as early as possible and prevents them from escalating.

In achieving this, a new financial model needs to be developed, which will include a focus on:

- Protecting the existing early help spend, focusing this on evidence-based interventions;
- Acknowledging that there is no new money to invest in interventions, exploring opportunities for attracting investment to pump prime early help initiatives;
- As early help is systematically rolled out and evidence of changes of demand becomes apparent, a commitment to re-prioritise some high cost expenditure on acute and crisis management services into cost effective early help provision.

This approach aims to create a cycle where a proportion of savings from reduced demand are reinvested into early help and prevention activity which in turn leads to a further reduction in demand on specialist and statutory services. This feedback approach is outlined in the diagram below:

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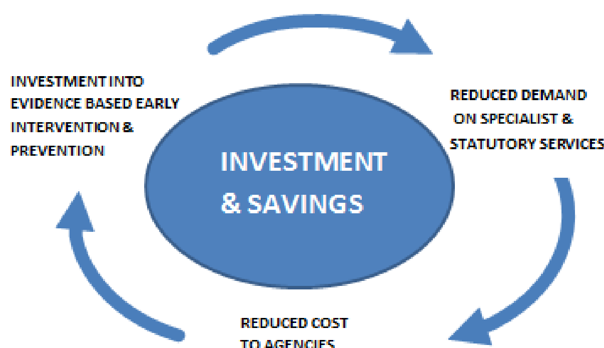

By 2021 we will have:

Designed, developed and delivered services with people who use them, in ways that make good use of volunteers' time and are an efficient use of public money.

Routinely asked people who are experts by experience and where relevant Carers, to help us assess the quality of care and health providers.

Improved the ways in which we show that people and staff's involvement makes a difference – so that they can see and understand that we listen to what they tell us and that it influences what we do.

Kept more vulnerable people safe. We will do so by raising awareness and understanding in the social care workforce and the public about what to do if they are worried about someone who is vulnerable.

9 HOW WE WILL MEASURE SUCCESS

We will constantly review how we work to make sure that we are delivering better care and results for people. We know it is important to listen to people, if we have a good understanding of what people think, want or need, we are more likely to deliver the right result for them. We will not know if we are successful in making a difference to people's lives unless we can measure the results, and we will measure how well we are doing in a number of ways:

The Adult Social Care Outcomes Framework - tells us how well care services are meeting people's needs, as we would expect for ourselves, our friends and relatives. This includes whether people feel they are treated with dignity and respect, feel safe

and are independent, for example, being still able to live at home after a stay in hospital.

Public Health Outcomes Framework - tells us how well public health services in Halton are working, for example not only how long people live, but how healthy they are. Other indicators of success include reducing the number of people who have falls, or who feel they are lonely.

NHS Outcomes Framework - as we work more closely with partners, sometimes our performance will be jointly measured. For example, with our NHS colleagues how successful are we at reducing avoidable emergency admissions to hospital.

9.1 How will we know if Early Help in Halton is working?

We will expect to see that more individuals and families are empowered and enabled to take control of their lives, and they are supported in their local communities avoiding the need for services intervention. When there is service intervention we will expect to see the positive impact in a timely way with families reporting sustained improvement in their circumstances.

The success of the strategy will be reported through agreed key performance indicators. The indicators we are developing will provide a benchmark of whether early help for children, young people, adults and families in Halton is making a difference to our community. All our partnership activity – whether strategic or operational – over the next three years will be expected to make a contribution to these outcomes.

This strategy follows an outcome-based accountability model. The indicators below tell us whether early help is working locally. Outcome measures are used at service level to tell us whether early help is working for individuals and families. It follows that if early help services are delivering positive outcomes to individuals and families, then we should see that reflected at community level.

9.2 Governance

The Early Help Strategy covers the period 2018–2021 and will be reviewed annually to ensure the plan remains agile and focused on the emerging needs of local people and communities. The reviews will also enable an assessment to be made on progress to the previous year and provide means to harness commitment to deliver the future year's aspirations.

Responsibility for the monitoring of the implementation of the Strategy lies with the Children's Trust and Health and Well Being Board.

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The Early Help Strategy is fully joined up with existing plans and priorities relating to:

- One Halton Health and Wellbeing Strategy 2017-2022
- Sustainable Community Strategy 2016- 2026
- Children and Young People's Plan 2018 – 2021
- Adult Social Care Business Plan 2017 – 2020
- The Care Act 2014

A governance structure and early help priority groups will oversee the development and delivery of these priorities. Each group will use a life course approach and ensure each action plan includes action to maximise prevention and early help.

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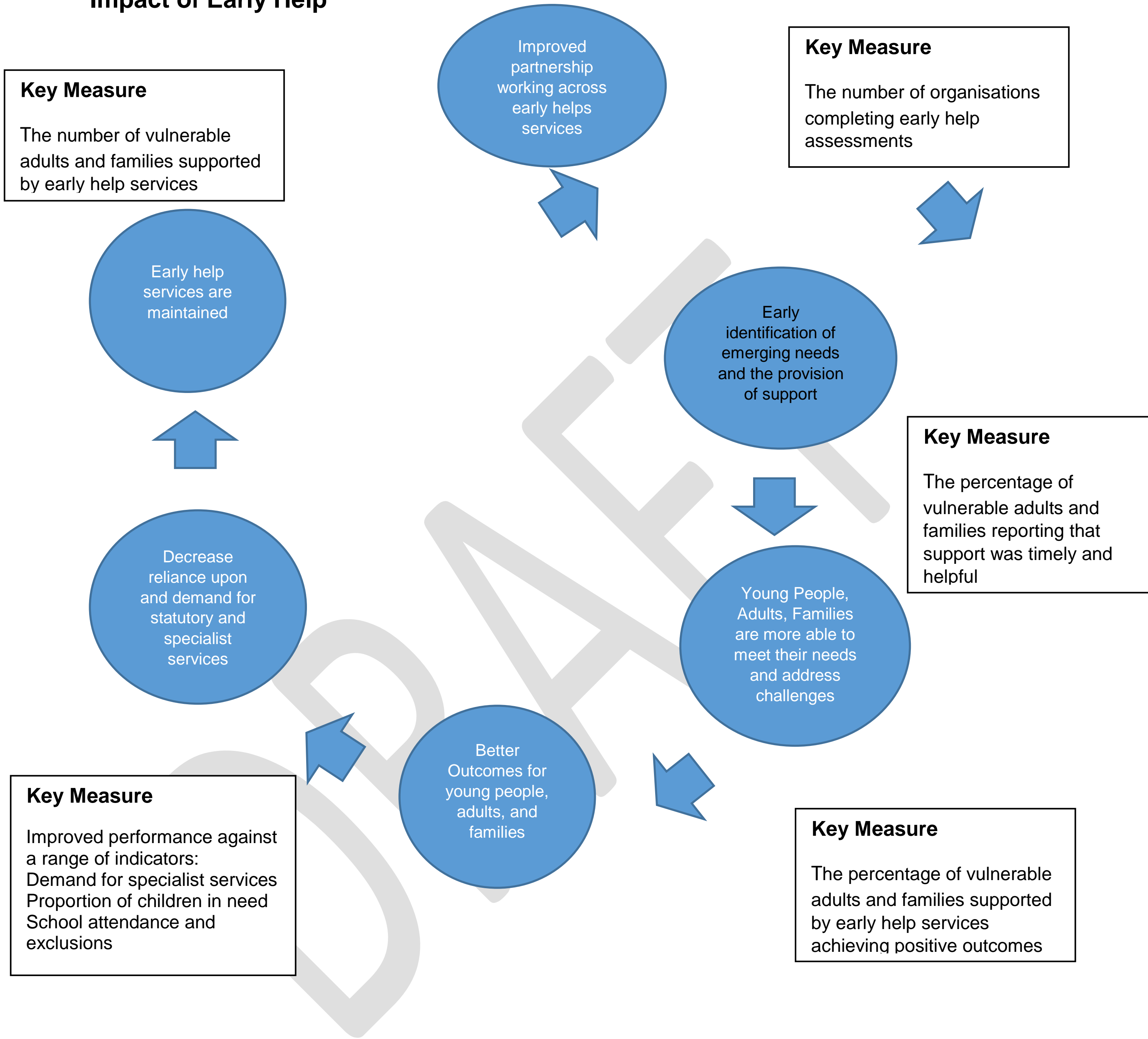
Impact of Early Help



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10 CONCLUSION

The success of our approach to Early Help is dependent upon collaborative and integrated working and will only be achieved by making Early Help an integral ‘golden thread’, which is woven into all our borough’s strategic plans and comes with a clear commitment across the partnership.

The development of a robust early help offer for children, young people, adults and families in Halton will prevent problems escalating and becoming entrenched and more complex. It will also lead to a reduction in the need for more costly, specialist and statutory services while preventing unnecessary trauma and emotional upheaval for families.

Halton has the opportunity to provide an early help offer which is more coordinated, one which avoids duplication and makes the most of the resources available in an efficient and effective way. To deliver the early help offer requires a significant transformation of some current models of service delivery. This practice and culture change can take time and requires commitment into the medium and longer term future.

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Appendix 1 - Cost Benefit Analysis

There is a growing body of evidence which indicates that early intervention is cost effective when delivered in a targeted and timely fashion. It can create savings across a number of public sector services further down the line by taking demand out the system.

Since social and economic policy decisions are made under resource constraints, the value of public investment must be judged, at least in part, through economic efficiency, in terms of value for money. In deciding how funds should be allocated, public agencies need to know not only what is effective, but also which choice brings the greatest benefits for a given set of resources.

In the case of early year's interventions, the long-term economic impact is determined by comparing the benefits to society to the costs accrued. Benefits to society include the benefits to the programme recipient and family.

Costs to society include the benefits foregone from not using the resources for some other use. Due to the large differences in the methodologies adopted by studies aiming to evaluate the economic impact of early year's interventions, it is difficult to compare results across interventions. Nevertheless, a number of studies do provide indications regarding whether early years or other interventions generate benefits in the long term that outweigh the costs.

A number of studies have been conducted which demonstrate these cost benefits and include:

Policy Area	Illustrative Example
Mental Health	According to the Mental Health Foundation – Fundamental Facts about Mental Health (2015), In England, early intervention for first-episode psychosis has been calculated to result in savings of £2,087 per person over 3 years as a result of improved employment and education outcomes. • A study by the LSE estimated savings of £8 for every pound spent on parenting programmes to prevent conduct disorder over the course of a child's lifetime. The report also stated that "the economic returns from school-based programmes to deal with bullying and other behavioural problems are even larger. • The same study estimates a saving of £18 is for every pound spent on early intervention psychosis teams that work with young people in their first episode of schizophrenia or bipolar disorder • Investment in suicide training for GPs saves £44 for every pound invested, while bridge safety barriers save £54. Screening and brief intervention in primary care for alcohol misuse saves nearly £12 for every pound invested • Workplace mental health promotion programmes save almost £10 for every pound invested.
Parenting	The Incredible Years Parenting Programme, which deals with

	children diagnosed with disruptive behaviour, costs around £1,344 to deliver a six month intervention to improve behaviour. It is estimated that without intervention, the continued conduct disorder of an individual costs an additional £60,000 to public services by the age of 28.
Early Years (Dartington Report)	It is estimated nationally that if the number of offences by children and young people were reduced by 1%, it would generate £45 million in savings to households and individuals per year. The cost of educational underachievement has been projected at £18 billion per year by the London School of Economics for the Prince's Trust. Statistics highlight intergenerational cycles; daughters of teenage parents are three times more likely to become teenage mothers, and 65% of sons with a convicted father go on to offend themselves, with significant costs to society. Inequality also impacts; a child living in poverty is more likely to have poorer health, lower attainment and less earning potential.
Early Years	A UK-based study, contrasted estimated £70,000 per head direct costs to the public of children with severe conduct disorder, with a £600 per child cost of parent training programmes. Although such figures do not demonstrate cost-effectiveness, they highlight the very low costs of early years' intervention compared to later expenditures once the problem is not addressed.
Literacy	Poor literacy skills are estimated to cost between £5,000 and £64,000 for each individual over a lifetime with the vast majority of these costs being due to lower tax revenues and higher benefit payments. The cost of a specific intervention with school pupils, in this case the Reading Recovery Programme, costs £2,609 per pupil and has shown that 79% of participants have been lifted out of literacy failure.
Economic Development & Skills	It has been argued that early year's interventions should also be portrayed as economic development initiatives and one way of considering this issue is with regards to skills formation. Research suggests that early skills and behavioural disturbances, or antisocial behaviour – during childhood and adolescence found average costs to UK society ranging from £13,000 to £65,000 annually per child. These costs are disproportionally higher than the cost of early prevention/intervention. A failure to obtain skills and qualifications the first time around cannot be made up entirely in adulthood, even with significant investment. The costs of such remedial programmes per person can be more than double the cost per child spent on pre-school or compulsory school education and are not likely to be as effective.
Pause	Every local authority within the UK has women with complex and challenging needs to whom multiple children are born and subsequently removed into the care system under child protection proceedings. A Lancaster University study estimates the scale and pattern of recurrent care proceedings over a seven

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	year period (Broadhurst et al 2014). The numbers are significant, showing a total of 46,094 birth mothers appearing before the courts of which 15.5% (7,143) were linked to recurrent care applications. As each woman may be linked to more than one child, the total number of care applications associated with this group is as high as 29% of all care applications (22,790). If we estimate that 100 women, with a similar profile to those currently on Pause, were spread over 5 sites over a 5 year period with no intervention, they could potentially have 264* children removed into care at a cost of almost £20million. These are primarily the costs of taking those 264* children into care and do not account for other associated costs.
Older People	It is widely acknowledged that falls and fall-related injuries result in major costs to health and care systems: • Around one in three people over 65 and one in two people over 80 fall at least once each year. • Falls account for around 40% of all ambulance call-outs to the homes of people over 65 and are a leading cause of older people's use of hospital beds. • Each year there are around twice as many fractures resulting from falls as there are strokes in the over 65s. • Falls are a common precipitant for people moving into long-term care, or needing more help at home. A Cochrane review looking at the effectiveness of various interventions in the prevention of falls among older people living in the community, concluded that home safety assessment and modification interventions were effective at reducing the rate and risk of falls. The most common serious injury arising from a fall is a hip fracture. Around 70,000-75,000 hip fractures occur in the UK each year. The annual cost for all hip fractures in the UK, including medical and social care, is about £2 billion (c £26,000 per hip fracture) Applying the New Zealand finding of a 26% reduction in falls achieved by very modest adaptations would indicate a potential reduction of 18,000 falls with resulting savings of half a billion pounds (£500 million) each year
Young Adults Positive Behaviour Support Service (PBSS)	In terms of cost reduction over a 6 -7 year period, a single young woman with PBSS and Halton Supported Housing Network (HSHN) staff to support her has saved Halton £578,000 on packages of care. This was able to happen due to an early intervention plan and reward system which ensured Lucy (not her real name) remained engaged and was able to address her issues through training.
Telehealthcare	The principal social care and financial arguments supporting the use of Telehealthcare stem from the Department of Health 'Whole System Demonstrator Programme and other controlled studies since such as: Medvivo (2014) which found that the

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	following gains were possible in a large group GP practice for patients with COPD: • 45% reduction in patient deaths (mostly among those over 65) • 52% reduction in hospital admissions • 36% reduction in visits to A & E • 35% reduction in GP visits In an attempt to estimate overall cost savings they found the following savings per person per year: • £1,250 in reduced unplanned hospital admissions • £110 in reduced visits to the GP • £480 reduced visits by the community matron • £30 in reduced attendance at A & E This represents a total annual saving per individual with COPD of £1,870 (this figure doesn't include the cost of equipment and training). By 2020 the estimated number of COPD patients in Halton (aged 16+) will be approximately 4,400. This represents a potential saving for COPD overall using Telehealthcare of around £8.25m.

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Agenda Item 6

REPORT TO: Health & Wellbeing Board

DATE: 4th July 201

REPORTING OFFICER: Director of Adult Social Services

PORTFOLIO: Health and Wellbeing

SUBJECT: Persons/People in a Position of Trust (PiPOT)

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To bring to the attention of the Health and Wellbeing Board, the North West Policy for managing concerns around people in Positions of Trust with adults who have care and support needs

2.0 **RECOMMENDATION: That the Board the policy be noted and adopted**

3.0 **SUPPORTING INFORMATION**

3.1 The Care Act requires that partner agencies and their commissioners of services should have clear recordings and information sharing guidance, set explicit timescales for action and are aware of the need to preserve evidence. The attached policy builds upon existing relevant statutory provision. The guidance for "Managing Allegations against People in a Position of Trust" is contained within section 14 of the Care and Support Statutory Guidance of the Care Act 2014. Other relevant legislation includes: Data Protection Act 1998/European General Data Protection Regulation 2018 (GDPR); Human Rights act 1998 and employment legislation.

3.2 This document provides an overarching policy for the North West Region which has been ratified by the North West ADASS Regional Safeguarding Group. This should be used in conjunction with local Person in a Position of Trust (PiPOT) Guidance, which is currently under development, and existing local Safeguarding Adults Procedure and Practice Guidance.

4.0 **POLICY IMPLICATIONS**

4.1 Local procedures will be required to be developed in order to address those instances where a relevant agency is alerted to information that may affect the suitability of a professional, or volunteer to work with an adult(s) at risk, where such information has originated from activity outside of their professional or volunteer role and place or work.

4.2 This will ensure appropriate consideration is given to those instances where a person's actions raise concerns, but are not currently covered by legal prosecution

or internal disciplinary procedures.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified

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

6.1 **Children & Young People in Halton**

None identified

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

None identified

6.3 **A Healthy Halton**

None identified

6.4 **A Safer Halton**

Adherence to the policy will ensure that adults with care and support needs are protected from the risk of abuse in the future. Agencies will need to provide the Halton Safeguarding Adult Board with assurance that they have appropriate systems in place to manage such allegations relating to people in positions of trust.

6.5 **Halton's Urban Renewal**

None identified

7.0 **RISK ANALYSIS**

7.1 None identified

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment (EIA) is not required for this report

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

9.1 None

North West Policy for Managing Concerns around People in Positions of Trust with Adults who have Care and Support Needs

Contents

Information Sheet 3
Glossary 4
1.0 Introduction 5
2.0 Responsibilities 6
3.0 Information Sharing 8
4.0 Legal Framework 9
APPENDIX 1: Data Protection Act and GDPR Overview 11
APPENDIX 2: Managing Concerns and Allegations against People who work with Adults with Care and Support Needs Flowchart 14
REFERENCES 15

DRAFT

This policy has been developed and based upon the West Midlands Adult Position of Trust Framework: A Framework and Process for responding to allegations and concerns against people working with adults with care and support needs (2017)

Information Sheet

Title	North West Policy for Managing Concerns around People in Positions of Trust with Adults who have Care and Support Needs
Responsible Officer	ADASS North West Safeguarding Lead
Ratified By	Halton Safeguarding Adults Board
Ratification date	20.4.18
Implementation date	1.3.2018
Review Period	Annual
Review Date	1.3.2019
Version Updates	V5 January 2018
Responsible Group	North West Safeguarding Leads Group

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Glossary

ADASS	Association of Directors of Adult Social Services
DBS	Disclosure & Barring Service
Data Controller	A person who (either alone or jointly or in common with other persons) determines the purposes for which and the manner in which any personal data are, or are to be, processed
Data Subject	An individual who is the subject of personal data
Data Processor	In relation to personal data any person (other than an employee of the data controller), who processes the data on behalf of the data controller
PIPOT	Person in a position of trust
SAB	Safeguarding Adults Board

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1.0 Introduction

This document provides an overarching policy for the North West Region which has been ratified by the North West ADASS Regional Safeguarding Group. This should be read in conjunction with local Person in a Position of Trust (PiPoT) Guidance and existing local Safeguarding Adults Procedures and Practice Guidance.

The Care Act requires that partner agencies and their commissioners of services should have clear recordings and information sharing guidance, set explicit timescales for action and are aware of the need to preserve evidence. This policy builds upon existing relevant statutory provision. The guidance for 'Managing allegations against people in a position of Trust' is contained within section 14 of the Care and Support Statutory Guidance of the Care Act 2014. Other relevant legislation includes: Data Protection Act 1998/ European General Data Protection Regulation 2018 [GDPR]; Human Rights Act 1998 and employment legislation.

As with all adult safeguarding work the six principles underpinning the Care Act 2014 should inform this area of activity:

Empowerment – People being supported and encouraged to make their own decisions and informed consent

Prevention – It is better to take action before harm occurs

Proportionality – The least intrusive response appropriate to the risk presented

Protection – Support and representation for those in greatest need

Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

Accountability – Accountability and transparency in safeguarding practice

This policy gives guidance about the following considerations: information sharing; employer responsibilities; risk assessments; employee rights etc. The Data Protection Act 1998, European General Data Protection Regulation 2018 and Human Rights Act 1998 must be taken into account within this process.

This policy relates to those instances where a relevant agency is alerted to information that may affect the suitability of a professional, or volunteer to work with an adult(s) at risk, where such information has originated from activity outside their professional or volunteer role and place of work. The alleged victim, in such circumstances, does not have to be an adult at risk, for example, it could be their partner or a child. This document refers to when there is an allegation which does not directly involve an adult at risk, but may have risk implications in relation to the employment or volunteer work of a person in a position of trust (PiPoT).

What is excluded from this policy?

If an allegation is made that does concern the actions of a professional, or volunteer which related to alleged abuse or neglect of a person with care and support needs and this amounts to a safeguarding enquiry, then such an allegation should be dealt with by

following the local adult safeguarding policies and procedures. Such procedures should include directions about how such allegations are referred and investigated.

Section 14 of the Care Act Care and Support Statutory Guidance states:

Safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high quality care and support
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action
- the core duties of the police to prevent and detect crime and protect life and property

Therefore, careful consideration should be given to distinguish clearly between:

- a complaint about a professional, or volunteer
- concerns raised about the quality of practice provided by the person in a position of trust, that do not meet the criteria for a safeguarding enquiry.

Other relevant bodies and their procedures should be used to recognise, respond to and resolve these issues.

2.0 Responsibilities

Safeguarding Adults Board

Safeguarding Adults Boards need to establish and agree a framework and process, for how concerns and allegations against people working with adults with care and support needs (i.e. those in positions of trust) should be notified and responded to. Whilst the focus on safeguarding adults work is to safeguard one or more identified adults with care and support needs, there are occasions when incidents are reported that do not involve an adult at risk, but indicate, nevertheless, that a risk may be posed to adults at risk by a **person in a position of trust**

Each partner agency, in their annual assurance statement to the SAB, will be required to provide assurance that arrangements to deal with allegations against a person in a position of trust, within their organisation are adequate and are functioning effectively. The SAB will, in turn, maintain oversight of whether these arrangements are considered to be working effectively between, and across partner agencies in the local authority area. Appropriate cross organisational challenge should be possible as it is an important part of this process.

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Local Authority

The Local Authority relevant partners, are set out in section 6 (7) of the Care Act 2014.

Pursuant to the Care Act 2014 there is a requirement that Safeguarding Adults Boards for local authorities, should establish and agree a framework and process for any organisation to respond to allegations against anyone, who works in either a paid or unpaid capacity with adults with care and support needs.

Partners

Employers, student bodies and voluntary organisations, should have clear and accessible policy and procedures in place setting out the PiPoT process. These should determine who should undertake an investigation and include timescales for investigation and include how support and advice will be made available to individuals against whom allegations have been made. Any allegations against people who work with adults, should be reported immediately to a senior manager within the organisation. Employers, student bodies and voluntary organisations should have their own source of advice (including legal advice) in place for dealing with such concerns.

Where such concerns are raised about someone who works with adults with care and support needs, it will be necessary for the employer (or student body or voluntary organisation) to assess any potential risk to adults with care and support needs who use their services and, if necessary, to take action to safeguarding those adults.

Examples of such concerns could include allegations that relate to a person who works with adults with care and support needs who has:

- behaved in a way that has harmed, or may have harmed an adult or child
- possibly committed a criminal offence against, or related to, an adult or child
- behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs

Children

When a person's conduct towards an adult may impact on their suitability to work with, or continue to work with children, this must be referred to the Local Authority Designated Officer (LADO). Where concerns have been identified about their practice and they are a parent/carer for children, then consideration by the Data Controller should be given to whether a referral to Children's Services is required.

Data Controller

If an organisation is in receipt of information, that gives cause for concern about a person in a position of trust, then that organisation should give careful consideration as to whether they should share the information with the person's employers, (or student body or voluntary organisation), to enable them to conduct an effective risk assessment. The receiving organisation becomes the **Data Controller** as defined by the Data Protection Act 1998 and GDPR; Article 4 (please refer to Section 4.0 Legal Framework).

Partner agencies and the service providers they commission, are individually responsible for ensuring that information relating to PiPoT concerns, are shared and escalated outside of their organisation in circumstances where this is required. Such sharing of information must be lawful, proportionate and appropriate. Organisations are responsible for making the judgment that this is the case in every instance when they are the **data controller**.

If, following an investigation a Person in a Position of Trust is removed, by either dismissal or permanent redeployment, to a non-regulated activity, because they pose a risk of harm to adults with care and support needs, (or would have, had the person not left first), then the employer (or student body or voluntary organisation), has a legal duty to refer the person to the Disclosure and Barring Service (DBS). ***It is an offence to fail to make a referral without good reason.*** In addition, where appropriate, employers should report workers to the statutory and other bodies, responsible for professional regulation such as the Health and Care Professions Council, General Medical Council and the Nursing and Midwifery Council.

If a person subject to a PiPoT investigation, attempts to leave employment by resigning in an effort to avoid the investigation or disciplinary process, the employer (or student body or voluntary organisation), is entitled **not** to accept that resignation and conclude whatever process has been utilised with the evidence before them. If the investigation outcome warrants it, the employer can dismiss the employee or volunteer instead and make a referral to the DBS. This would also be the case where the person intends to take up legitimate employment or a course of study.

3.0 Information Sharing

Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded.

When sharing information about adults, children and young people at risk between agencies it should only be shared:

- Where there is a legal justification for doing so
- where relevant and necessary, not simply all the information held
- with the relevant people who need all or some of the information
- when there is a specific need for the information to be shared at that time

Timescales

This policy applies whether the allegation or incident is current or historical.

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4.0 Legal Framework

Both the Data Protection Act 1998 and the GDPR define the following:

Data Subject means an individual who is the subject of personal data

In other words the data subject is the individual whom particular personal data is about. The Act does not count, as a data subject, an individual who has died or who cannot be identified or distinguished from others.

Data Controller means…….a person who (either alone or jointly or in common with other persons) determines the purposes for which and the manner in which any personal data are, or are to be, processed.

In other words the Data Controller is the organisation or individual who first becomes aware of the allegation or concern. The Data Controller is considered to be the owner of the information and has responsibility for taking appropriate action i.e. risk assess and decide whether disclosure to other bodies should be made.

It is the Data Controller that must exercise control over the processing and carry data protection responsibility for it. The Data Controller must be a "person" recognised in law, that is to say:

- individuals
- organisations; and
- other corporate and unincorporated bodies of persons

Data Controllers will usually be organisations, but can be individuals, for example self-employed consultants. An individual given responsibility for data protection in an organisation will be acting on behalf of the organisation, which will be the Data Controller.

In relation to Data Controllers, the term jointly is used where two or more persons (usually organisations), act together to decide the purpose and manner of any data processing. The term in common applies where two or more persons, share a pool of personal data that they process independently of each other. Data Controllers must ensure that any processing of personal data, for which they are responsible complies with the act. Failure to do so risks enforcement action, even prosecution and compensation claims from individuals.

Data Processor - in relation to personal data, means any person (other than an employee of the Data Controller, who processes the data on behalf of the Data Controller

The Data Protection Act 1998 and the GDPR (please refer to Appendix 1) requires anyone handling personal information to comply with the principles set out in the Acts:

- the information processed must be fair and lawful
- personal data must be kept in a secure and confidential place

The Information Commissioners Office (ICO) upholds information rights in the public interest. For further information about the law relating to data use/control can be found on their website.

The Crime and Disorder Act 1998 states any person may disclose information to a relevant authority under Section 115 of the Act:

"Where disclosure is necessary or expedient for the purposes of the Act (reduction and prevention of crime and disorder)"

The Human Rights Act 1998 – The principles set out in the Human Rights Act must also be taken into account within this framework in particular the following:

Article 6 – The right to a fair trial; this applies to both criminal and civil cases against them…… the person is presumed innocent until proven guilty according to the law, and has certain guaranteed rights to defend themselves

Article 7 – A person who claims that a public authority has acted or proposes to act in a way which is unlawful by section 6(1) may a) bring proceedings against the local authority under this act in the appropriate court or tribunal or b) rely on the convention rights or rights concerned in any legal proceedings.

Article 8 – The right to respect for private and family life

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APPENDIX 1: Data Protection Act and GDPR Overview

Both regulate the use of "personal data". To understand what personal data means, we need to first look at how the Act defines the word "data".

Data means information which:

(a) is being processed by means of equipment operating automatically in response to instructions given for that purpose

(b) is recorded with the intention that it should be processed by means of such equipment

(c) is recorded as part of a relevant filing system or with the intention that it should form part of a relevant filing system

(d) does not fall within A, B or C above but forms part of an accessible record as defined by Section 68, or

(e) is recorded information held by a public authority and does not fall within any of paragraphs a-d above

What is personal data?

Personal data means data which relate to a living individual who can be identified:

(a) from those data, or
(b) from those data and other information which is in the possession of, or is likely to come into the possession of, the data controller

...and involves any expression of opinion about the individual and any indication of the intentions of the Data Controller, or any other person in respect of the individual.

Sensitive personal, also known as special category data, in Article 9 of the GDPR data means personal data consisting of information as to:

(a) the racial or ethnic origin of the data subject
(b) His/her political opinions
(c) His/her religious beliefs or other beliefs of a similar nature
(d) whether he/she is a member of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992)
(e) His/her physical or mental health condition
(f) His/her sexual orientation
(g) the commission or alleged commission by him/her of any offence, or
(h) any proceedings for any offence committed or alleged to have been committed by him/her, the disposal of such proceedings or the sentence of any court in such proceedings

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The Act regulates the "processing" of personal data. Processing in relation to information or data, means obtaining, recording or holding the information or data or carrying out any operation or set of operations on the information or data, including –

(a) organisation, adaptation or alteration of the information or data
(b) retrieval, consultation or use of the information or data
(c) disclosure of the information or data by transmission, dissemination or otherwise making available
(d) alignment, combination, blocking, erasure or destruction of the information or data

Schedule 1 to the Data Protection Act 1998 and Article 5 of the GDPR lists the data protection principles in the following terms:

1. Personal data shall be processed fairly and lawfully and, in particular, shall not be processed unless :

    (a) at least one of the conditions in Schedule 2 is met, and

    (b) in the case of sensitive personal data, at least one of the conditions in Schedule 3 is also met

2. Personal data shall be obtained only for one or more specified and lawful purposes and shall not be further processed in any manner incompatible with that purpose or those purposes

3. Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed

4. Personal data shall be accurate and where necessary, kept up to date

5. Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes

6. Personal data shall be processed in accordance with the rights of data subjects under this act

7. Appropriate technical and organisational measures shall be taken again unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data

8. Personal data shall not be transferred to a country or territory outside the European Economic Area, unless that country or territory ensures an adequate level of protection for the rights and freedom of data subjects in relation to the processing of personal data

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Section 1(4) of the Data Protection Act says that:

"Where personal data are processed only for purposes for which they are required by or under any enactment to be processed, the person on whom the obligation to process the data is imposed by or under that enactment is for the purposes of this Act, the data controller."

This means that where an organisation is required by law to process personal data, it must retain data controller responsibility for the processing. It cannot negate its responsibility by 'handing over' responsibility for the processing to another data controller or data processor. Although it could use either type of organisation to carry out certain aspects of the processing for it, overall responsibility remains with the organisation with the statutory responsibility to carry out the processing.

To determine whether you are a data controller you need to ascertain which organisation decides:

- to collect the personal data in the first place and the legal basis for doing so
- which items of personal data to collect, i.e. the content of the data
- the purpose or purposes the data are to be used for
- which individuals to collect data about
- whether to disclose the data, and if so, who to
- whether subject access and other individuals' rights apply i.e. the application of exemptions; and
- how long to retain the data or whether to make non-routine amendments to the data

These are all decisions that can only be taken by the data controller as part of its overall control of the data processing operation.

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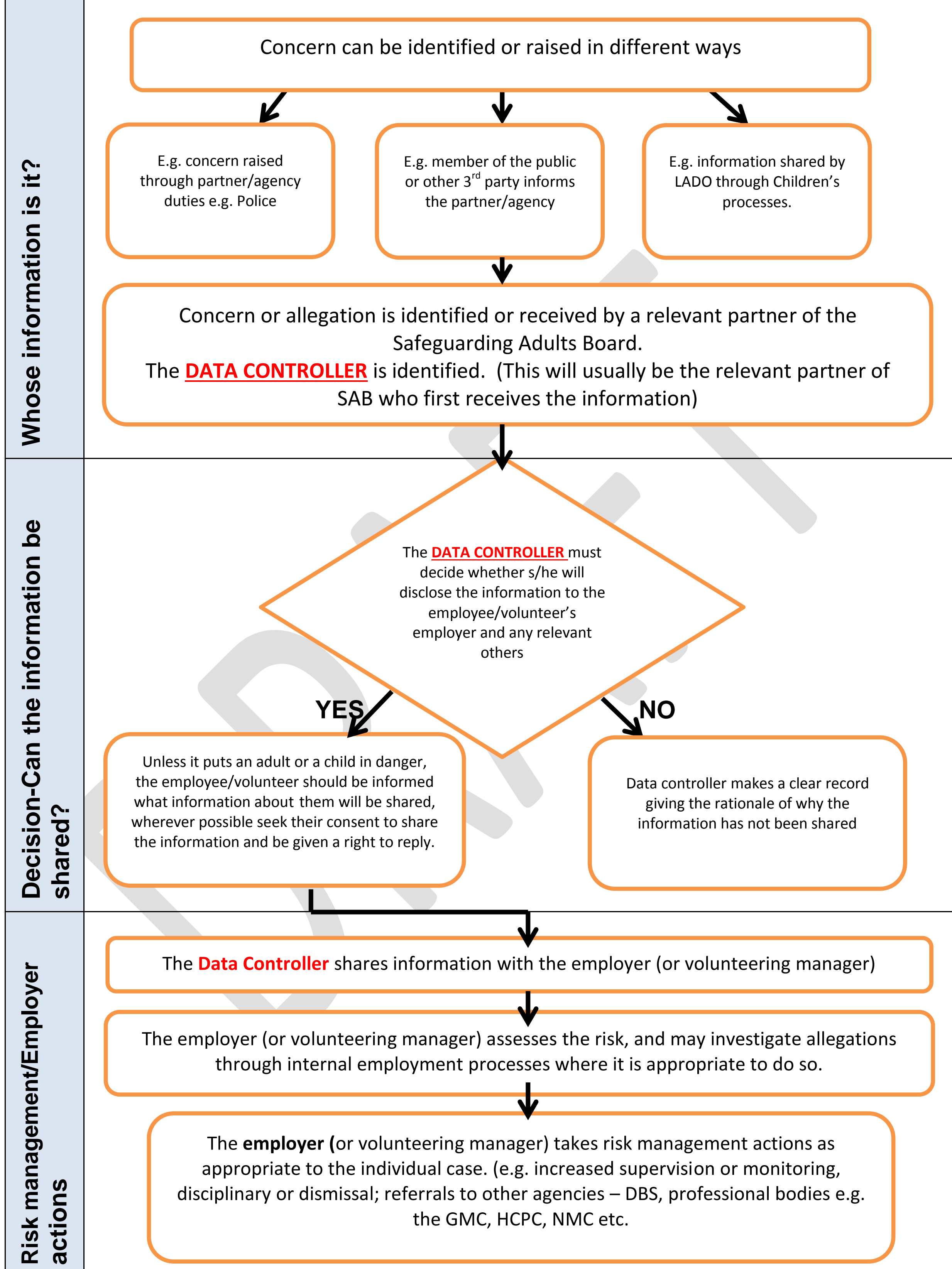
APPENDIX 2: Managing Concerns and Allegations against People who work with Adults with Care and Support Needs Flowchart

Process for dealing with the concern about the person in a position of trust (PIPOT concern)



REFERENCES

Information Commissioner's Office – Data Controllers and Data Processors: What Difference is and What the Governance Implications are. Data Protection Act

Information Commissioner's Officer – Guide to the Data Protection Act

West Midlands Adult Position of Trust Framework: A Framework and Process for responding to allegations and concerns against people working with adults with care and support needs (2017)

https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/principles/

DRAFT

REPORT TO: Health and Wellbeing Board

DATE: 4 July 2018

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Work Place Health & Time to Change Employer Pledge

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide an update to Health and Wellbeing Board on the work undertaken across the Borough to improve workplace health.

To propose Halton Borough Council sign up to Time to Change's employer pledge by establishing a working group who can drive the development of an action plan which tackles mental health stigma in the work place, encouraging employees to talk about mental health.

2.0 RECOMMENDATION: That

1) **the report be noted; and**

2) **the Health and Wellbeing Board approve participation in Time to Change Employer Pledge.**

3.0 SUPPORTING INFORMATION

3.1 Workplace Health

The workplace is a setting where many people spend the largest proportion of their time. Work and health is central to the story of people and place. Helping people with health issues to obtain or retain work, and be happy and productive within the workplace is a crucial part of the economic success and wellbeing of every community.

Workplace health is promoting and managing the health and wellbeing of staff, and includes managing sickness absence and 'presenteeism' (a person physically at work, but unproductive). Workplace health interventions are activities undertaken within the workplace by an employer or others to address these issues; it also includes action to address health and safety risks.

The benefits of businesses investing in workplace health are well documented (Black 2015, PHE 2016).
Benefits include:

- Reduction in absence and increased productivity
- Return on investment – employee wellness programmes return between £2 and £10 for every £1 spent
- Reduced staff turnover and associated reduction in recruitment costs
- Healthy employees are three times more productive as those in poor health
- Workplaces with “very satisfied” employees had higher labour productivity, higher quality of output, and higher overall performance.

3.2 **<u>Halton Healthy Work Places</u>**

Over the last 18 Months the Health Improvement Team has been rolling out a comprehensive Workplace Health Programme to local businesses across Halton. During this time the team has worked with 50 local businesses to improve their workplace health offer. Examples include Halton Borough Council, Mexichem Runcorn, Capita Telefonica, Kawneer, Electron Technical Solutions, Fresenius Kabi, Halton Housing Trust, Home Retail Group, Kerrys Ingredients and the Widnes and Runcorn Cancer Support group to name a few.

Prior to commencing a Workplace Health Programme a site visit is arranged and a Mini health needs assessment of the workforce and workplace is undertaken in conjunction with HR, Management and Occupational Health staff in order to develop a tailored package of support for the business. This can include: a review of health policies, NHS Health Checks/ Lung Age checks for staff, smoking cessation clinics, health awareness events, training for staff and managers in how to maintain good mental health, and recognize early signs and symptoms of cancer and bespoke physical activity or back pain classes and weight management groups for staff.

An offer of an NHS Health check has been a successful hook for engagement of staff to enable a health conversation, to this end 536 health checks have been completed in a workplace environment. These people undoubtedly account for some of the 40% that we know traditionally do not engage with health services. Through the Workplace Health Programme the team has identified people that have gone on to be diagnosed with health conditions such as diabetes, hypertension and atrial fibrillation.

Staff training is a core part of the workplace offer, in particular early signs and symptoms of cancer training and also mental health resilience training including suicide awareness and stress management for both frontline staff and managers. To date the team has trained in excess of 300 frontline staff.

3.3 **Mental Health and the workplace**

Subject to approval by Executive Board the next phase of the Workplace Health Programme is to work with local businesses to further improve their mental health offer and support them to undertake the "Time to Change" employer's pledge.

Mental health stigma prevents those that need support from speaking out and seeking help. There are a significant number of adults suffering from a range of mental health issues with 1 in 6 British workers affected by conditions like anxiety, depression and stress every year. Mental ill health is the leading cause of absence in the UK, costing an average of £1035 per employee per year and between £33 billion and £42 billion cost to employers as a whole. There is no denying mental health stigma contributes to significant mental health challenges at work therefore tackling stigma can make a positive difference to sickness absence rates, presenteeism, staff wellbeing and productivity as well as retention.

3.4 **Time to Change**

Time to Change is the leading national social movement aimed at improving public attitudes and behavior towards people with mental health problems. Since Time to Change began in 2007 4.1 million adults in England have improved attitudes towards mental health problems with more people than ever able to open up about their mental health problems. Time to Change know it can be really difficult to talk about mental health problems that's why they provide support to employers to develop an action plan to get employees talking about mental health. The more comfortable employees feel talking about mental health the earlier they can access support meaning they are more likely they are to stay in work preventing mental health problems from escalating and ultimately reducing the cost to the employer.

Time to Change will support Halton Borough Council to develop an action plan to get employees talking about mental health (please see appendix 1 for example actions). The action plan focusses on one tangible activity in each of the following key areas;

1. Demonstrating senior level buy in
2. Demonstrating accountability and recruiting employee champions
3. Raising awareness about mental health
4. Updating and implementing policies to address mental health problems in the work place
5. Asking staff to share personal experiences of mental health problems
6. Equipping line managers to have conversations about mental

health

7. Providing information about mental health and signposting to support services

Once the action plan has been developed and submitted to Time to Change, Halton Borough Council will receive a pledge board that a senior leader can sign to demonstrate their commitment to tackling mental health stigma in the work place.

Signing the Time to Change Employer Pledge is free and dedicated support throughout the process is available as well as a year of support after receiving the pledge. Halton Borough Council will be able to receive coaching regarding the action plan, connections to other employers and free masterclasses where we can learn from leading employers on how they have achieved success. Time to change will also provide support in recruiting Champions who will essentially drive this campaign forward. Champions will separately have access to training, peer support as well as access to working groups that involve champions from other organisations.

Halton Borough Council already has a variety of activity currently taking place which contributes to tackling mental health stigma and improving the mental health of its employees such as mental health awareness training. By signing up to Time to Change's Employer Pledge the council will be able to collate and celebrate all the great work it is currently delivering and highlight gaps that require further attention.

It would be recommended that a small working group be established to develop and drive the Time to Change Employer Pledge action plan (please see appendix 1 for example actions). The mental health and wellbeing lead for the Health improvement team can establish and chair the working group, oversee the implementation of the action plan and liaise with the Employer Programme Manager from Time to Change for guidance and support. Once the action plan has been established and submitted to Time to Change Halton Borough Council will sign the Time to Change Employer Pledge

4.0 **POLICY IMPLICATIONS**

4.1 Review relevant policies, such as absent management, to ensure mental health is addressed throughout and were policies already meet this criteria no action will be required

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Mental ill-health is the leading cause of sickness absence in the UK, costing an average of £1,035 per employee per year It can be estimated by decreasing absenteeism by 10% and staff turnover by 10% the local authority could potentially save £464,681 and

£832,000 respectively

6.0 I
MPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
There are no significant implications for this priority

6.2 **Employment, Learning & Skills in Halton**
Fundamentally, a healthy population is one that has the potential to be a healthy and productive workforce for industry. This is key to attracting and retaining businesses and developing dynamic and diverse communities that are sustainable for the future. Many people live within a relatively short commute to their place of work, so the connection between workplace health in local businesses and population health is very close.

6.3 **A Healthy Halton**
This aims to improve the health of working age people in Halton as outlined as priority in Halton's Health and Wellbeing Strategy (2017 - 2022)

6.4 **A Safer Halton**
There are no significant implications for this priority

6.5 **Halton's Urban Renewal**

There are no significant implications for this priority.

7.0 **RISK ANALYSIS**

7.1 *None*

8.0 **Appendices**

Appendix 1- Example Actions

Key Areas	***Examples of how this could be achieved***
Demonstrating senior level Buy in	Appoint a senior mental health champion and encourage senior leaders to talk openly about mental health.
Demonstrating accountability and recruiting employee champions	Establish a working group from a variety of staff across the council to drive the action plan. The recruitment of employee champions could be tied into the local time to change campaign currently being delivered by HIT
Raising awareness about mental health	Mental Health Awareness training is currently available for all staff via HIT but awareness can be raised in a variety of ways such as tea and

	talk days.
Update and implement policies to address mental health problems in the work place	Review relevant policies to ensure mental health is addressed throughout
Asking staff to share personal experience of mental health problems	Staff throughout the organisation could choose to share their experiences in a sensitive way with the support from HIT marketing, Time to Change and Kate Bazley (the mental health and wellbeing lead for HIT)
Equipping line managers to have conversations about mental health	Mental Health Awareness training for managers is currently being developed by HIT
Providing information about mental health and signposting to support services	Support services available in Halton, through the council and national services could be regularly promoted to staff in a variety of ways

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

None under the meaning of the Act.

Agenda Item 8

REPORT TO:	Health & Wellbeing Board
DATE:	4th July 2018
REPORTING OFFICER:	Director of Adult Social Services
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Adult Social Care Funding – Improved Better Care Fund (iBCF) Allocation 2018/19
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform the Health & Wellbeing Board of the iBCF allocation for Adult Social Care in 2018/19

2.0 **RECOMMENDATION: That the Board note the contents of the report and support the allocations outlined.**

3.0 **SUPPORTING INFORMATION**

3.1 In the 2017 Spring budget, the Chancellor announced an additional £2 billion of new funding for councils in England over three years to spend on adult social care services. This additional funding was broken down as follows:-

- £1 billion to be provided in 2017-18;
- £674m in 2018-19; and
- £337m in 2019-20.

3.2 As previously outlined in the report to the Board in July 2017, this was recognised by the Directors of Adult Social Services as an important step towards closing the gap in Government funding for Adult Social Care, whilst we are waiting for the Green paper on future sustainability of the sector, which, at the time of writing this report, is due to be published Summer 2018

3.3 As a reminder for the Board, a small number of grant conditions have been applied, to ensure that the money is spent on adult social care services and supports improved performance at the health and social care interface; specifically the funding is to be spent on schemes in three areas, as follows:-

- meeting adult social care needs;
- reducing the pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and
- stabilising the social care provider market.

3.4 A number of pressures have been identified within our local system, as a direct

result of reductions in available funding, including:

- Ability to manage increases in demand;
- Domiciliary Care capacity;
- Care Homes - sustainability/risks from closures/model of provision;
- Transfers of care from hospital - speed and availability of care; and
- Capacity and availability of Reablement packages.

3.5 Proposed Allocations

It should be noted that many of the schemes outlined below commenced in 2017/18 and work on them will be continuing into 2018/19.

	Scheme	Funding 2018-19	Outcomes
1	Reablement First approach on discharge from hospital	£353k	*Improvement in a person's independence and quality of life *Reduction in the number of people delayed in hospital
2	Invest in Transforming Domiciliary Care	£295k	*Improvement in a person's independence and quality of life *Reduction in the number of people delayed in hospital
3	Improved Technology/Telecare Proactive Response	£150k	*Improvement in a person's independence and quality of life
4	Further Development of Preventative Options	£106k	*Improvement in a person's independence and quality of life
5	Care Homes - Work providers to develop an alternative commissioning/delivery model	£527k	* Training package developed and delivered * Framework for care- linked to staffing levels developed and delivered * Develop a sector led improvement model
6	Intermediate Care Bed Capacity	£250k	*Improvement in a person's independence and quality of life *Reduction in the number of people delayed in hospital

7	Reducing Pressure on the NHS	£146k	*Reduction in the number of people delayed in hospital. NB. The use of this allocation would focus on reducing the pressures on the NHS, including supporting more people to be discharged from hospitals when they were ready by the funding of additional packages of care and placements.

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The allocation for 2018/19 is £1,827,114 and will reduce to £904,208 in 2019/20. As highlighted earlier on in the report the Green Paper on future sustainability of the sector is due to be published in the Summer.

5.2 Due to the short term nature of this additional funding, the schemes are kept under review in respect to the outcome and outcomes and financial impact achieved.

5.3 The Council is required to complete quarterly returns to the Ministry of Housing, Communities and Government in relation to the allocation of the grant.

5.4 As with 2017/18's iBCF allocation, the grant will be pooled into the Better Care Pooled Budget and once agreement has been reached at the Board, we will be in a position to confirm allocations and spend funding immediately.

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

6.4 **A Safer Halton**
None identified.

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

7.0 **RISK ANALYSIS**

7.1 The recommendations for allocation of available funding has been considered, in light of the eight high impact changes, ADASS vision for future provision[1] and our local areas of challenge, to ensure the biggest impact and future sustainability of services.

7.2 An invest to save approach continues to be undertaken to manage the risks in relation to non- recurrent funding.

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.

[1] Distinctive, Valued and Personal: Why Social Care Matters, March 2015 https://www.adass.org.uk/distinctive-valued-personal-why-social-care-matters

Agenda Item 9

REPORT TO:	Health & Wellbeing Board
DATE:	4th July 2018
REPORTING OFFICER:	Director of Adult Social Services, Halton Borough Council
PORTFOLIO:	Health & Wellbeing Children, Education and Social Care
SUBJECT:	Care Quality Commission (CQC) - Local System Review (LSR) of Health & Social Care in Halton: Action Plan Final Update
WARD(S):	Borough-wide

1.0 PURPOSE OF REPORT

1.1 To receive the final update on progress towards the actions included in the Action Plan developed following CQC's LSR of Health & Social Care in Halton.

2.0 RECOMMENDATION

RECOMMENDED: That the Board note the contents of the report and associated appendix.

3.0 SUPPORTING INFORMATION

3.1 Following the presentation of the Final Report and Action Plan to the Board in January 2018 and the agreement that progress against the actions outlined in the Action Plan would be monitored via the Board, attached is the final update in respect to the Action Plan.

3.2 It should be noted that all actions, as far as the Action Plan is concerned, have been completed and any ongoing actions have been picked up/are being managed via already available governance structures, as outlined below:-

- DTOCs (Ongoing monitoring) – Numerous mechanisms in place to monitor DTOCs and associated targets on an ongoing basis, via the Acute Trusts, Halton Borough Council (HBC) and NHS Halton Clinical Commissioning Group (CCG).

- Intermediate Care Review – Operational Commissioning Committee

- Trusted Assessor Model – Care Home Development Group

- Domiciliary Care Provision – Transforming Domiciliary Care Programme Board

- Acute Trusts (Delays, Discharges, Safeguarding Training, A&E Waiting Times, Length of Stay) – Identified actions as part of the action plan have been

completed. Ongoing work in respect to monitoring etc. will continue to be undertaken within each Acute Trust.

- Information Technology Strategy - NHS Halton CCG's Commissioning Oversight Group.
- Care Home Capacity & Sustainability - Care Home Development Group
- System Wide Workforce Strategy – One Halton Board
- Halton Social Care Workforce Strategy – Adults Senior Management Team
- Reablement First Approach – HBC's Adult Senior Management Team
- Halton Market Position Statement - HBC's Adult Senior Management Team

4.0 POLICY IMPLICATIONS

4.1 None associated with this report.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None associated with this report.

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**
All issues outlined in this report and its associated appendix focuses directly on this priority.

6.4 **A Safer Halton**
None identified

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

7.0 RISK ANALYSIS

7.1 None associated with this report.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None associated with 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

CQC's Local System Review of Halton – Action Plan: Update

Halton Clinical Commissioning Group

CARE QUALITY COMMISSION
HALTON LOCAL SYSTEM REVIEW
(AUGUST 2017)

ACTION PLAN

Background

Following the publication of the Care Quality Commission (CQC) Local Review of Health & Social Care Services in Halton report on 12th October 2017 (link: http://www.cqc.org.uk/sites/default/files/20171012_local_system_review_halton.pdf), this Action Plan has been developed in response to the issues highlighted within the report.

The issues highlighted within the report have been reviewed and themed under the following headings:-

- Strategic Vision and Governance;
- Delayed Transfers of Care (including user experience);
- Key Actions for Winter 17/18
- Workforce;
- Market Capacity and Capability;
- Commissioning; and
- Patient Flow.

This Action Plan has been developed by the CQC Review Working Group, chaired by Sue Wallace-Bonner, the Director of Adult Social Services, Halton Borough Council and with representation from:-

- NHS Halton Clinical Commissioning Group (CCG)
  - Michelle Creed, Chief Nurse
- Halton Borough Council
  - Damian Nolan, Divisional Manager for Intermediate and Urgent Care
- Warrington & Halton Hospitals NHS Foundation Trust;
  - Lucy Cunliffe, Transformation and Delivery Manager
  - Neil Holland, Associate Director of Nursing
  - Jan Ross, Acting Chief Operating Officer
  - Jenny Farley, Deputy Director of Operations
- St Helens & Knowsley Teaching Hospitals NHS Trust;
  - Sue Redfern, Director of Nursing, Midwifery and Governance

(Final Action Plan Update - 8.6.18)

- Ann Rosbotham-Williams, Assistant Director of Governance
- Northwest Boroughs Healthcare NHS Foundation Trust; and
  - Lindsey Maloney, Director of Operations
- Bridgewater Community Healthcare NHS Foundation Trust
  - Jacqui Tudor, Clinical Services Manager
  - Caroline Williams, Interim Director of Operations
  - Ian Senior, Assistant Director of Operations
  - Joanne Barnfield, Clinical Manager

The Group has been supported in its development by Hannah Miller, Senior Associate from the Social Care Institute for Excellence.

(Final Action Plan Update - 8.6.18)

1. Strategic Vision & Governance

Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
1.1	One Halton Accountable Care Strategic Vision to be signed off by Halton's Health & Wellbeing Board (HWBB).	Leigh Thompson	Ongoing	Completed	HWBB have received and approved the strategic vision for One Halton.
1.2	Establish Accountable Care System Programme Board.	Leigh Thompson	Completed	Completed	The Programme Board has been established
1.3	Ensure that there is a cohesive interface between and across Halton's Accountable Care System and the Cheshire and Merseyside STP.	David Parr	Completed	Completed	David Parr is the Executive for Halton Accountable Care System (ACS) within the Cheshire and Merseyside STP.
1.4	Establish Alliance LDS Joint Committee.	Dave Sweeney	Completed	Completed	The Committee has been established.
1.5	Review role of Halton's HWBB to ensure that there is enhanced challenge across the Health and Social Care system.	Eileen O'Meara	9.11.17	Completed	Role of the HWBB was reviewed in January 2018.
1.6	CQC Local System Review Action Plan to be monitored, on an ongoing basis, by the HWBB.	Sue Wallace-Bonner	17.1.18	Completed	Final update of Action Plan to HWBB 4.7.18. Any on-going actions have been picked up/being managed via already available governance structures.
1.7	Develop Winter Plan for the Halton System. • Ensure Winter Plan communicated to Operational Staff.	Damian Nolan Damian Nolan	Completed Ongoing	Completed Completed	Winter Plan for 2017/18 put in place.

(Final Action Plan Update - 8.6.2)

2. Delayed Transfers of Care (inc. user experience)

Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
2.1	Ongoing improvement to be made in the level of Delayed Transfers of Care (DTOCs).	System leaders and HWBB	Ongoing	Ongoing	Numerous mechanisms in place to monitor DTOCs on an ongoing basis.
2.2	Ensure that the Home of Choice Policy within the Acute Trusts is appropriately applied	Jan Ross/ Amanda Farrell	1.04.17	Completed	Both Trusts have a home of choice policy in place.
2.3	Improve the length of time that patients are waiting for Intermediate Care Beds.	Damian Nolan	30.10.17	Ongoing	Intermediate Care Review to be completed by end of June 2018 – being managed via the Operational Commissioning Committee.
2.4	Improve the length of time patients are waiting for a CHC assessment.	Anna Marie Jones	Ongoing	Completed	At the end of Q4 2017/18, 92% was achieved.
2.5	Implement Trusted Assessors Model in Halton	Helen Moir	Ongoing	Ongoing	Work being progressed via the Care Home Development Group.
2.6	Improve capacity and demand management within Domiciliary Care Provision.	Damian Nolan	1.9.17	Ongoing	Work on Transforming Domiciliary Care (TDC) provision being progressed via the TDC Programme Board.
2.7	Some evidence of delays having a detrimental effect on individuals	Jan Ross/ Diane Stafford	1.6.17	Completed /Ongoing	Identified actions as part of the action plan have been completed. Ongoing work on delays etc. will continue to be undertaken within each Trust.

(Final Action Plan Update - 8.6.18)

2.8	Improve the quality of discharge summaries provided, particularly in respect of medication	Jan Ross/ Diane Stafford	1.6.17	Completed /Ongoing	Identified actions as part of the action plan have been completed. Ongoing work on delays etc. will continue to be undertaken within each Trust.
2.9	Improve the information available to patients within the Discharge Lounges of the Acute Trusts	Neil Holland/ Bongi Gbadebo	1.10.17	Completed /ongoing	Identified actions as part of the action plan have been completed. Ongoing work on delays etc. will continue to be undertaken within each Trust.
2.10	Implement Halton's IM&T Strategy to ensure that appropriate agencies are able to access the full range of patient data, as required, in order to expedite discharges from Hospital etc.	Emma Alcock	As per Strategy	Ongoing	Ongoing implementation of the IM&T Strategy will continue to be monitored via NHS Halton CCG's Commissioning Oversight Group.

(Final Action Plan Update: 8.6.18)

3. Key Actions for Winter 2017/18

Action No.	Action Required	Responsible Officer	By When		Progress to date
			Start	Finish	
3.1	To continue to meet the required targets in relation to DTOC	Sue Wallace-Bonner/ Michelle Creed	Ongoing	Ongoing	Numerous mechanisms in place to monitor DTOCs on an ongoing basis.
3.2	Implement additional capacity for this winter	Sue Wallace-Bonner	Completed	Completed	Additional capacity put in place 2017/18.
3.3	Identify opportunities for additional capacity over the winter period while in transition	Sue Wallace-Bonner/ Leigh Thompson	2.11.17	Completed	Opportunities were identified over Winter 2017/18.
3.4	Improve communications across the system	Sue Wallace-Bonner/ Leigh Thompson	1.11.17	Completed	Communications Plan implemented.
3.5	Continue to sustain the current care home capacity	Sue Wallace-Bonner	Ongoing	Completed /Ongoing	Capacity managed during 2017/18. Continued monitoring will take place via the Care Home Development Group.

(Final Action Plan Update - 8.6.18)

4. Workforce

Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
4.1	Develop system wide workforce strategy.	Leigh Thompson	Ongoing	Ongoing	Work to be taken forward via the One Halton Board.
4.2	Develop Halton Social Care Workforce Strategy.	Sue Wallace-Bonner	9.11.17	Ongoing	Work to be taken forward by HBC's Adult Senior Management Team
4.4	Organise Dementia Training for staff at the Halton Direct Links and ensure training for staff is provided on an ongoing basis to allow new staff to receive appropriate training, as and when required.	Damian Nolan	9.11.17	Completed	Training completed.
4.5	Additional Safeguarding training to be provided to A&E staff, as necessary and on an ongoing basis.	Rob Cooper – STH&K/ Jan Ross - WHH	9.11.17	Completed /Ongoing	Training completed and will be delivered on an ongoing basis.

(Final Action Plan Update - 8.6.2)

5. Market Capacity & Capability

Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
5.1	Implement Transforming Domiciliary Care (TDC) Programme which aims to deliver modern and sustainable provision of domiciliary care for Halton's population.	Damian Nolan	Ongoing	Ongoing	Work on Transforming Domiciliary Care (TDC) provision being progressed via the TDC Programme Board.
5.2	Implement Reablement First Approach.	Helen Moir	Ongoing	Ongoing	Implementation to be monitored via HBC's Adult Senior Management Team.
5.3	Produce an updated Halton Market Position Statement (MPS).	Damian Nolan	Ongoing	Ongoing	Work on the production of the updated MPS to be monitored via HBC's Adult Senior Management Team.
5.4	Address issues of Care Home Market Capacity & Sustainability.	Sue Wallace-Bonner	Ongoing	Completed/On going	See 3.5 above.
5.5	Develop plan to address the high level of admission/readmission rates to hospital from care homes.	Sarah Vickers	Completed	Completed	The Enhanced Care Provision to Older People's Care Homes in Halton Service (GP Alignment to Care Homes) was implemented on 1st September 2017.
5.6	Review system of finding nursing home care placements where patient's discharge needs have substantially changed and therefore individuals cannot return to their original care home.	Damian Nolan	Completed	Completed	Review completed.
5.7	Ensure effective Medication practice in place in Care Homes.	Lucy Reid/ Katherine O'Loughlin	Ongoing	Completed	All actions identified have been completed

(Final Action Plan Update - 8.6.21)

6. Commissioning

Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
6.1	Develop Joint Commissioning Strategy for Older People.	Sue Wallace-Bonner	Completed	Completed	Following completion of the Joint Strategic Needs Assessment for Older People, work was completed on a gap analysis, the information from which was used to develop an overarching integrated Older People's Pathway to support Older People living and ageing well in Halton which is based on national good practice.
6.2	Ensure that the monitoring of Primary Care within Halton is robust and fit for purpose.	Leigh Thompson	Completed	Completed	Processes for monitoring are in place.
6.3	Ensure that robust mechanisms are in place to monitor the provision in the Halton Intermediate Care Unit (B1).	Damian Nolan	Completed	Completed	Processes for monitoring are in place.
6.4	Complete system review of Intermediate Care (IC) Provision within Halton.	Damian Nolan	30.10.17	Ongoing	See 2.3 above.
6.5	Ensure that there are robust mechanisms in place for the sharing of learning across the local system.	Michelle Creed	Completed	Completed	Robust mechanisms are now in place.
6.6	Complete gap analysis against the current Service Delivery Model for Halton's Urgent Care Centres (UCCs) and the newly published Urgent Treatment Centres (UTCs) Standards and develop recommendations for progressing the	Damian Nolan	Ongoing	Completed	Recommendations for progressing UTC development in Halton are in place.

(Final Action Plan Update 8.6.2)

	UTC development in Halton				
6.7	Undertake review of the Rapid Clinical Assessment Team (RCAT)	Damian Nolan	Ongoing	Completed	Review completed – RCAT ceased as a service at the end of November 2017.

(Final Action Plan Update - 8.6.18)

7. Patient Flow

Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
7.1	Address the length of A&E Waiting Times at both Acute Trusts	Jan Ross/ Rob Cooper	Ongoing	Ongoing	The performance of both Trusts in respect of the A&E standard is monitored through NHSi, NHSE, contract monitoring by the lead commissioners with strategic oversight through the A&E Delivery Board.
7.2	Improve communication channels between the Hospital Discharge Teams and Domiciliary Care Providers	Damian Nolan	Completed	Completed	Communication channels have improved.
7.3	Address longer length of stay for emergency admissions in both acute trusts	Neil Holland/ Rob Cooper	1.6.17	Ongoing	Ongoing work on Length of Stay will continue to be undertaken within each Trust.
7.4	Improve managerial oversight of the Halton Intermediate Care Unit (B1).	Damian Nolan	Completed	Completed	See Action 6.3.
7.5	Improve and closely monitor the average length of stay at the Halton Intermediate Care Unit (B1).	Damian Nolan	Completed	Completed	See Action 6.3.
7.6	Improve the Assessment/Discharge Plans in both Acute Trusts	Neil Holland/ Diane Stafford	1.4.17	Completed	Action has been completed within both Trusts.
7.7	Lower % 65+ still at home 91 days after discharge into Reablement versus comparators and decreasing	Sue Wallace-Bonner	30.10.17	Completed	Improvement in figures which brings us more in line with the North West and England averages.

(Final Action Plan Update - 86.1)