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Health and Wellbeing Board

Wednesday, 27 March 2019 2.00 p.m.
Halton Suite - Halton Stadium, Widnes

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 a date to be agreed

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

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10th July 19
2nd October 19
15th Jan 20
25th March 20

All meetings are at 2.00 pm in the Halton Stadium, Karalius Suite.

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 3 October 2018 at Halton Suite - Halton Stadium, Widnes

Present: Councillors Polhill (Chair) and T. McInerney, Woolfall and Wright and N. Atkin, G. Clark, G. Ferguson, T. Hemming, A. Higgins, L. Maloney, D. O'Connor, E. O'Meara, K. Parker, D. Parr, J. Rosser, S. Semoff, R. Strachan, L. Taylor, L. Thompson, M. Vasic, S. Wallace Bonner, A. Williamson and S. Yeoman.

Apologies for Absence: A. Fairclough and M. Larkin

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB9 MINUTES OF LAST MEETING

The Minutes of the meeting held on 4th July 2018 having been circulated were signed as a correct record.

Arising from the discussion regarding the future arrangements for the child death review panel, it was agreed that a report would be brought to the next meeting of the Board.

HWB10 LIVERPOOL CITY REGION WEALTH AND WELLBEING PROGRAMME - PRESENTATION

The Board received a presentation from Alan Higgins, Public Health England, which outlined the work currently taking place within the Liverpool City Region (LCR) to develop a Wealth and Wellbeing Programme through the Combined Authority (CA).

The focus of the work was on addressing the health reasons behind worklessness, rapid movement into and out of work and how the health and care sector could link with inclusive economic growth. It was essential for the success of the programme that the LCR work fitted closely with work in each of the boroughs on work and health. The

presentation set out the scope of the LCR programme, aligned it with work in Halton and requested the Board to identify further opportunities in which it could continue to work together with the CA on this agenda.

RESOLVED: That

1. the report be noted; and

2. the Board identifies further opportunities to work together on the Wealth and Wellbeing Programme with the Combined Authority.

HWB11 TRANSITIONS IN CARE – TRANSITION TEAM

The Board considered a report of the Director of Adult Social Services, which outlined the background to the creation of the Transition Team, a small project group that was established in 2017 to work with a cross section of families. The aim of the team was to have a joined up approach to transition from education, health and social care with increased and targeted co-ordination and communication from all agencies from a younger age. The age range was to work with young people aged 14-25 years, depending on complexity and how much support they required to go through the transition process. A Transition Action plan was developed based on the experiences of a young man and his family, which identified all the key areas that required improvement before changes could be seen.

In September 2017, The Transition Team, was awarded £92,827 from the Department of Health, following a bid to be involved with the Named Social Worker (NSW), national project, which ran until April 2018. The Named Social Worker programme supported sites to make changes to social work practice and wider system conditions that would improve outcomes and experiences for individuals with learning disabilities, and for the people around them. Full details including an evaluation of the pilot were outlined in Appendix 3 of the report.

In addition, as part of the review process, the Board noted a copy of the accessible review document which had been developed by the Transition Team, and had proved successful, when coming to the review stage on how the young person felt about the support they had received from their social worker. (See appendix4)

Following an evaluation of the NSW pilot a cost-

benefit analysis completed by York Consultancy had identified a financial return on investment of 5.14.

It was noted that for the Transition Team to continue to work within the existing staff structure and continue with the approach of the NSW pilot, additional funding of £92,000 a year was required.

On behalf of the Board the Chair thanked the Transition Team for their work on this pilot.

RESOLVED: That the Board agree recommendations designed to continually improve the Transition process and its outcomes for young people and their families.

HWB12 NHS HALTON CCG 2018-19 OPERATIONAL PLAN UPDATE

The Board was advised that the CCG 2018-2019 two year Operational Plan had been updated and submitted to NHS England (NHSE) in April 2018. Following a review by NHSE, a number of areas were highlighted were it was felt that the CCG could provide more evidence. Subsequently, a number of updates had been included into a refreshed 2018/19 Operational Plan narrative and these were submitted to the Board for consideration.

RESOLVED: That the Board ratify and accept the changes to the NHS Halton CCG Operational Plan refresh 2018/2019.

HWB13 INTEGRATED WELLNESS SERVICE ANNUAL REPORT

The Board considered a report of the Director of Public Health, which provided Members with an outline of Halton's Integrated Wellness Service Annual Report for the period April 2017 to March 2018.

Halton's Integrated Wellness Service comprised Halton Health Improvement Team and Sure Start to Later Life Service. The Service played a critical part in delivering improved health and wellbeing for all ages across the Borough through a range of statutory services. The current functions of the Service could be summarised as follows:

- Start Well – Working within the community and schools to give every child in Halton the best possible start in life;
- Live Well – Helping adults and families lead healthier

and more active lifestyles; and
- Age Well – Supporting healthy and active ageing for all people in the Borough.

It was noted that the Service used evidence based approaches with value for money to deliver a range of preventative services aimed at improving outcomes in the key priority areas of the Halton Health and Wellbeing Strategy.

RESOLVED: That the report be noted.

HWB14 URGENT CARE CENTRES

The Board received a report which provided an update on the review of the two Urgent Care Centres (UCC's) and subsequent actions taken by NHS Halton CCG to transform these centres into Urgent Treatment Centres (UTCs), as part of the One Halton transformation of health provision in Halton.

It was reported that Urgent and Emergency Care (UEC) was one of the national service improvement priorities. In addition it was also one element of the UEC section of the NHS Five Year Forward View (FYFV) which included the roll out of standardised new 'Urgent Treatment Centre Specification.' The two UCCs in Halton were commissioned in 2015 and both providers had been delivering services based on an agreed service delivery model. It was agreed by the CCG to re-specify the services required to meet the national requirements of the proposed UTC Guidance and undertake a number of actions.

The report presented the case for change from the current UCC model and the proposed UTC specification. Members were also provided with details of the interim arrangements in place from 1 October 2018 to 1 March 2019 in respect of the GP element of the Service.

RESOLVED: That

1. the initial findings of the review be noted;

2. the progress and timeline associated with the procurement process towards UTC's be noted; and

3. the proposal to improve the consistency of GP cover at both sites rationalising the medical cover to a specified number of hours during the times where we see peak demand, be noted.

HWB15 HEALTH AND WELLBEING BOARD AUDIT OF SELF-HARM

The Board considered a report of the Director of Public Health which provided information on the responses received from Health and Wellbeing Board members and primary and secondary schools following a self-harm audit. The audit was conducted to establish if the children's workforce knew what to do and the appropriate response when a young person disclosed self-harm. The audit also aimed to determine if partners had practices in place to help to prevent self-harm, through encouraging positive emotional health and wellbeing.

It was noted that the audit had identified that the majority of agencies were aware of self-harm, had a pathway in place or common practices for staff when self-harm was disclosed and staff were accessing self-harm training.

RESOLVED: That the Board scrutinise the contents of the report and note the suggestions for future work, which included:

- Prevention of self-harm is critical. Encourage all partners to support emotional health and wellbeing and resilience in their services and to promote good practice in staff and the public. This should also include recognition of the role of Adverse Childhood Experience on long term health and wellbeing;
- For the appropriate agencies to consistently have a clear self-harm pathway for staff to follow that can be evidenced, and to internally audit compliance against the pathway;
- Joint consideration of which agencies support individuals who self-harm and if the current provision is adequate. Self-harm is a behaviour and not mental illness and therefore not all individuals who self-harm will receive an intervention. Currently, universal services, such as GPs/teachers are the main support available. Further consideration is needed of how we support children and young people who self-harm and how to support young people in emotional crisis but who do not have a mental health diagnosis;
- Support partners to provide consistent, high quality information and resources to children, young people and their families about self-harm;
- To receive evidence of NHS organisations

compliance against the NICE guidelines for self-harm; and

- For agencies to (continue to) utilise available self-harm training and to monitor ongoing access to self-harm training.

HWB16 SEASONAL FLU PLAN 2018/19

The Board considered a copy of a report which presented an Annual Flu Plan with an overview of changes to and requirements of the annual seasonal influenza vaccination campaign for the 2018-19 flu season and implications for the Local Authority and health and social care partner agencies.

RESOLVED: That

1. the Board note the content of the Annual Flu Plan and note the changes to the national flu vaccination programme for 2018/19; and

2. each individual agency note their requirements in relation to the programme and promote flu prevention as widely as possible.

Meeting ended at 3.30 pm

Agenda Item 3

REPORT TO:	Health & Wellbeing Board
DATE:	27th March 2019
REPORTING OFFICER:	Director of Adult Social Services Halton Borough Council
PORTFOLIO:	Children, Education & Social Care
SUBJECT:	Executive Partnership Board - Update
WARD (S):	Borough Wide

1.0 PURPOSE OF REPORT

1.1 This report provides an update for the Health and Wellbeing Board on the key issues that the Executive Partnership Board (EPB) and the associated Operational Commissioning Committee (OCC) have been focused on progressing and monitoring over the past few months.

2.0 RECOMMENDATION

RECOMMENDED: That the Board note the contents of the report.

3.0 SUPPORTING INFORMATION

Executive Partnership Board (EPB)

3.1 The EPB (previously known as the Better Care Board) was originally established in 2013, to ensure that an integrated system was developed and appropriately managed thus ensuring that the resources available to both Health and Adult Social Care, including the Better Care Fund, are effectively used in the delivery of personalised, responsive and holistic care to those who are most in need within our community.

The EPB meets on a quarterly basis and the following paragraphs are intended to provide an overview to the Health and Wellbeing Board as to the work the Board have been progressing recently in support of its overall aim, as outlined above.

3.2 **Pooled Budget – Projected Overspend & Financial Recovery Plans**

The OCC has been closely monitoring the projected 2018/19 overspend on the pool, as a result of expenditure on community care and continuing health care funded packages of care.

The financial pressures are significant and present substantial challenge.

Work has been taking place within/across both Halton Borough Council (HBC) and NHS Halton Clinical Commissioning Group (CCG) on reducing the levels of projected overspend; financial recovery actions plans are in place and work is progressing on

ensuring a balanced budget by year end.

3.3 **Delayed Transfers of Care (DTOCs)**

Due to continuing pressures across the health and social care economy, the management of DTOCs continues to present significant challenges.

In Halton, we work proactively with our partners, including the local trusts, to ensure that patient flow is managed as effectively as possible to minimise the number of DTOCs as far as possible.

In December 2018, we saw a significant reduction in the number of DTOCs (delayed days) of almost 50%, compared with November 2018. It should be noted that patient and family choice remains the number one reason for delays.

As well as working with St Helens & Knowsley Teaching Hospitals NHS Trust on the recruitment of NHS staff to work with HBC's Reablement Service, a new temporary service model has been developed and implemented on B3 at the Halton Hospital site to support expediting discharge for Halton residents. This service has seen enhanced therapy support on this unit which has achieved people being able to return home with reduced level of support following a period of Reablement. This model has had a positive impact on DTOCs at Warrington and although challenging, the aim is to transfer this approach to being able to be delivered within the community and work is continuing on the development and implementation of the associated model.

3.4 **Dispute Process**

Over the past few months, work has been presented to the OCC on the development of an Inter-Agency Disputes Process which is intended to ensure that inter-agency disputes between NHS Halton Clinical CCG and HBC regarding Continuing Health Care and jointly funded care are resolved as quickly as possible for the benefit of the individual concerned.

As the time of writing this report, there are a number of challenges/issues which still need to be resolved prior to the policy being able to be signed off by both organisations and implemented.

3.5 **Joint Working Agreement (JWA)**

The current Joint Working Agreement (JWA) between HBC and NHS Halton CCG took effect on 1st April 2016 and is due to expire 31st March 2019.

During 2018/19 work has taken place to update the JWA ready for the development of a new JWA from 1st April 2019. However a number of issues have meant that we have not been able to finalise the necessary revisions.

At the time of writing this report, the main issues that have yet been unable to be resolved are linked to the JWA's associated pooled budget arrangements, including associated financial contributions and dealing with current levels of overspend.

The current JWA is set to expire on the 31st March 2019 and by now, as previously done, work would have already commenced on the development of a new agreement.

The EPB agreed, in principal, to extending the current JWA for a 6 month period, on the same basis as the current JWA.

An extension to the JWA would then allow sufficient time for a full review of the JWA to be undertaken, assess the future of joint working arrangements between both parties and also provide sufficient time to ensure any necessary changes to the working arrangements are implemented.

At the time of writing this report the 6 months extension is going through the respective organisation's own governance processes for formal sign off.

3.6 **Halton Borough Council - Winter Funding 2018/19**

The OCC agreed how the extra funding being provided to councils this winter should be spent and a summary of the associated schemes which will be implemented in Halton.

£639k has been allocated to Halton and schemes include increasing capacity within Reablement, Domiciliary Care and Intermediate Care Services.

One of the main challenges associated with the schemes developed is that a number of them are dependent on the ability to recruit suitably qualified staff.

3.7 **Halton Integrated Community Equipment Service (HICES)**

In January 2019, the OCC received the outcomes on an internal Audit report conducted by HBC on HICES during September – October 2018. A total of five recommendations were made within the report which the OCC considered.

As a result of this report a Task and Finish Group will be established to undertake a review of the service and options for the future delivery of the service will be developed and then considered. It is anticipated that this review will commence from April 2019 for 3 months.

4.0 POLICY IMPLICATIONS

4.1 None associated with this report.

5.0 FINANCIAL IMPLICATIONS

5.1 None associated with this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The Executive Partnership Board has a role to play in ensuring that there are effective arrangements for children's transition services are in place.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 **A Healthy Halton**

The Executive Partnership Board has a significant role in driving forward the further integration of Health and Adult Social Care Services which will have a direct impact on improving the health of people living in Halton.

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 associated with this report.

Agenda Item 5

REPORT TO:	Health and Wellbeing Board
DATE:	27th March 2019
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Follow Up From January 2019 Development Day

1.0 PURPOSE OF THE REPORT

1.1 To provide Board Members with information regarding follow up actions that came out of the Development Day which took place in January 2019.

2.0 RECOMMENDATION

2.1 Board Members are asked to:-

Note the reports content and ;
Agree refreshed Terms of Reference;
Agree roles and responsibilities for Board Members, with identifiable leads for areas of work to encourage accountability and ownership;
Agree performance dashboard;
Agree Induction should take place for new members; and
Agree to a membership and contacts list being developed for Board Members to share.

3.0 BACKGROUND INFORMATION

3.1 Halton's Health and Wellbeing Board was formally established on 22nd May 2013, with a shadow Board operating for the previous two years. And whilst there have been various small governance reviews on particular elements of the Board's activities, particularly in light of the CQC Action Plan, it was felt there was a need for a facilitated development day as in the past two years the health and social care landscape has changed considerably.

It was therefore agreed that the Board would take some time out to review their evolving role, refresh terms of reference and membership, and to look at a performance dashboard.

3.2 On the 16th January 2019 a development session was held, facilitated by AQuA Affiliate, Liz Twelves. AQuA (Advancing Quality Alliance), based in the Northwest, is a NHS health and care quality improvement organisation at the forefront of transforming the safety and quality of healthcare.

3.3 The development session focussed on:-

Describing factors in the current context that have an impact on what the HWBB is trying to do;
Assessed how its performing and identified areas for improvement;
Agreed priority areas of change that will improve performance;
Agreed specific changes that members of the HWBB will make; and
Identified actions needed to take to implement them.

3.4 The session was delivered in the context of the HWBB's priorities for 2017 – 2022 as previously agreed in the One Halton Health and Wellbeing Strategy:-

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.

4.0 CONSIDERATIONS

4.1 Health and Wellbeing Boards bring into one forum representatives from health, social services and the local community to decide what the main public health needs of the local population are, and to determine how best to meet them in an integrated and holistic manner. They also have a statutory duty to encourage the integrated delivery of health and social care to advance the health and wellbeing of people in their area.

4.2 The complete feedback from the session has been included as appendix A to this report, with some of the highlights being:-

What Are We Doing Well
Good knowledge and understanding of joint priorities, evidence and intelligence based actions, multi-agency partnership with great relationships, focus on deliverables with common goals and good engagement with members, good follow through on action plans from Public Health.

4.3 **What Are We Not Doing So Well**
Need to function more as one cohesive force – One Halton, require more public engagement and agree the mechanism for this, performance and outcome focus is needed, should be more strategic, needs less focus on sick people and more on keeping people well, there should be more input to the Board from partners outside the Council and CCG to look at wider determinants.

4.4 **Actions and Accountability**

During the session there were several actions agreed, some of which are part of this report:-

Review vision, purpose, TOR (draft completed – appendix B)
Develop a planned approach and programme of work for the Board by June 2019.
Define principles for working together and behaviours (draft completed – appendix C)
Reinstate induction for new members (Completed).
One Halton Voice Group to develop plan to facilitate public engagement by June 2019.
Develop focused performance monitoring system (draft completed – appendix D).
Members to state name of nominated representative and deputy against their organization as per attached titles of members on Board by June 2019.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children & Young People in Halton**

An improved joint partnership approach with good governance and a clear focus on outcomes will ensure better results for Children and Young People.

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

None specifically identified, although more focus on the wider determinates of health will ensure a cohesive approach and wrap round support and services for those furthest away for employment.

5.3 **A Healthy Halton**

Improved governance for strategic structures operating across Halton will increase positive outcomes for residents.

5.4 **A Safer Halton**

None specifically identified, although an acknowledgement that by picking up more of the wider determinates of health, outcomes for Halton's residents will overall improve.

5.5 **Halton's Urban Renewal**

None identified.

6.0 RISK ANALYSIS

None identified.

7.0 EQUALITY AND DIVERSITY ISSUES

None identified.

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

Not Applicable.

AQuA
Advancing Quality Alliance

NHS

Halton Health and Wellbeing Board Development Session 16th January 2019

Liz Twelves, AQuA Affiliate

About the session

Results

- Described the changing factors in our current context that have an impact on what we're trying to do.
- Assessed our relationship to each other and other important Boards – how close is it?
- Assessed how we are performing and identified areas for improvement
- Agreed priority areas of change that will improve our performance
- Agreed specific changes that we will make
- Identified actions we need to take to implement them

The context – what we said

Issue

- NHS Long Term Plan
- Pace of change and pressure to speed up (outside Board)
- People in Halton
- Collective responsibility for whole system not individual parts
- Reduction of resources. Graph of Doom i.e. adult social care, children's services. What will be different for Halton resident one year from now?

For us

- What it means for Integrated Care System (ICS), Integrated Care Providers and collaborative commissioning
- Role modelling behaviours and ways of working, working at pace collaboratively
- Do we know enough about individuals and what's happening for them?
- Role modelling collective delivery
- How do we continue to deliver improvement, do more with less?

The context – what we said

Issue

- Prevention
- Not losing sight of longer term prevention – not just focusing on the ill, self-care e.g. thinking 15 years ahead
- Our purpose? Strategic oversight? Direction and control?
- Brexit and its impact on everything
- Looking outside Halton e.g. to attract resources

For us

- How do we identify some specific priorities and deliver on them – can't do everything. What partners can bring to the whole e.g. MECC. How do we know we're making a difference?
- Not losing sight in spite of competing priorities, courage to take long-term decisions
- Should we… look at? instigate? scrutinise?
- Focusing on what we can deliver, that makes a difference
- How do we get Halton on the national agenda?

The context – what we said

Issues

- Quality and timeliness
- Communication
- Role of technology, digital, social media
- Understanding the population and how it changes
- STP and its evolution, NHSEngland, NHSImprovement. 'Doing to' us, things outside our control, impact on what we want to do locally

For us

- Appropriate specification and ensuring it is delivered – our standards, not just what is given to us
- Making language simple for the public – people can't access support if they don't understand what's available
- How does the Board lever it?
- Look at positive and negative – tracking and consistency
- How can we break out of silos of organisations? Focusing on who we are representing – doing what's best for us, challenging, being brave. Using the STP to support us.

The context – what we said

Issue

- Complexity of the challenge
- Public. How do we communicate… to help them remain well?

For us

- Are we making a difference? Has our investment been well spent? How do we prioritise?
- How do we hear the voice of the public in what we do?

Thinking about our purpose, what are we doing well?

Theme	Example
• Focus on priorities	• JSNA, understanding challenges, intelligence-based actions, knowing what we want to do, adapting to changing priorities, wide range of plans covering most of our priorities
• Representation	• Multi-agency, high profile roles, good attendance, commitment
• Flexibility to change	• Willingness to develop
• Delivery	• Sticking to priorities, focus on deliverables, diverse range of issues considered
• Measuring Success	• Success in some key areas, great data
• Partnership	• Trust each other to talk freely, great relationships and improving partnerships, without competition when agreed common goal, good engagement with members

Other – strong in oversight tole, ability to drive key strategic documents, focus on the people of Halton, integrated commissioning

What are we not doing so well?

Theme	Example
Scrutiny and holding to account	Need to be able to challenge each other
Communication	As so complex, communicating about risks and challenges is sometimes less visible, more public involvement, communication to public, publicising successes, making sure we maximise contribution from all partners, VCA would like to spend more time canvassing wider views of VCS
Accountability	Do we deliver what we say we'll do? Are we doing what suits our organisation?
How the meeting operates	Takes to long to action sometimes, not picking up wider issues that affect health and wellbeing, large membership inhibits decision-making, completing priorities can affect relationships, should be strategic not operational, One Halton vs. individual organisation, low on actions except for public health, key metrics needed, not bold enough, complex agenda inhibit discussion, too much focus on people who are already ill

What actionable changes can we make?

Theme	Example
Behaviours – individuals/organisations	More action focus, undertake Board communication training together, act the same, say the same wherever we are, more decisive action
Purpose, vision, terms of reference	Use our expertise and share our professional/sector priorities, wider range of topics/papers, remind of purpose at every meeting, revisit vision/purpose, hold people and partners to account for purpose, improve recording of agreements e.g. action requirements, information only, decision; review TOR
Accountability to and communication to/with public	More transparency, connect more with public
Accountability of Board members	Allocate objectives to lead members to create 'senior responsible officer' and create accountability, ensure partners carry out responsibilities in timely manner, ensure effective and active attendance
Meetings – how operates and structured	Wider view of what can impact on health and wellbeing, agenda planning, clarity about what reports we receive and why, ensure meetings give opportunity for all agencies to contribute
Delivery and scrutiny	Monitor performance (no dashboard), follow up on issues, honest conversation on integration

Actions and accountability

1. **Review vision, purpose, TOR (task and finish)** — **E Omeara/S Semoff**
   - Link to CQC action plan and wider system connectivity e.g. other groups and meetings, scope in relation to One Halton, groups in wider Cheshire and Mersey footprint
2. **Review and redesign meeting operation and structure (link to 1)** — **E Omeara/S Semoff**
   - Planned programme of work and approach e.g. lifecourse basis, roles and responsibilities (including specific e.g. HealthWatch representative, NHS England representative)
3. **Define principles for working together, behaviours** — **D Parr/E Omeara**
4. **Reinstate induction for new members** — **S Semoff**
5. **Confirm member and deputies, clarify roles** — **All**
6. **Ask One Halton Voice Group to help with public engagement** — **S Yeoman/Healthwatch**
7. **Develop focused performance monitoring system** — **N Atkin/E Omeara**

Agenda Item 6

REPORT TO:	Health and Wellbeing Board
DATE:	27th March 2019
REPORTING OFFICER:	Halton CCG
PORTFOLIO:	Children, Education & Social Care
SUBJECT:	Refreshed Transformational Plan for CAMHS
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

1.1 A presentation will be made to update the Board on the actions to date to support the Transformation of the local CAMHS offer, to identify the key drivers for the change and next steps

2.0 RECOMMENDATION: That

1. **the presentation be noted; and**
2. **the Health and Wellbeing Board approve the refreshed Transformational Plan for CAMHS**

3.0 SUPPORTING INFORMATION

Following the publication of Future in Mind (February 2015) each borough was required to submit a plan to transform the local current CAMHS offer to deliver on the aspirations contained within the Future in Mind document. An initial plan was submitted to NHS England and has been subject to regular refresh. The current version is the latest iteration of the document which now has to be approved by the local Health and Wellbeing Board and made available to the public via publication on the CCG website. For 2018/19 the plan has been refreshed jointly with Warrington CCG as they too had a Transformational Plan and many of the aims and objectives and redesign initiatives were shared. However, the plan does give borough specific detail. The Plan has been approved by the local multi agency stakeholder group – the Emotional Health and Wellbeing for Young Peoples Partnership Group, chaired by the CCG Clinical Lead for children Denise Roberts, Deputy Chief Nurse for the Halton CCG.

4.0 POLICY IMPLICATIONS

None

5.0 FINANCIAL IMPLICATIONS

5.1 The transformation of local services has required investment from the CCG via NHS monies made available centrally to support his agenda.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The Transformational Plan for CAMHS will increase access to support for children with emotional wellbeing and/or mental health issues. It will support capacity building within the wider children's workforce and enable effective signposting and guidance to enable children and young people to receive the most appropriate support from the most appropriate professional and/or service. The changes already made now support self referral by young people into CAMHS support.

6.2 Employment, Learning and Skills in Halton

The training focus of the plan around the THRIVE model of provision will help build the skill set within the wider workforce of Halton who work with children.

6.3 A Healthy Halton

The increased access to help and support will help improve the emotional wellbeing of young people in the borough.

6.4 A Safer Halton

None

6.5 Halton's Urban Renewal

None

7.0 RISK ANALYSIS

None.

8.0 EQUALITY AND DIVERSITY ISSUES

None.

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

None under the meaning of the Act.

Agenda Item 7

REPORT TO: Health and Wellbeing Board

DATE: 27th March 2019

REPORTING OFFICER: Halton Safeguarding Adults Board Chairperson

PORTFOLIO: Children, Education and Social Care

SUBJECT: Halton Safeguarding Adults Annual Report 2017-2018

WARDS: Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present the Halton Safeguarding Annual Report 2017-2018

2.0 RECOMMENDATION: That the report be noted

3.0 SUPPORTING INFORMATION

3.1 This report fulfils one of Safeguarding Adults Boards three core statutory duties:

- Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute
- Publish an annual report detailing how effective their work has been
- Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

3.2 This Annual Report covers the period from 1st April 2017- 31st March 2018.

3.3 All safeguarding partners have submitted their annual summary of work activity.

3.3.1 The focus of this addresses HSAB's priorities as identified from 2016-2017 Annual Report, Performance Framework and Strategic Plan (2016-2018) in addition to acknowledging local and national safeguarding adults emerging issues/trends/policies throughout the year.

3.4 The report also provides a summary analysis of the data gathered from HBC Safeguarding Adults Collection and highlights what this information tells us for informing the work priorities for 2018-2019.

- The three main forms of abuse, are neglect and acts of omission,

physical and financial abuse, which remain consistent with previous years. There is a slight variation in prevalence; neglect and acts of omission rising to 39.6% (8.6% increase on 2016-17); physical abuse decreasing by 5.5% to 21% and financial abuse 19.6%, decrease of 0.8% from 2016-17.

- Females continue to experience a higher percentage of abuse than males; the gender split of 60% female compared to 40% male remains aligned with last year's local and national data.
- The data found adults at most risk of harm are older adults aged 75 years plus, accounting for 53% of safeguarding concerns.
- The highest risk for location and risk type are adults who live in their own home and are most at risk of neglect or acts of omission; Location where abuse is most likely to occur is in the adults own home, at 44% this is a 3% drop since 2016-17; the second most likely location is in a nursing care home, with 24% of concluded enquiries.
- Ethnicity of adults was 92% White British, 0.75% were Asian/Asian British, 5.5% were either unknown or not declared.
- For concluded enquiries, 39% of adults were assessed as lacking mental capacity, a 2% rise from 2016-17; with 26% of adults recorded as having capacity (decrease of 3% since 2016-17).
- 83% of enquiries were risk was identified the risk was either removed or reduced.
- 74% of all adults under a safeguarding enquiry were supported, either by an advocate, a family member or a friend. This is an increase of 12% since 2016-17.

3.5 This years annual report also included data from Halton Domestic Abuse Forum, which highlighted the follow:

Older people aged 61 years+ are much more likely to experience abuse from an adult family member or current intimate partner than those aged below 60 years. That older victims are significantly more likely to have a disability (48% of victims aged 61 years+), for a third this is physical. Also, on average, older victims experience abuse for twice as long before seeking help than those aged under 61 years. In response Halton have strengthened the focus in the multi-agency domestic abuse awareness training to highlight and discuss domestic abuse and the implications it has on victims as well as ways in which it may manifest which are potentially different than in other domestic abuse situations due to the higher frequency of victims being dependent on the perpetrator for assisting them with day to day care requirements.

3.6 Learning from Reviews

Under the Care Act, Safeguarding Adults Boards (SABs) are responsible for Safeguarding Adults Reviews. During 2017-2018 a Safeguarding Adults Review and a Multi- Agency Review was completed, along with Action Plans that addressed the

recommendations within these review reports.

Following the completion of the Action Plan activities, there was a recommendation to establish a SAR Group. This newly formed SAR Group requested an executive review meeting where HSAB members and invited stakeholders from the SAR and MAR review panels examined the whole process of commissioning reviews, the writing and implementing of Action Plans and identifying key learning outcomes.

The proactive approach to the learning process enabled multi-disciplinary understanding across adult and children's sectors and across geographical boundaries between authorities.
Having independent reviewers and learning event facilitators enabled effective assessment and evaluation of the process.
360 learning approach has allowed learning events for all stakeholders, to fully participate including HSAB members and HSAB will continue this as an ongoing process utilising the newly formed SAR Group as a mechanism for sharing good practice. HSAB partners identified in the reviews and all those that attended the learning events demonstrated commitment to safer practice and safeguarding prevention.

3.7 Training and Marketing

HSAB commissioned and supported a marketing and awareness campaign to raise the profile of safeguarding adults with the public and also to support wider agencies with understanding current practice and national guidance and expectations in relation to the Care Act updates. Resources produced includes a free multi-agency training programme and access to eLearning, additional Learning and Awareness events, updated information leaflets and a new marketing concept. All these resources are free to anyone who lives and works within Halton. Specifically:

- HSAB funded a 12 month Multi-Agency Training Programme offering introductory sessions free to paid and unpaid carers and frontline practitioners working in Halton. The four topics are Safeguarding Adults Basic Awareness, Making Safeguarding Personal, Raising Care Concerns and The Mental Capacity Act. A six month evaluation was completed to examine outcomes and impact. The sessions were well attended by individuals, frontline staff, service leads and managers across all sectors and every attendee was asked to provide feedback immediately after and six months later. The trainers used were highly experienced and the programmes were bespoke to be suitable for a wide audience. All responses were unanimously positive about the training and the majority stated the training had benefitted them in their caring or professional capacity.
- HSAB also committed to hosting an annual public event to raise awareness of safeguarding adults following the positive response from the first event held on 1st March 2018. The event will

be held in March 2019 and the theme will be self-neglect.

- There was an official Safeguarding Adults Marketing Campaign Launch on 29th June 2018 which provided media and press coverage of the public-awareness campaign. A range of resources have been produced including posters, leaflets and pocket-sized Alerter Cards. Information has been made available in public locations including GP Practices, Pharmacies, community centres, libraries, other community services locations.

3.8 **2018-2019 HSAB Priorities**

Following on from the analysis of the previous year's data and work activity and in addition to consulting with members and partners from HSAB, sub-groups and service user groups the following 3 priorities were agreed for 2018-2019.

3.8.1 **Priority 1 - Quality Assurance:**

Review of current data/intelligence sources in referrals and alerts to be inclusive of the growing diversity of culture with Halton. To promote person-centred approach across all services working and supporting adults, ensuring it is adopted throughout the life course of adults with care and support needs and those at risk of harm. Undertaking audits for quality assurance. Taking in to account of models such as Making Every Adult Matter, Making Safeguarding Personal and applying Mental Capacity considerations when appropriate.

3.8.2 **Priority 2 - Learning and Professional Development:**

To continue to improve the skills and competencies of the local workforce through a range of resources. To aid a positive culture around safeguarding adults and an understanding that all practitioners and carers who work with or support an adult have a duty of care and a responsibility to make themselves aware of safeguarding risks.

3.8.3 **Priority 3 - Coproduction and Engagement:**

The Care Act 2014 requires SABs to have a model of coproduction in order to fulfil its core duties (see section 1). In addition the Care Act statutory guidance 14.137 states:
'Safeguarding requires collaboration between partners in order to create a framework of inter-agency arrangements. Local authorities and their relevant partners must collaborate and work together as set out in the co-operation duties in the Care Act and, in doing so, must, where appropriate, also consider the wishes and feelings of the adult on whose behalf they are working.'

3.9 HSAB sub-groups

Workplans for each of HSAB sub-groups will be drawn up to address the recommendations within these priority areas of work. Quarterly updates from each sub-group will be provided to HSAB.

3.10 Self-Neglect Panel

HSAB has also identified further areas of work, for example the relaunch of a Self-Neglect Panel in 2018 which brings together a multi-disciplinary team to look at safeguarding referrals specifically related to self-neglect. Statutory providers are represented including from Health, Police and the local Authority.

The Panel was relaunched on 5th November and meets monthly. Self-neglect referrals are triaged on a weekly basis and there is new guidance for external providers for when to make a referral and additional internal guidance for making decisions.

4.0 POLICY IMPLICATIONS

4.1 Safeguarding Adults Boards (SABs) have statutory duties under the Care Act 2014 (as outlined in section 3.1). In that all SABs must produce an annual report and make public and the annual report.

5.0 FINANCIAL IMPLICATIONS

5.1 None identified

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

None identified

6.2 Employment, Learning and Skills in Halton

None identified

6.3 A Healthy Halton

The Annual Report contributes to the work of this priority as the overarching purpose of a Safeguarding Adults Board is to help safeguard adults with care and support needs and to ensure the health, care and support needs are met for adults at risk of harm.

6.4 A Safer Halton

The Annual Report contributes to the work of HBC's Safer Halton priority.

The Annual report is a public document that enables the work of Safeguarding Adults Board and it's member organisations to be scrutinised to help achieve a safer Halton.

6.5 **Halton's Urban Renewal**

N/A

7.0 RISK ANALYSIS

The Annual report is a public document that enables the work of Safeguarding Adults Board and its member organisations to be scrutinised to help safeguard the adult population within Halton by ensuring resources are targeted, keeping adults most at risk of harm safe and well.

8.0 EQUALITY AND DIVERSITY ISSUES

None identified

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

None within the meaning of the Act

Halton Safeguarding Adults Board

Annual Report 2017-2018

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HALTON SAFEGUARDING ADULTS BOARD

MESSAGE FROM THE CHAIR

As the independent chair of Halton Safeguarding Adult Board I am very pleased to present the annual report 2017/18. All Safeguarding Adults Boards are required to publish an annual report and analyse the effectiveness of the work across agencies to safeguard those adults who require additional support and care.

This year our annual report is short but full of information about how we have worked together. Our information shows that neglect and physical abuse remain the most frequently reported forms of abuse. There is also an increased awareness of emerging issues such as Modern Slavery and learning about this is taking place with neighbouring localities. In addition to statistical information we have described our work with Alice and Paul. Their stories show how we need to work together respectfully with individuals while seeking to ensure they are protected and safe.

There have been some very positive developments during the last twelve months. I have particularly welcomed the establishment of a multi-agency training programme covering a range of topics including what to do if there is a concern about an adult requiring support. We are only halfway through the programme but all those working with adults have welcomed the opportunity to increase their skills. The programme will be evaluated but it is clear that training will continue to be needed next year.

We have also developed a marketing campaign to raise awareness across the partnership and local communities. A new website has been set up and posters and leaflets are available which highlight different forms of abuse. The more we are aware of how adults may be abused, for example through financial abuse and scams the better we are able to tackle the risks together.

As part of our preparation for this annual report we asked all agencies and organisations involved to provide us with information on how they had worked on our three priorities. The responses were very positive and are fully set out in the report. There remains more to do, particularly on our third priority which requires us to gain a greater understanding of the impact of mental health on individuals who may need protection. Overall however, the responses demonstrate that safeguarding adults work is taken very seriously across Halton.

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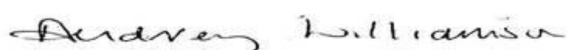
I have also noted the resources which have been secured for safeguarding work. The three key agencies; Halton Council , Cheshire Police and Halton Clinical Commissioning Group have ensured that that there are sufficient resources to meet the needs of those adults who may be experiencing abuse. This commitment at a time of decreasing resources and increased need deserves to be recognised and allows for effective services to be delivered.

Finally I would like to thank all Board members for the support I have received throughout the year as well as the wider partnership forum which influences our work. I would also like to thank our Board Officer for her work particularly in developing the multi-agency training. Most importantly I would like to thank all those who work on a daily basis to make Halton a safer place.



Audrey Williamson – Independent Chair

Halton Safeguarding Adults Board

HALTON SAFEGUARDING ADULTS BOARD

SECTION 1: OUR VISION

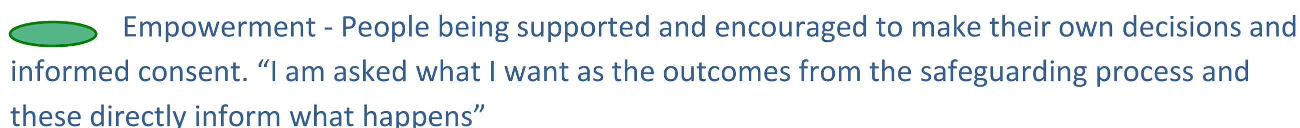
Everyone deserves to live a safe and happy life and we have a duty to care for those people who may need more support to enable them to live a safe and happy life too.

Safeguarding Adults is managed well in Halton and Halton Safeguarding Adults Board has shown a continuous strive for improvement in fulfilling it's statutory duties and a dedication to seeking and providing the best possible care and support to protect those members of our community that need it. This report provides a brief summary of the activities for the year 2017-2018.

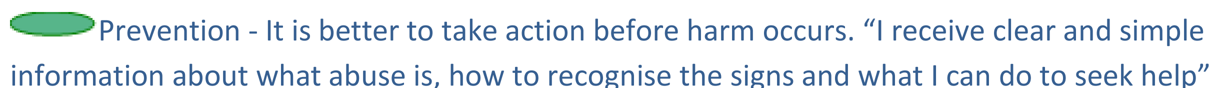
Definition of adult safeguarding

The Care Act 2014 defines adult safeguarding as protecting an adult's right to live in safety, free from abuse and neglect. It's about organisations and people working in partnership and everyone taking responsibility for learning about what abuse is and what to do if abuse happens. Safeguarding balances the right to be safe with the right to make informed choices.

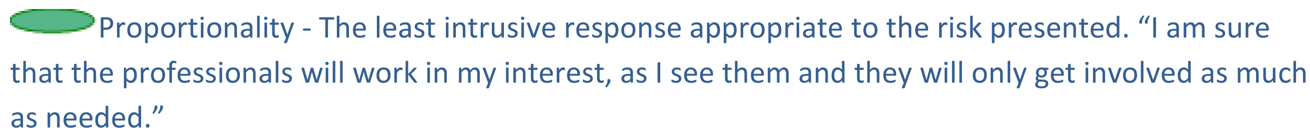
Six key principles that underpin all adult safeguarding work



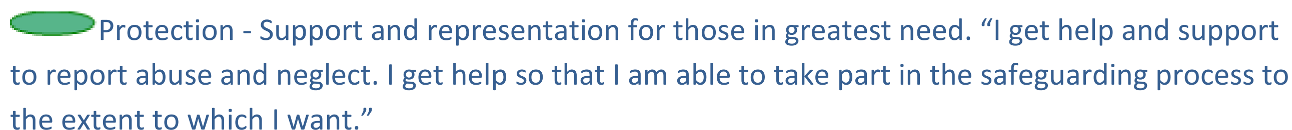
Empowerment - People being supported and encouraged to make their own decisions and informed consent. "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"



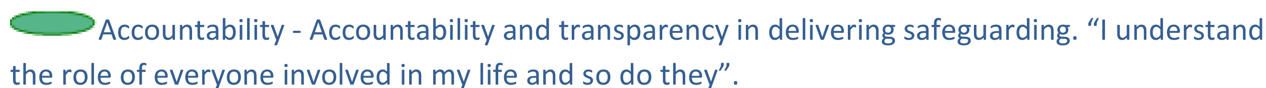
Prevention - It is better to take action before harm occurs. "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help"



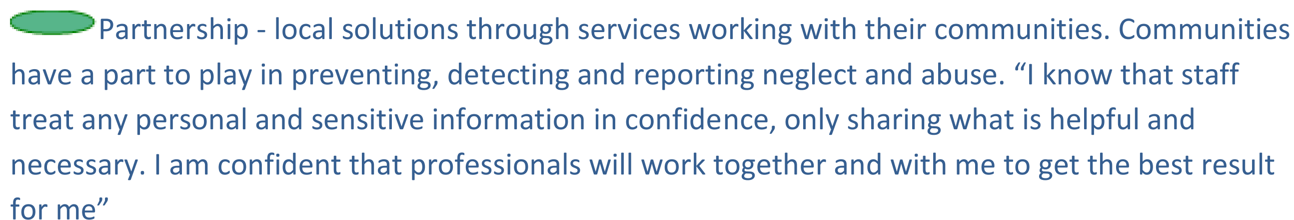
Proportionality - The least intrusive response appropriate to the risk presented. "I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."



Protection - Support and representation for those in greatest need. "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."



Accountability - Accountability and transparency in delivering safeguarding. "I understand the role of everyone involved in my life and so do they".



Partnership - local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me"

HALTON SAFEGUARDING ADULTS BOARD

Duties of Safeguarding Adults Boards

As stated in the Care Act 2014 (chapter 14), the main objective of a Safeguarding Adult Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in it's area who meet the criteria set out; ie. the safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of, abuse or neglect
- As a result of those care and support needs is unable to protect themselves from either the risk of, or experience of abuse or neglect

The Care Act states that Safeguarding Adults Boards have three core duties:

- Develop and publish a Strategic Plan setting out how they will meet their objectives and how member and partner agencies will contribute
- Publish an Annual Report detailing how effective their work has been
- Commission Safeguarding Adults Reviews for any cases which meet the criteria

Halton Safeguarding Adults Board (HSAB) membership consists of representatives from each of the following:

- Halton Borough Local Authority
- NHS Halton Clinical Commissioning Group
- Cheshire Constabulary
- Cheshire Fire and Rescue
- North West Ambulance Service
- National Probation Services
- Healthwatch
- Halton Safeguarding Adults Partnership Forum Chair
- Elected member responsible for adult health and social care

Accountability and assurance

The Care Act 2014 states every SAB must send a copy of its report to:

- The Chief Executive and leader of the Local Authority;
- The Local Policing Body;
- The Local Healthwatch;
- The Chair of the Health and Wellbeing Board.

HSAB is also committed to recommendations from Department of Health Care and Support Statutory Guidance (issued under the Care Act 2014) which recommends using: *'Local Health and Wellbeing Boards to provide leadership to the local health and wellbeing system; ensure strong partnership*

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working between local government and the local NHS; and ensure that the needs and views of local communities are represented. HWBs can therefore play a key role in assurance and accountability of SABs and local safeguarding measures'.

HSAB provides updates including the Annual Report to Halton Health and Wellbeing Board. HSAB communicates with sub-groups, partner groups and forums, service users and wider population. This year has seen continued growth in partnership building and establishing links across service providers and increased levels of engagement across the borough.

This year also saw the formation of a new subgroup for HSAB, the Safeguarding Adults Review (SAR) Group. This subgroup will enable HSAB to effectively and efficiently address any referals for a SAR, ensure timely completion of Reviews, oversee implemention of action plans from recommendations of the Reviews and provide assurance to HSAB that duties and activities have been fulfiled.

Halton Safeguarding Adults Board sub groups are:

- Health Sub Group (joint with Halton Safeguarding Childrens Board)
- Faith Sector Forum (joint with Halton Safeguarding Childrens Board)
- Safeguarding Adults Partnership Forum
- Safeguarding Adults Review Group

HSAB continues to recieve data and intelligence from the following partner forums:

- Provider Forums (Care Homes and Supported Living)
- Halton Domestic Abuse Forum
- Safeguarding Champions Network
- Halton Safeguarding Children's Board

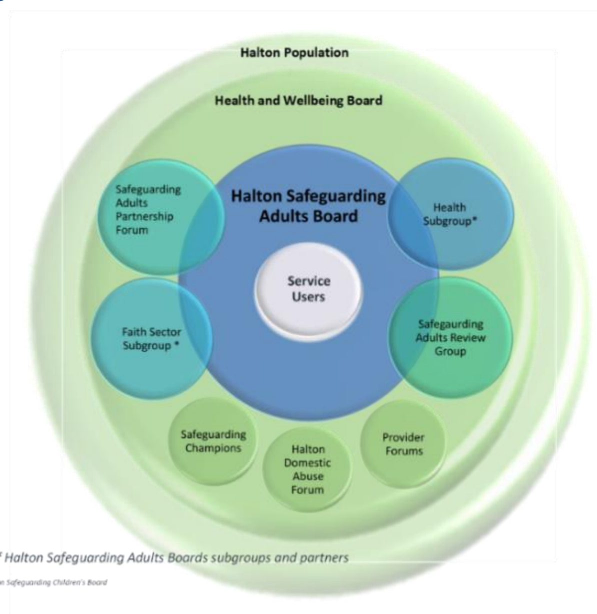

Figure 1: Structure of Halton Safeguarding Adults Boards subgroups and partners

- *Joint subgroup with Halton Safeguarding Children's Board*

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SECTION 2: WHAT THE STATISTICS FOR 2017-2018 TELL US

Key findings

Enquiries opened

- 670 adults with reported safeguarding concerns. The total number of concerns has decreased by 0.4% on last year and given the increase of just under 1% in adult population size for Halton this can be viewed as a decrease in overall prevalence.
- Of the concerns received, 73% of those were dealt with under the section 42 safeguarding criteria; this is an increase of 10% from 2016/17
- Highest age risk remains adults aged 75 years and over, accounting for 53% of safeguarding concerns.
- 2% decrease for adults aged 75-84 years (23%) and 2% increase for adults aged 85-94 years (26%) compared to last year.
- Gender ratio remains same as previous year at 40% males and 60% females.
- Ethnicity of adults was 92% White British, 0.75% were Asian/Asian British, 5.5% were either unknown or not declared.
- Majority of enquiries received from Care Homes (19.5%), Independent Service Provider were 19%, Social Care Worker/Care Manager at 13.6% with Health and Hospitals at 16% and reports from relatives at 8.2%.

Enquiries concluded

- The top 3 most frequently reported types of abuse remain the same as previous 2 years with a similar trend of neglect and acts of omission rising to 39.6% (8.6% increase on 2016-17); physical abuse decreasing by 5.5% to 21% and financial abuse 19.6%, decrease of 0.8% from 2016-17.
- 80% of risk sources are from service providers and other people known to the individual (16%).
- Location where abuse is most likely to occur is in the adults own home, at 44% this is a 3% drop since 2016-17; the second most likely location is in a nursing care home, with 24% of concluded enquiries.

Capacity, Advocacy & support

- For concluded enquiries, 39% of adults were assessed as lacking mental capacity, a 2% rise from 2016-17; with 26% of adults recorded as having capacity (decrease of 3% since 2016-17). Recordings of either did not know capacity or not recorded account for 35% of cases.
- 74% of all adults under a safeguarding enquiry were supported, either by an advocate, a family member or a friend. This is an increase of 12% since 2016-17.

Risk outcomes

- 83% of enquiries were risk was identified the risk was either removed or reduced.

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The population of Halton is approximately 127,595 with an adult population of around 99,200 of those 22,800 are aged 65 years and over, almost a quarter of the whole adult population. Halton has an increasingly ageing population with a projected 44% increase of adults aged 65+ by 2036.

The Safeguarding Adults Collection

The Safeguarding Adults Collection (SAC) records details about safeguarding activity for adults aged 18 and over in England, reported to, or identified by, Councils with Adult Social Services Responsibilities (CASSRs or councils). The collection includes demographic information about the adults at risk and details of the incidents that have been alleged.

Changes to 2017-18 data requirements

In early 2016, the NHS Digital, in conjunction with the Safeguarding Data Collection working group, proposed some changes to the 2017-18 data collection, to better monitor Safeguarding activity. The final list of changes was published in the September 2016 letter to councils, having been approved by the Adult Social Care Data and Outcomes Board (ASC-DOB, jointly chaired by the Department of Health and the Association of Directors of Adult Social Services (ADASS) and the Department of Communities and Local Government.

In 2016-17, the Concluded Section 42 Enquiries Source of Risk values for Domestic Abuse, Sexual Exploitation, Modern Slavery and Self-Neglect were voluntary. These total counts are now mandatory. Due to additional types of abuse now being available for selection, it is difficult to ascertain whether the decreases / increases in these are a true reflection or if there is shift to the types of abuse now available; what we have seen this year is an increase in more than one type of abuse per concern being recorded. Due to the above changes, some measures may not be comparable year on year.

This will be the third year of the SAC, which is an updated version of the Safeguarding Adults Return (SAR) which collected safeguarding data for the 2013-14 and 2014-15 reporting periods.

Safeguarding concerns and safeguarding enquiries

Safeguarding Concerns (Alerts / Referral) is a sign of suspected abuse or neglect that is reported to the council or identified by the council. The collection captures information about concerns that were raised during the reporting year, that is, the date the concern was raised with the council falls within the reporting year, regardless of the date the incident took place.

Safeguarding Enquiries (Strategy Discussion / Investigation) is the action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult to a more formal multi-agency plan or course of action.

Both Safeguarding Concerns and Safeguarding Enquiries can include cases of Domestic Abuse, Sexual Exploitation, Modern Slavery, and Self-Neglect.

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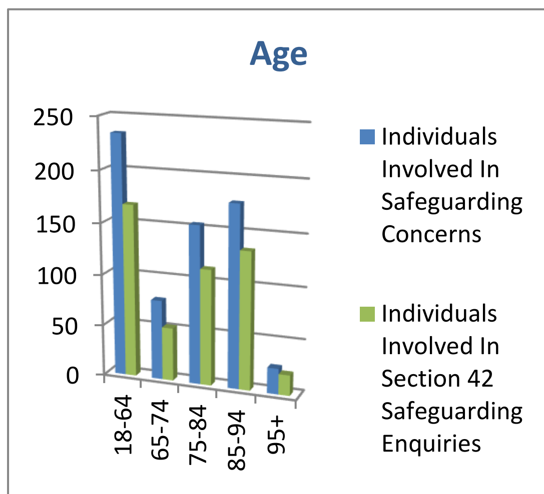
Profile of adults at risk

Prevalence of age /ethnicity/gender/mental capacity



Ethnicity

White British 92%
Asian/ Asian British 0.75%
Black/African /Caribbean /Black British 0.15%
Other ethnic group 0.6%
Undeclared/not known 5.5%

Gender

Male 40% Female 60%

Mental Capacity- Safeguarding Enquiries (Section 42)
39% lacked capacity
26% had capacity
35% unknown

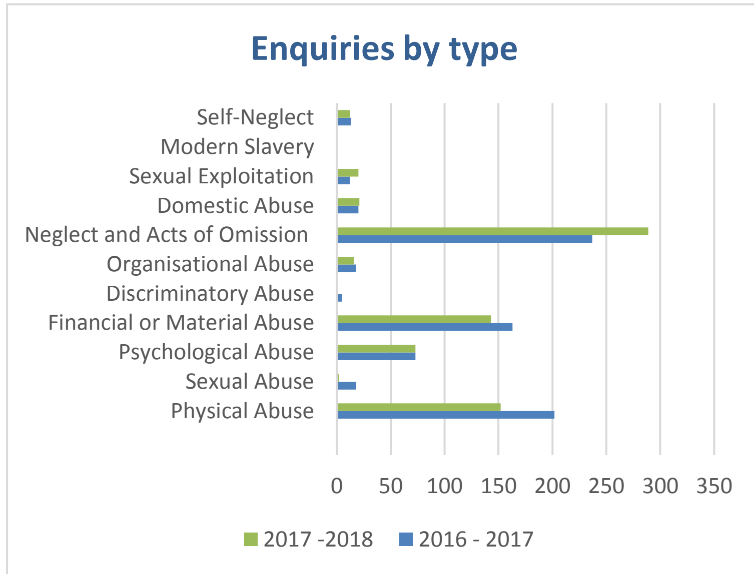
What does this mean?
The prevalence of safeguarding concerns per age group can be seen as an increasing risk for the older population. That as people get older the risk continues to rise with over half the alerts relating to adults aged 75 years and older. This year there has been slight variation in prevalence, a decrease of 2% for adults aged 75-84 years old to 23% and a 2% increase for adults aged 85-94 years to 26%. We have an aging population, with a projected 44% increase in adults aged 65 years plus living in Halton by 2036. This presents potentially greater demand for health and care needs over an increasing period of time. This year saw a slight increase in the numbers of adults who lacked mental capacity to make their own choices. Halton's demographics are changing, seeing an increase in diversity from ethnicity and gender perspectives for example Halton is home to a number of refugees and asylum seekers.

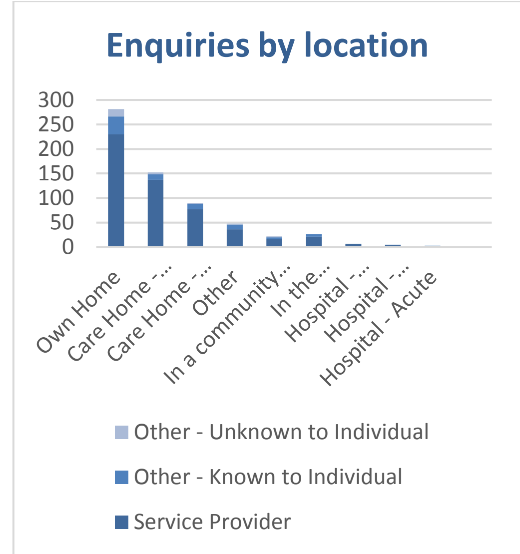
What can we do
I. Capture diversity within our data- wider categories for gender and ethnicity, ensuring all data categories are completed. II. All partners to be proactively inclusive and person-centred within their approach and a cultural approach with their service provision. III. Scrutinise recording of mental capacity, whether this might be a need for training or awareness or may be due to systems improvement to conduct timely mental capacity assessments. IV. Audit cases of safeguarding that include the highest indices of prevalence across type, location, age and perpetrator, to identify themes or trends. V. HSAB to continue engagement with services /groups/ individuals including those representing minority populations, to increase participation and awareness across the borough and find more accessible ways to share safeguarding information.

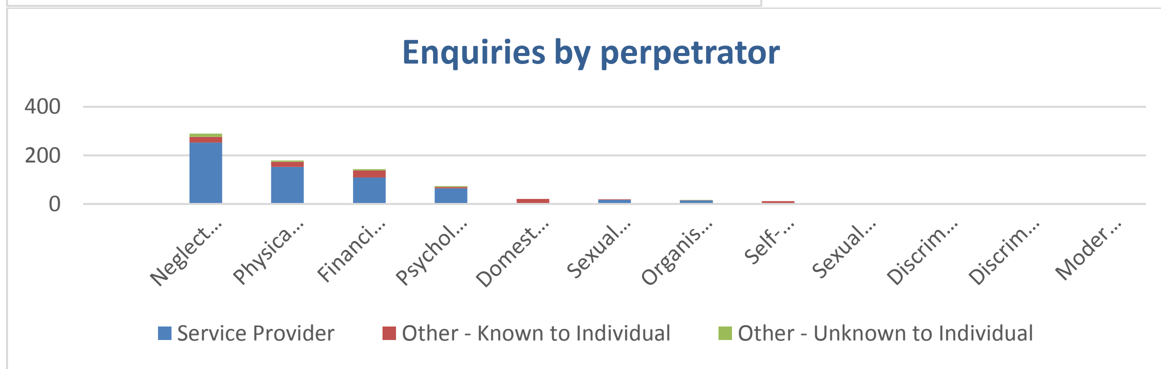
HALTON SAFEGUARDING ADULTS BOARD

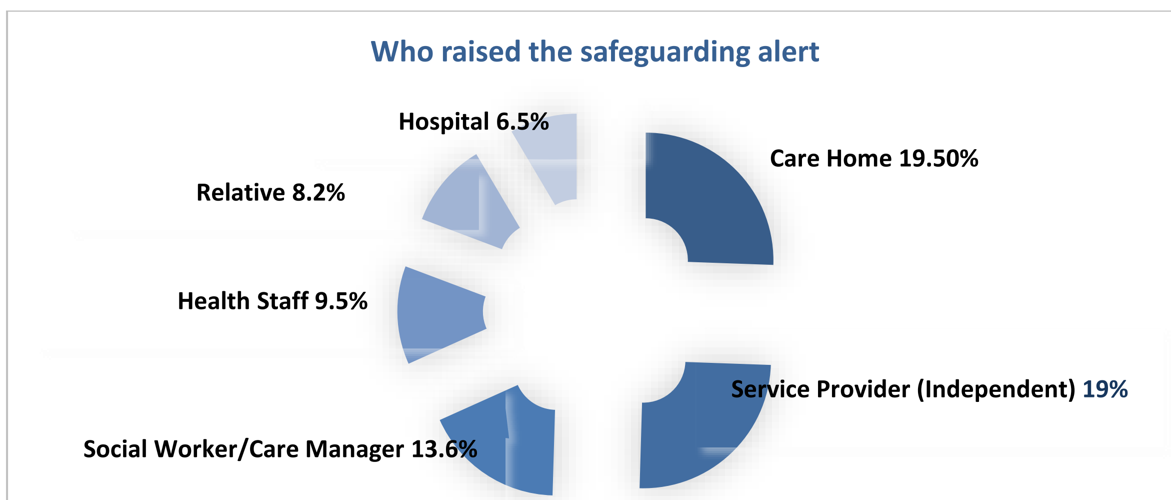
What has been reported

Prevalence of section 42 enquiries by type of abuse / location /perpetrator / alerter









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What does this mean?
Service Provider (independent) are services that work with or support adults who are receiving support or a care package, whilst they are living in their own home. These figures are representative of all the safeguarding alerts that are received. Not all these referrals meet safeguarding criteria, for example, after an initial assessment, an alert may result in a review of a person's care plan where the adult is found to be not at risk of harm and therefore wouldn't need to be safeguarded. Anyone can make a referral and we can see the most common sources of referrals come from care homes, service providers (independent) and from social care/care management. There are significant referrals received from health sector and from relatives. The top three most prevalent types of abuse recorded in the SAC remain the same as the previous 2 years with neglect and acts of omission continuing to rise and physical and financial abuse rates falling. 2017-2018 rates are: neglect and acts of omission increase of 8.6% to 39.6%, whilst physical abuse is down by 5.5% to 21% and financial abuse down 0.8% to 19%. The most common location of abuse is the adult's own home at 44%, this year sees a drop of 3% from 2016-17 and a 5% drop since 2015-16 of section 42 enquires. There has also been a decrease in residential care homes by 3% to 14%, and there is an 11% increase this year to 24% of section 42 enquires from nursing care homes. The predominant source of abuse is from service providers, up 10% on 2016-17. 13% of perpetrators were people known to the individual, this is a reduction of 7% from 2016-17. This year has also seen a reduction in rates of reporting from perpetrators not known at 4% compared to 7% in 2016-17. What we also know from data gathered by Halton Domestic Abuse Forum around domestic abuse is older people aged 61 years+ are much more likely to experience abuse from an adult family member or current intimate partner than those aged below 60 years. That older victims are significantly more likely to have a disability (48% of victims aged 61 years+), for a third this is physical. Also, on average, older victims experience abuse for twice as long before seeking help than those aged under 61 years. In response Halton have strengthened the focus in the multi-agency domestic abuse awareness training to highlight and discuss domestic abuse and the implications it has on victims as well as ways in which it may manifest which are potentially different than in other domestic abuse situations due to the higher frequency of victims being dependent on the perpetrator for assisting them with day to day care requirements. Training can be accessed by staff via www.haltonsafeguarding.co.uk/training. There has been continued dedicated activity this year around medicines management which was highlighted within the area of neglect and acts of omission. Offering free specialist support, advice, resources and training to all care providers in Halton. Most safeguarding alerts are raised by practitioners and professionals accounting for 88% of all alerts, with most coming from the care and support sectors. This is a positive picture meaning practitioners are proactive in reporting safeguarding concerns and working towards improved standards of care with a safe reporting culture.

HALTON SAFEGUARDING ADULTS BOARD

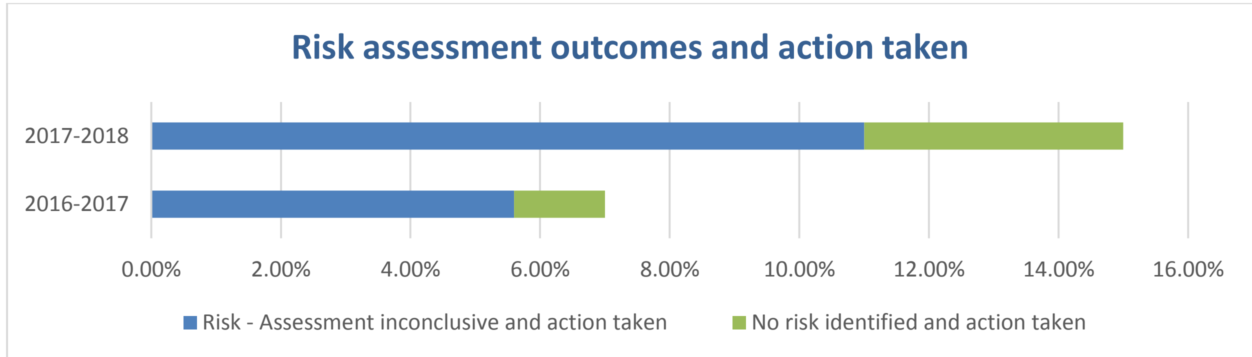
What can we do

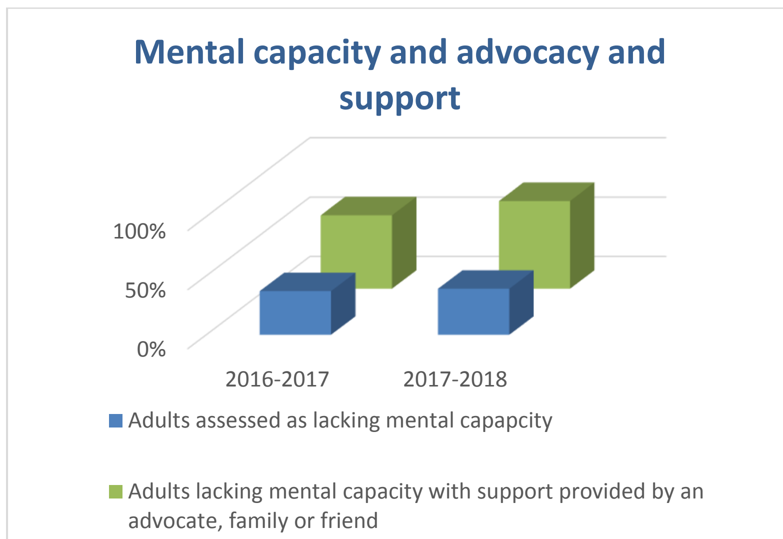
I. HSAB to continue to offer free resources including multi-agency training and marketing campaign resources to improve competency skills and improve practice. All resources are available on HSAB website www.haltonsafeguarding.co.uk.
II. HSAB to continue engagement with services /groups/ individuals including those representing minority populations, to increase participation and awareness across the borough and find more accessible ways to share safeguarding information.
III. Audit cases of safeguarding that include the highest indices of prevalence across type, location, age and perpetrator, to identify themes or trends. This could enable a greater understanding of care and support provision from staff, carers and volunteers who attend an adult's home to support/care for them.
IV. All partners to understand their responsibilities in relation to knowledge, skills and professional practice, adopting 6 principles of safeguarding which is a person-centred approach and applies to preventing safeguarding alongside dealing with safeguarding concerns that are raised.

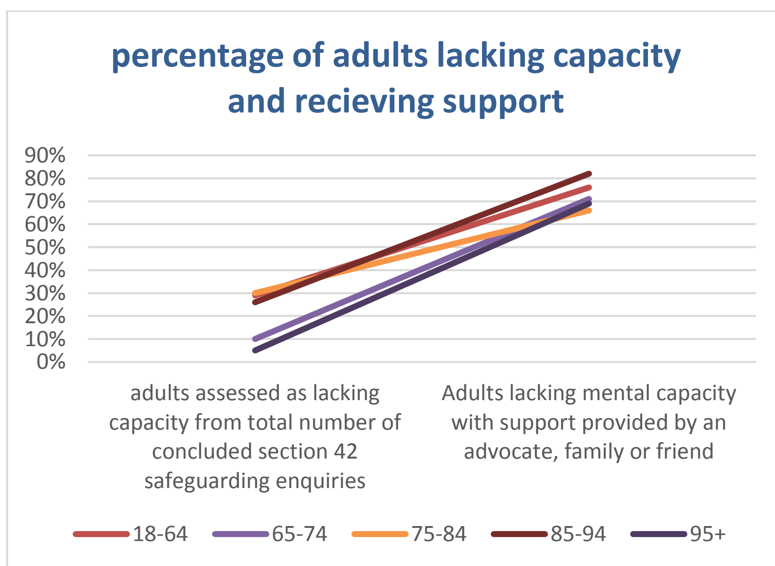
HALTON SAFEGUARDING ADULTS BOARD

Profile of risk assessment outcomes and support

Risk assessment outcomes / mental capacity and advocacy and support







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What does this mean?

During this reporting year in 92% of cases action was taken, this is a rise of 5% on previous year and we saw a drop in no action taken where no risk was identified from 6.6% to only 3% of cases. In total 83% of cases the risk was either reduced or removed and 74% of adults who lacked mental capacity received advocacy or support, an increase of 12% compared to 62% for 2016-17. We can see adults aged between 85-94 years received the most support at 82%, with 66% of adults aged 75-84 years old and 69% of adults aged over 95 years receiving support.

Every person has a right to choice and to decide what outcomes they would like. Adults at risk who have been assessed as lacking capacity will have their decisions made for them by a nominated representative and should always be considerate of the adult's personality, preferences and lifestyle choices that are already known, to ensure decisions are made in their best interest. There still remains a number of individuals who request no action to be taken even when there has been a safeguarding risk identified. This is due to many reasons but of the more common situations it can be where a person is being looked after by someone close to them, for example a family member. Halton safeguarding team listens to what outcomes the person wants and follows the Making Safeguarding Personal approach, that safeguarding balances the right to be safe with the right to make informed choices.

This data indicates a proactive approach to taking action, whether this is to provide safeguarding for an adult at risk or to assist with support and care plans for those adults who have not been assessed at risk of harm but may still benefit from services. This aids prevention of escalation, addressing emerging needs and early intervention can mean long-term reduction of safeguarding alerts.

What can we do

I. With a new advocacy service commissioned by Halton Borough Council, being provided by Healthwatch Halton, via a single point of access the accessibility of advocacy has already been considered and should provide easier and more efficient provision.
II. Partners can help by promoting and utilising the advocacy services to adults who may need this to ensure a proactive inclusive and person-centred approach within their service provision.
III. Capture diversity within our data- wider categories for gender and ethnicity, ensuring all data categories are completed.
IV. Scrutinise recording of mental capacity, whether this might be a need for training or awareness or may be due to systems improvement to conduct timely mental capacity assessments.
V. HSAB to continue engagement with services /groups/ individuals including those representing minority populations, to increase participation and awareness across the borough.

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SECTION 3:

Here are two real-life experiences that provide an insight to the diversity of support needed in order to help safeguard an adult at risk. Names have been changed to protect the individual's identity and both have given consent to have their stories told.

The social care team work with the adult to help them get the help and support they need. Any adult who is receiving support makes their own decisions and choices about what they want to happen and all support staff work towards making this happen. This is called Making Safeguarding Personal and is described in the Care Act.

Making Safeguarding Personal is critical in adult safeguarding and is an important mechanism to enable individual experiences to be recognised and listened to and therefore achieve best outcomes as identified by the person themselves.

Both Alice and Paul demonstrate lived examples of how Making Safeguarding Personal and safeguarding has impacted their lives.

ALICE'S STORY

Alice

Alice was an 82 year old lady who lived in the community in her own home. Alice had a mental health diagnosis and had support with her needs, to help her remain as independent as possible. Alice lived alone, having been widowed some time ago.

Referral

A safeguarding alert was raised by her sister-in-law to the local authority. The sister-in-law, Sam, stated that Alice had been taken to a local clothes shop with a carer and the carer had spent a large amount of Alice's money on clothes for herself. The carer was a regular visitor to Alice, who she had grown to be fond of, so Alice was uncertain of what to do as she did not want to lose the relationship she had with the carer, who she considered as a 'friend'.

The alert was assessed and it was determined that a Section 42 enquiry was needed.

Requested outcomes

A social worker was assigned to Alice, who made arrangements to visit her in her own home. It was unclear on the alert what Alice's desired outcome was, so it became the priority of the social worker to obtain her desired outcome, compliant with the Making Safeguarding Personal approach.

The social worker visited and Alice was able to make her own decisions as she had mental capacity. Alice decided to proceed with the safeguarding enquiry and stated that she wanted to make a referral to the police. Alice was able to give details of which carer it was, so that arrangements could be made with the provider service to reduce the risks immediately.

Actions

The police were contacted and as part of the police led investigation, they asked an assessment was completed for Alice, to ensure she was able to manage her own finances. This assessment (Mental Capacity Act 2005) helped as it provided vital evidence and enabled them to proceed with a charge against the carer.
Before the case went to court, Alice sadly passed away through an unrelated health condition. The Police/CPS decided to continue with the investigation and the case went to court.

Review of outcomes: Safeguarding Social Worker statement

The carer pleaded guilty in court and was given a suspended sentence and rehabilitation order.

Although Alice passed away during the enquiry, her desired outcome was met. Family acting on her behalf was thankful for the support offered to Alice and them by the social worker.

What does this mean?

We can learn from Alice's experience how important the Making Safeguarding Personal approach is in order to identify the right outcome for the person and to help safeguard effectively. Using the Mental Capacity Act to assess mental capacity enabled successful completion of prosecution and to ensure Alice could make her own decisions around finances.
There is also some learning for practitioners around professional boundaries and understanding that building trust relationships are important in care and support provision but that this may impact on decisions that people being cared for might make.

What can we do

I. All practitioners to have an awareness that Making Safeguarding Personal is a cultural approach requiring working with individuals and utilising the six principles of adult safeguarding and that professional boundaries still apply.
II. For all partners to understand risks and choices and know where mental capacity is relevant.
III. For all partners to attain training and professional development to ensure current practice is compliant and safe.
IV. For carers and families to understand everyone has the right to choose what they would like to happen within safeguarding but also whilst they are being cared for.
V. HSAB to continue to promote the six principles of adult safeguarding.

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PAUL'S STORY

Paul

Paul is a 55 year old made with a mild-moderate Learning Disability, who lived independently in a ground floor flat. Paul lived with his mother and father, but both passed away suddenly a few years ago. At that time, Paul remained living in the family home. However, he became a target by local youths and was subject to a sustained physical attack. As a result of this, he was relocated to his own flat where he resided at the time of the safeguarding alert.

Referral

A safeguarding alert was raised by his GP to the Local Authority. Paul had been in to see his GP with an injury. Paul has a sister but doesn't see her regularly. Paul disclosed to his GP that he had been assaulted by his 'friend' and he had an injury which needed treatment. The GP spent time with Paul who made further disclosures regarding his 'friend', stating that he takes his money and food off him, as well as forcing Paul to set fire to himself. The GP obtained his consent to make a safeguarding alert and followed local safeguarding procedures following some initial treatment for his injury.

The safeguarding alert was screened and assigned to a social worker.

Actions

A visit was undertaken to Paul's address. It became evident that Paul was struggling to maintain his own needs, including cleaning his flat, self-care needs as well as take his own medications. In addition to the concerns raised by the GP, Paul had acquired 10 cats and various items of junk from other residents in the block of flats. It became evident that he was being exploited as well as being subject to the concerns raised in the alert. The social worker spent time with Paul to go through each concern that he had, to inform what can be done next. All options were discussed with Paul and Paul agreed to a police referral, as well as a social care assessment, to look at how Paul can meet his own needs in the medium to long term.

In regards to the social care assessment, the safeguarding social worker made the appropriate referrals and organised a Multi-Disciplinary Team meeting, to pool information and determine actions. Paul was a part of this meeting. This included housing, health, social care, police and his GP. This provided Paul with a clear vision of what support can be offered, as well as focusing on what he can do for himself, building on his confidence and self-esteem to complete this.

Requested outcomes

In relation to the safeguarding concerns, Paul was reluctant to contact the police initially, feeling that he would be subject to further incidents and being called a 'grass'. Reassurance was offered and Paul accepted that he would initially speak to the police, as he had lost confidence in them following a previous incident. Paul agreed to a joint visit with the social worker and the police. Police were contacted at the time of the visit and they arrived to speak to Paul 1 hour later.

Paul felt reassured that the social worker stayed with him while the police visited him. Paul disclosed all the information to the police that had been shared previously and at the end, decided he wanted to officially make a complaint to the police. This resulted in interim actions being taken to prevent the person alleged to have caused harm from visiting/contacting him, which again gave Paul reassurance.

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A police-led enquiry was undertaken. The police had asked Paul if he wanted to complete a video interview. Paul requested that the social worker needed to be present to support. This was facilitated by the police who wanted to achieve best evidence.

Review of outcomes: statement

The case went to court and although the person alleged to have caused harm pleaded not guilty, he was sentenced to 20 months in prison. Paul was happy with the outcome.

Following the initial concern, Paul expressed a desire to move home. He was supported by adult social care and housing and has now moved home, to a place where he feels comfortable. In addition, he now has a support package in place to continue to support Paul to maintain his independence and ability to keep himself safe, in the community.

What does this mean?

Paul's story provides an example of what is sometimes called 'mate crime' where an adult is befriended and whilst the adult may think the relationship is genuine the befriender then exploits and abuses. This is particularly difficult to manage when there are any support and care needs as the adult is more likely to be in an imbalanced power-dynamic relationship. To understand that some people enter relationships that are difficult for them to manage due to power and coercion.

We can also see how important the roles of other practitioners are in detecting and supporting safeguarding concerns. Here the GP was critical in helping Paul, he raised an alert and acted upon this immediately. Additionally a Multi-Disciplinary Team (MDT) was brought together with Paul to identify the best outcomes for him and this enabled an effective support and care package. Paul was supported by a range of services which provided a positive outcome.

What can we do

I. All partners to have an awareness of adult safeguarding, to enable effective and efficient response to abuse indicators. To attain training and professional development to ensure current practice is compliant and safe.
II. All partners to learn about 'mate crime' and abusive relationships.
III. For service providers to encourage professional curiosity and utilise models of multi-agency working within their provision.
IV. HSAB to continue to promote the six principles of adult safeguarding.
V. HSAB to continue engagement with services /groups/ individuals including those representing minority populations, to increase participation and awareness across the borough.

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SECTION 4: LEARNING FROM REVIEWS

Under the Care Act, Safeguarding Adults Boards (SABs) are responsible for Safeguarding Adults Reviews. Halton SAB commissioned a Safeguarding Adult Review (SAR) and Halton CCG commissioned a Multi-Agency Review (MAR) during 2017-2018 with resulting Action Plans derived to address the recommendations within these reviews. SABs also hold responsibility to manage and monitor the progress of Action Plans from all safeguarding reviews. Halton SAB also oversees the local reviews from the Learning Disabilities Mortality Review (LeDeR) Programme.

The Learning Disabilities Mortality Review (LeDeR) Programme

The Learning Disabilities Mortality Review (LeDeR) Programme is the first national programme of its kind aimed at making improvements to the lives of people with learning disabilities, commencing 2015 and now extended to May 2019.

The LeDeR was a recommendation from the Confidential Inquiry into Premature Deaths of People with a Learning Disability (CIPOLD); to conduct a review into why people with learning disabilities die and what can be learnt from their deaths with a view to improve the standard and quality of their care. The LeDeR Programme is delivered by the University of Bristol and is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England.

A key part of the LeDeR Programme is to support local areas to review the deaths of people with learning disabilities. The Programme is developing and rolling out a review process for the deaths of people with learning disabilities, helping to promote and implement the new review process, and providing support to local areas to take forward the lessons learned in the reviews in order to make improvements to service provision. The LeDeR Programme also collates and shares the anonymised information about the deaths of people with learning disabilities so that common themes, learning points and recommendations can be identified and taken forward into policy and practice improvements.

- Halton is part of the Cheshire and Merseyside LeDeR steering group and as such enables Halton to share learning from deaths locally and nationally.
- Halton currently has 10 reviewers, who are in the process of completing 4 reviews. They are all new to LeDeR reviews and although they are all practitioners, these will be their initial reviews.
- No reviews have been completed to date and when they have will be subject to rigorous quality assurance from the Local Area Contact and then a Multi-Agency Panel.

Safeguarding Adults Review and Multi-Agency Review

During 2017-2018 a Safeguarding Adults Review and a Multi- Agency Review was completed, along with Action Plans that addressed the recommendations within these review reports.

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Practitioner learning events took place prior to the SAR report being written and during the implementation of the Action Plans; the SAR event was on 1/09/17 and MAR on 8/09/17. Frontline staff and service leads were invited to attend to share the learning from these reviews and to contribute to identifying appropriate activities to address the recommendations from the reviews. Attendees found the events helpful to their practice and a summary report was provided to HSAB.

Following the completion of the Action Plan activities, there was a recommendation to establish a SAR Group. This newly formed SAR Group requested an executive review meeting where HSAB members and invited stakeholders from the SAR and MAR review panels examined the whole process of commissioning reviews, the writing and implementing of Action Plans and identifying key learning outcomes. Also in attendance were representatives from North-West Borough Health, Halton Clinical Commissioning Group, Halton Borough Council, Warrington Safeguarding Boards, Police, Probation Services and the independent chair for Halton Safeguarding Adults Board (HSAB) and the HSAB Officer. The executive review meeting took place on 18/05/18 and an independent expert with specific expertise in reviews was invited to facilitate the meeting; Lisa Cooper, Deputy Director Quality & Safeguarding (NHS England North).

Some key learning from the reviews were:

- Both were young adults and mental and emotional health issues were present from childhood. Working more closely with children's boards was discussed and as mentioned HSAB have a representative from Halton Safeguarding Children's Board already on the HSAB. HSAB have now invited a representative from Public Health to attend future HSABs.

- Cross-border challenges were evident in the SAR process. Having an understanding of where responsibility lies when an adult moves to another area and/or transfers from children to adult services. The potential to address this gap in information sharing and/or handover via hosting a Multi-Disciplinary Team meeting when a person is identified meeting this criteria was discussed. Cross-border principles to be agreed and will then be shared. Additionally, it was felt agreement is needed on who will hold agencies to account and bring this cross-border agreement together.

- People being 'invisible' to services or not being 'picked up' by services was also discussed. The challenge that some adults are not known to services was recognised as difficult to address. Potentially this links with recognising significant events/traumas/family problems identified during childhood can have a significant impact on adulthood.

- Personalisation within the review and learning could be improved, e.g. age, gender, nationality, culture, details to demonstrate inclusivity and capture whether this person is representative of Halton. An understanding of whether this influences information gathering, service provision and practitioner learning.

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- To capture professional curiosity within reports. Generally to encourage this in practice and recognise this is usually built from experience. Conversations with practitioners (including provider visits by HSAB) towards building a culture of professional curiosity.

Work continued into 2018-2019 reporting year and these updates will be provided as part of the ongoing learning process to and from HSAB to all its partners and across the wider Halton community.

There has been a lot of development nationally around SARs, given that Safeguarding Adults Boards generally are still in their relative infancy of development and there have been many and varied mechanisms by which SARs have taken place. All Safeguarding Adults Boards were invited to participate in a National Consultation process and Halton SAB was part of this. The learning from this research has resulted in a National SAR Library, where all local authorities who have undertaken a SAR shares the learning and resources, so that safeguarding adults reviews nationally can offer a more consistent and effective approach.

What does this mean?
Positive proactive approach to the learning process enabled multi-disciplinary understanding across adult and children's sectors and across geographical boundaries between authorities. Having independent reviewers and learning event facilitators enabled effective assessment and evaluation of the process. 360 learning approach has allowed learning events for all stakeholders, to fully participate including HSAB members and HSAB will continue this as an ongoing process utilising the newly formed SAR Group as a mechanism for sharing good practice. HSAB partners identified in the reviews and all those that attended the learning events demonstrated commitment to safer practice and safeguarding prevention. That HSAB are prepared with SAR Group, family liaison established guidance for any commissioned SAR that may be requested or needed. Enabling a more efficient and timely process that is focussed on the recommendations and activities that put the recommendations in to practice. Access to the National SAR Library- where shared learning and resources and models of good practice can be accessed.
What can we do
I. All partners including frontline staff are aware of their responsibility to learn from Safeguarding Reviews and Action Plans, to consider implications within their own working/ service areas. II. All partners to have an awareness of adult safeguarding, to enable effective and efficient response to abuse indicators. To attain training and professional development to ensure current practice is compliant and safe. III. For service providers to encourage professional curiosity and utilise models of multi-agency working within their provision. IV. HSAB to continue engagement with services /groups/ individuals including those representing minority populations, to increase participation and awareness across the borough.

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SECTION 5: PROGRESS AGAINST OUR PRIORITIES

Halton Safeguarding Adults Board and it's partners value the positive relationships that have been built which enable continued partnership working. This approach helps utilise existing community assets, addressing safeguarding issues from early identification and prevention through to improving specialist skills and services to address safeguarding issues raised. The sub-groups of the board have evidenced their dedicated commitment to assisting HSAB to fulfil it's statutory and moral duties for the benefit of Halton and in particular to improve the lives of adults at risk of harm.

As highlighted in last year's Annual Report, Halton Safeguarding Adults Board set out three key priorities for sub-group and partners to work towards. The priorities were set using data and information gathered through previous Safeguarding Adults Collection (SAC), local intelligence and consultations with service providers and service users, the Safeguarding Adults Review and Multi-Agency Review and Thematic Review findings and recommendations, along with recommendations from the Halton Adult Safeguarding Peer Review facilitated by St.Helen's Council.

The following is a snapshot of the work and activities from Halton Safeguarding Adults Board, it's sub-group and partners, that took place during 2017 to 2018.

- **Priority 1: Creating a safer place to live for all adults living in Halton (Safeguarding Prevention)**

This year saw the establishment of a dedicated Safeguarding Adults Review Group following the commission and completion of Halton's first Safeguarding Adult Review (SAR). This SAR linked closely to a Multi-Agency Review (MAR) which was conducted by Halton Clinical Commissioning group (CCG) and a Thematic Review that Pubic Health undertook during 2016-2017 which HSAB had oversight of.

HSAB has worked proactively towards developing effective coproduction and engagement opportunities in all its activities, including public and practitioner events, developing the training and marketing plan and resources, information sharing routes to and from HSAB to sub-group and partner groups and the public; ensuring inclusivity and accessibility in practice and implementation through its activities.

A Pan-Cheshire Modern Slavery Strategy and Pan-Cheshire Harmful Practice Strategy has been published. These and all other local, regional and national strategies and guidance are available on HSAB website: www.haltonsafeguarding.co.uk

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Subgroup and partner activity

- Halton Borough Council-Adult Social Care

Adult Social Care undertake the majority of Section 42 safeguarding enquiries on behalf of the Local Authority. Social Workers and Occupational Therapists are the regulated professionals within the service and their professional practice is a vital part of Making Safeguarding Personal and ensuring positive outcomes. The Principal Social Worker sits on the Partnership Board in order to advise and support and provides regular performance reports to both Boards. Developing resilient communities and introducing the role of community connectors will further enhance the prevention agenda and ensure that Halton is a safer place to live.

The Integrated Adult Safeguarding Unit (IASU) is an operational front line team, who coordinate Section 42 safeguarding enquiries to complex/high risk safeguarding concerns that are raised. IASU has strategic lead in key areas for Halton such as Self Neglect, Anti-trafficking, Persons in a Position of Trust (PIPOT), Mental Capacity Act and the Deprivation of Liberty Safeguards.
IASU has responsibility to ensure that there is an established process for Safeguarding Adults with key stakeholders such as North West Boroughs and the Gateway Recovery Centre. A focus on these two stakeholders within the past year has resulted in better outcomes for people who use their services, from a safeguarding perspective.

IASU coordinate the Safeguarding Champions forum for provider services and the MSP Forum for Care Management Staff within the Local Authority. IASU attend and support Multi-Agency Risk Assessment Conference (MARAC), Anti Trafficking forum, Halton Domestic Abuse Forum (HDAF), and the Faith Sector Forum.

Other areas of Adult Social Care (ASC) include Adult Placement Service, Halton Supported Housing Network and Halton Day Services. All ASC follow the safer recruitment process, which keeps close links with Human Resources, providing safe recruitment and efficient DBS checks. The staff induction process that follows includes Care Certificates for staff and good shadowing processes.

There are good links across services with the Safeguarding Unit and Initial Assessment Teams and provider services which helps to break down barriers and staff are confident to report and seek advice. Also good links with carers and general groups helps build good community links and so it's easier to listen to what peoples' need are.
These additional ASC services have led on creating and attending events to promote people's awareness, supporting staff to develop and attend events. Questionnaires for people who uses services/staff/carers have been created with activity promoting all actions from questionnaires.

- Halton Clinical Commissioning Group:

NHS Halton CCG is a statutory NHS body with a duty to safeguarding adults.
NHS Halton CCG as a commissioner of local health services has contractual and performance frameworks in place to assure that the organisations from which they commission have effective safeguarding arrangements in place, including recruitment, policies and training.

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NHS Halton CCG is responsible for securing the expertise of Designated Professionals on behalf of the local health system.

A clear line of accountability for safeguarding is reflected in the CCG governance arrangements.
NHS Halton CCG has actively contributed to and supports the Halton Prevention Strategy and action plan.

NHS Halton CCG has contributed to the Halton Care Homes Development Strategy and continues to support the development of safe, quality, services within the care homes sector.
NHS Halton CCG has supported the development of the Well Halton vision and initiative to improve the health and well-being of everyone in borough.
NHS Halton CCG has undertaken joint work with IASU to improve the safeguarding referral guidance for staff especially in respect of medicines management.

NHS Halton CCG and HSAB are actively working with Halton LA to align key aspects of the Prevention, Loneliness and Wellbeing strategies to make Halton a safer place to live.
Public engagement and co-production underpins all aspects of commissioning and service review and design undertaken by Halton CCG. The CCG requires its commissioned services to report on Making Safeguarding Personal and Voice of the Child through quarterly performance reporting.

The CCG has a comprehensive engagement plan where there is opportunity for consultation and engagement. There have been a number of stakeholder events prior to service redesign to ascertain the voice of the service users locally. These include support to the Halton Peoples Health Forum. A detailed engagement plan focused on the changes within CAMHS and the development of the thrive model and work with the young LGBTQ community in collaboration with Addaction.

- Public Health

PH supports a number of services that focus upon the wider determinants of health (e.g. Substance Misuses, 0-19, Family Nurse Partnership, Health Improvement, etc.). Adults are supported to manage drug and alcohol problems (see Successful Treatment for Opioids and non-representation within 6 months – PHOF data).
Part of wider Safer Halton Partnership with strategic oversight of community safety.
Implementation of Suicide Strategy and Alcohol Strategy.
Development of Obesity Strategy.
PH commissioning seeks to ensure the voice of service users, partners and other stakeholders are at the heart of service redesign and delivery. e.g. public questionnaire

- St.Helen's and Knowsley Hospitals

Identification of potential safeguarding issues improved by policy implementation and training.
Staff are able to access support from the safeguarding team when concerns are identified.
STHK has patient experience lead and council who ensure patient contribution and participation is a priority within the Trust.

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- Warrington and Halton Hospital Foundation Trust (WHHFT)

A multi-agency approach to safeguarding adults has supported this priority. There are processes in place between partner agencies that facilitate the scrutiny of concerns that are raised. Training and education have supported awareness raising of the safeguarding agenda across the Trust. New standalone policy was developed 'Managing Safeguarding Allegations Against Staff & People in Position of Trust (Pipot) Policy' ensure there was clear guidance on managing allegations against staff and volunteers working with children and/or adults at risk in line with those of the HSCB and HSAB.

- Bridgewater

Practitioners from Bridgewater have been able to highlight concerns within residential care setting and refer these to Social Care for further investigation. In some cases this has been directly related to the person in the care home but on other occasions practitioners have identified wider safeguarding and care concerns, recognised these and took action to report them to the local authority.

Hearing the voice of service users and the principles of Making Safeguarding Personal, are included within Bridgewater's Level 3 Safeguarding Adults training package. The outcome from this was particularly apparent with a practitioner within the Speech and Language team and her support for two different individuals and the risks they wished to take with eating and drinking.

- Northwest Borough Healthcare Trust

The Safeguarding Adult team has expanded during the reporting year with the addition of a second Advanced Practitioner post into the team. This has allowed for increased support to the Halton borough and a refreshed approach to partnership working. The Safeguarding Adult team have co-located themselves within the borough to increase opportunities to support staff and be more visible across the Trust. Work has been undertaken to examine health referrals into safeguarding with joint training and awareness raising being implemented with our local authority partners.

All care is delivered under the Care Programme Approach which promotes working with the service user. Care plans are required to be signed by the service user as a standard expectation. This is audited frequently to ensure the standard is met. Service users are asked to complete patient experience questionnaires both in community and in-patient environments so we can review the impact we are having within services.

The Trust has a service user forum which has a "take it to the top" section whereby a senior leader will attend to answer any questions, address concerns raised directly with our service user groups.

The Trust has a successful Involvement Scheme where a team supports service users and carers to participate in Trust activity. This includes attendance at Trust Board meetings, interviewing potential new staff, completing audits and running service user activities

- Halton Haven

Ensuring the Hospice Safeguarding, DOLS and Mental Capacity Policies are in place and reviewed regularly.

The Hospice conducts Patient and Carer Surveys to gain feedback on our service provision. Comments and suggestions are reported to the Board of Trustees and actions taken as appropriate.

- Cheshire Fire and Rescue Service

Completion of 7965 safe and well visits to residents of Halton.

- North West Ambulance Service

The Safeguarding Team in NWAS provide training and information on a wide range of issues such as Child Sexual Exploitation (CSE), hoarding and domestic abuse to raise awareness across the Trust. Assurance is provided to the NWAS board and director through regular safeguarding assurance and performance reports.

Regular topics are covered in formats such as seven minute briefing and learning lessons to quickly get awareness and information out to staff. NWAS has been acknowledged as having an extremely high level of Prevent awareness in the organisation. We currently have 93% of staff trained and we are one of the top 3 organisations in the country which has been acknowledged by NHS England. NWAS has also provided Prevent training to all staff.

The Safeguarding Manager and practitioners support information sharing between the LADO/PIPOT and the Trust HR department. NWAS has an allegations against staff policy which is adhered to in relation to any allegations made.

The Safeguarding Team has undergone enhanced DBS checks. NWAS Safeguarding Policy reflects the procedure to be followed when unregulated visitors are NWAS premises or support the organisation. NWAS conforms to safer recruitment practices and has a DBS procedure in place that reflects current national guidance. Mandatory employment checks are carried out on all staff prior to commencement of employment.

- Cheshire and Greater Merseyside Community Rehabilitation Company

In delivering Probation services, the work of CGM CRC is underpinned by desistance theory and characterised by a strength based approach. Personalisation is key to our work with all service users in which we seek to balance the needs of these service users to reduce reoffending against the risk they pose to members of the public. The safeguarding of both the adult service users we manage and those affected by their behaviour is central in our service delivery.

The CRC is contractually obliged by the Ministry of Justice to undertake service user feedback surveys every 6 months. This allows for those directly affected by our work to articulate the impact that it has on them. We have also developed a service user council group and 'User Voice Forum' which enhance our understanding of service user issues and experiences and which allows us to work collaboratively with the service users to support change where necessary and

practice improvement in all areas including safeguarding as and when appropriate. These processes are in turn overseen by several operational managers within CGM CRC who lead on service user engagement and help facilitate the person-centred culture within the organisation. In terms of front line work linked to child and adult safeguarding, we routinely engage with service users whereby safeguarding and vulnerability issues are discussed and interventions offered. Our induction and assessment processes with service users are designed to enable vulnerabilities and/or needs to be identified and planning for the monitoring of these where necessary and the introduction of appropriate interventions and signposting. The scope of our assessment draws out any concerns an individual may have and supports the professional case holder in recognising areas where they may need support. We offer support to vulnerable people and we operate a culture of empowerment and encouragement.

The CRC is subject to annual Operational Assurance Audits. This process is external and focusses on our strengths and areas for development. CGM CRC shows strengths in: establishing Practice Days on a monthly basis and ensuring that child and adult safeguarding is a key module on the Virtual College and accessible to staff.

Our areas to focus on include: more specific sentence plans; acting on risk management information, this will sit within the Quality Improvement Plan.

- Halton Provider Forums

Awareness sessions on care concerns and safeguarding offered by IASU during Provider Forums. Skills for Care; “What Do I Need to Know About Safeguarding Adults?” booklet highlighted. Consistent safe practice across Providers in Halton, ensuring compliance to local and national guidance and therefore reducing potential care concerns and safeguarding alerts

- Halton Domestic Abuse Forum (HDAF)

HDAF representative participated in the development of the Safeguarding Prevention Strategy Action Plan.

Operation Enhance - Increased victim engagement with protection and support services earlier in the cycle of domestic abuse. Operation Enhance initiative led to significant improvements in the service provided to victims of domestic abuse and victim engagement with a wide range of services. The key recommendation therefore follows that more widespread commissioning of this service will serve to benefit victims lives in the immediate aftermath of an abusive incident, their lives in the long term regarding recognition and escaping abusive relationships as well as allowing Cheshire as a force to improve victim trust/satisfaction/engagement.

Increased support for children living with domestic abuse to be safer and develop their resilience. Challenge and support for perpetrators to reduce current and future risk. Provided additional capacity for victim support services at the first possible opportunity to enable learning and evaluation evidence to inform the design of future commissioned services

HALTON SAFEGUARDING ADULTS BOARD

- Healthwatch:

Regular 'Enter & View' visits to local health & social care services, intelligence collected during Enter & Views has fed into national reports from Healthwatch England.
Gathered 370+ comments and 500+ completed surveys on local services through the Healthwatch Website Feedback Centre.

- Age UK Mid-Mersey

Age UK created a partnership with local trading standards office to ensure clients were protected from scams and door step pressure sales/cons. Older people were made more aware of how to tackle and be more resilient to "scamming" approaches and are supported to find redress.

We introduced "champions" in staff teams to deliver targeted loneliness and isolation programs, funded internally. Introduced a new telephone befriending scheme – 'Call in time' to offer capacity assistance to face to face service.

We promoted and supported Halton Open and other engagement groups. We helped and supported older peoples engagement groups to build it membership and capture local voices.

- Department for Work and Pensions (DWP)

All staff at the job centre have had a safeguarding update. All know who to contact if they thought there was a safeguarding issue.

- Change Grow Live (CGL)

CGL provide representation at Safeguarding Adults Partnership Forum. Contributed towards discussions within the Partnership Forum. Shared learning within the CGL team provided from CGL representative.

- Trading Standards

Responded to doorstep crime incidents, and raised awareness with neighbours. The victim should be better protected against future incidents and better able to deal with cold callers. Provided 'No Cold Calling' cards and letterbox stickers to victims and made them available to all residents via Halton Direct Links. Cards and stickers should deter some cold callers and provides advice on how to handle them.

Issued press releases and iCAN messages to warn residents of doorstep crime incidents and scams. General awareness raising activities should help residents to better able to protect themselves from rogue cold callers.

Issued press releases and a short video about loan sharks. Raising awareness amongst the general population of loan sharks should help residents to better able to protect themselves from loan sharks.

Prosecuted two rogue builders who had preyed on people who were in vulnerable situations and publicised the cases by press releases and iCAN messages. Prosecutions punish the offenders,

deter other likely offenders and demonstrate to the community that action is taken to protect the community.

Prosecuted a seller of counterfeit cosmetics, perfumes, GHD hair straighteners and publicised the case by a press release and iCAN message. Prosecutions of counterfeit goods can deter likely offenders and removes potentially unsafe goods from the market.

Dedicated scams officers work with individuals who have been caught out by scams, local groups and services to raise awareness of scams and to provide advice on how to avoid being scammed in the future. Scams can have a massive effect on the well-being of individuals, their mental health, confidence and relationships with others as well as their finances. Our work is intended to reduce the impact of scams in Halton.

- Halton Housing Trust

We offer support for new and existing customers, including debt management and maximising income, providing a gateway to other support agencies. Assisting customers to sustain their tenancy.

- Halton Carers Centre

Ensure referral pathways are appropriate for all stakeholders and widely marketed. Met with other sub-group members to ensure referral pathways are adequate. Smoother transition between services.

- Halton Disability Partnership

Following successful Lottery grant there is a reconfigured service for safeguarding adults focus, to allow expanded safeguarding service. Currently 300 Safeguarding Reviews (all existing caseloads).

- Faith Sector Forum

- Discussed and dealt with safeguarding concerns within the faith sector.
- Publicised the Herbert Protocol widely and encouraged people to use it.
- Carried out and updated DBS checks.
- Updated the faith leads' and safeguarding representatives' contact details.
- Discussed personal safety for ministers/volunteers who are alone, including security measures.
- Circulated the Sports England safeguarding adults document.
- Chaired Faith Forum meetings.
- Shared intelligence between areas.
- Attended the Adults' Prevention Strategy Prevention task and finish group in February.
- Disseminated safeguarding information to faith sector contacts.
- Discussed and disseminated the Pan Cheshire Modern Slavery Strategy's launch.
- Discussed and disseminated the People in Positions of Trust Strategy.

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- **Priority 2: Providing the skills and knowledge to enable genuine care and understanding for adults at risk of harm (Awareness-raising and Training)**

The Training and Marketing Plan was completed, using a coproduction approach consulting with stakeholders. An awareness campaign concept was developed and designed with accessible language for the marketing campaign and free multi-agency training sessions based on demand, need and again accessibility to a wide audience was designed. Delivery of the training will be over the next 12 month with an evaluation at the end to identify further/ongoing support needed.

The website for Halton Safeguarding Adults Board has been successfully established. The website hosts free toolkits, access to information around safeguarding and support services; advice on abuse- with indicators, local and national policy and guidance as well as resources from external providers e.g. SCIE and RiPfA. The learning resources available include videos, tookits, and access to free ELearning for all HSAB partners and adults who provide care or support, additionally there is free multi-agency training for all partners including volunteers and personal/family carers.

Following the success of HSAB's first Awareness Day Event in March 2018 the board have made a commitment to host annual Awareness Days and take more opportunities to raise the public profile of safeguarding adults and the work of the HSAB. PCC David Keane was invited to this event and said it was the first event he had been invited to from a Safeguarding Adults Board. The event also invited an expert by experience Iris Benson, who was very warmly received. Iris shared her personal story which delegates found very powerful, moving and positive. Iris was described by many as *'inspirational'*. HSAB will continue to engage with service users and members of the public as well as practitioners and formal and informal carers to establish strong partnership links across the community and strengthen the work of HSAB further, keeping work relevant and accessible.

A marketing campaign was also developed in consultation with stakeholders across the community. The marketing campaign will address the top three most prevalant types of abuse for adults in Halton, will raise the general profile of adult safeguarding and help to inform people of potential risk indicators for safeguarding and how to respond to these.

All safeguarding adults information and leaflets have been updated to ensure compliance with The Care Act, these have been disseminated to all partners and it is expected that partners will embed 6 principles of safeguarding and Making Safeguarding Personal approaches into their professional practice.

The website address is: www.haltonsafeguarding.co.uk

HALTON SAFEGUARDING ADULTS BOARD

Subgroup and partner activity

- Halton Borough Council-Adult Social Care

All services contracted to provide care and support are required to ensure there staff undertake relevant safeguarding training. This is monitored through the quality assurance / contract compliance process.

The Integrated Adults safeguarding Unit (IASU) supports a positive learning and culture across adult social care. IASU have completed bespoke awareness sessions for provider services, focusing on Safeguarding Adults, Care Concerns, Mental Capacity Act and Deprivation of Liberty Safeguards. This has provided HSAB with areas of focus for the training sessions. IASU has implemented internal governance arrangements, focusing on Safeguarding Enquiries and completed Best Interests Assessments (DoLS), providing feedback to the individuals/teams, to ensure Social Work Practice remains evidence based and defensible.

IASU have led on a workshop within the SAB event in March 2018, focusing on Safeguarding Adults and giving an overview of the team, what safeguarding means to us and providing information and advice to attendees, from a range of backgrounds such as informal carers, the police, faith sector and care staff.

As part of the work undertaken with the unit, we regularly support the Quality Assurance Team and the regulator CQC in monitoring and the sharing of information/intelligence, to ensure that any specific issues can be addressed; which includes the validity and effectiveness of training and support offered by provider services, to their workforce. This information is usually obtained through safeguarding enquiries and forms part of the preventative approach undertaken by the unit.

The Principal Social Worker chairs the Social Work Matters Forum which shares ideas, concepts and research for practitioners. Six Social Workers have been trained as Action Learning Set facilitators to ensure learning and reflection around cases. Social Workers attend the Making Safeguard Personal practitioner group for support and guidance from the Integrated Adult Safeguarding Unit.

Training is provided for all staff including face to face, e-learning; and the use of competencies e.g. care certificate, creating work sheets to build on staffs' knowledge with use of CQC KLOE. Staff are continually reminded about safeguarding not only in training but part of their supervisions and support visits. Seniors attend the Safeguarding Champions meetings and then cascade information learned across their teams and service area. Creation of good quality induction processes and training, using the 15 care certificates and safe practices to induct staff/volunteers/agency workers.

- Halton Clinical Commissioning Group:

Supporting the development of a positive learning culture across partnerships for safeguarding adults.

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NHS Halton CCG supports it's workforce to access appropriate training and development in respect of safeguarding adults.

NHS Halton CCG requires commissioned services to understand the training needs of staff and provide the appropriate training to meet needs and provide safe effective care.

NHS Halton CCG provides expertise and support to primary care services in Halton to raise awareness, knowledge and skills in respect of adult safeguarding. A network is in place for safeguarding leads underpinned by practice visits and training as identified.

Input to Pan Cheshire work-streams/training to support adult safeguarding agenda.
NHS Halton CCG supports and scrutinises engagement from commissioned services with the safeguarding agenda for Halton. There is also active engagement with neighbouring CCG areas to ensure NHS Halton CCG have oversight of additional providers who may potentially deliver services for the population of Halton.

NHS Halton CCG has a contractual quality and safeguarding performance framework in place with commissioned services and will escalate any identified risks as appropriate.

One GP Practice from NHS Halton CCG has voluntarily acted as a PILOT site for the NHSE online virtual college Section 11. The scope of this will be expanded within the subsequent reporting year and the CCG are keen to include all GPs. The online tool reports assurance in respect of safeguarding children and adults at risk.

A local area contact is identified in the CCG for the LEDER reviews. The CCG have also identified and trained reviewers. The CCG actively contributes to the LEDER reviewing process.

The CCG and the commissioned providers have undertaken a Lampard self – evaluation with this reporting year and all the providers have detailed a reasonable level of assurance. This has been directly reported to the HSAB and HSCB. Safer Recruitment is part of the NHS standard contractual framework. This framework ensures all CCG and health providers follow safer recruitment guidelines.

- Public Health

Commissioned services are required to undertake mandatory training. The Health Improvement Team (HIT) provide training in areas such as self-harm, MECC, etc. The Mental Health Team also provide local Mental Health Hubs. Health Trainers offer NHS Health Checks, Workplace Health, and Impaired Glucose Resistance (IGR) work.

- St.Helen's and Knowsley Hospitals

STHK has a dedicated safeguarding adult training needs analysis ensuring all staff within the trust are trained to the recommended level in relation to safeguarding adults

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- Warrington and Halton Hospital Foundation Trust (WHHFT)

Multi-agency training is made available to trust staff. Learning from Serious Case Reviews is shared via the trust joint adults and children's safeguarding committee and also incorporated into face to face training. TNA's provide training guidance to staff. Safeguarding at the trust has been reviewed, the Trust uses eLearning for level one and two adult safeguarding. The adult safeguarding team deliver level three face to face training twice monthly across both Halton and Warrington sites. Following cross site daily WRAP training sessions the trust has increased awareness of the prevent agenda, updates are provided on a three yearly basis. Trust staff have had access to computer desk top safeguarding information and the adults team have used promotional stands to raise awareness of adults at risk. The adult team have delivered single point lessons and seven minute briefings.

A training resource has been written and a safeguarding resource file has been produced for all areas. The file contains information and flow charts explaining referral processes for all aspects of safeguarding. The file contains contact numbers and guidance for staff to refer to and follow, for example, MCA /DoLS domestic abuse, modern slavery and self neglect. Trust staff also have access to a safeguarding adults web page via the Trust intranet hub. The web page contains SOP's video's and guidance about all aspects of safeguarding. The Trust solicitors have been asked to assist the Trust in its training provision.

The care of patients with a Learning Disability has undergone a recent audit, the audit looked at how we care for our learning disability patients and how we accommodate their reasonable adjustments. Work is underway on an emergency care pathway, trust wide easy read documents have been written, we have an LD policy and a flagging system for in patients, work is about to begin on flagging outpatients.

MCA training has been supported by weekly (currently daily at time of report), staff have been exposed to single point lessons and 7 minute briefings in order to support knowledge and practice. A training aide has been written. Staff complete an electronic daily capacity check form which details patients who may lack capacity staff describe how they are managing their patients and what the outcome is. The form is submitted to the adult safeguarding team for quality checking, this happens on the day the form is submitted and advise is given as soon as the form is reviewed.

- Bridgewater

Bridgewater provides Level 2 Safeguarding Adult training via e-learning for all staff. Team leaders in clinical roles will also undertake Level 3 training.

There is a good working relationship with Halton Integrated Adult Safeguarding Unit and the Named Nurse Safeguarding Adults at Bridgewater. This has facilitated information sharing both where concerns have been raised about practice within Bridgewater, and where Bridgewater staff have raised safeguarding concerns about individuals in the wider community.

- Northwest Borough Healthcare Trust

The Trust has a robust, mandatory Safeguarding Adult at Risk training programme. This is supplemented by a variety of bespoke training programmes on issues such as domestic abuse,

Prevent and Mental Capacity Act. We have run two highly successful conferences in the reporting year which were fully booked within weeks. The conferences tackled subjects such as exploitation, modern slavery and trafficking.

The Trust has engaged with all case review processes within the reporting year. We have been key panel members of the Halton Safeguarding Adults Board SAR and MAR. We have supported practitioner forums for operational services involved with the cases. The Trust has a lessons learned forum whereby all cases are taken to share learning which is supported by the Safeguarding Team.

The Trust provides mental health and learning disability services to the Halton borough. As such we are required to complete comprehensive safeguarding assurance tools and meet NHS Contractual Standards for Safeguarding which are monitored by the Halton Clinical Commissioning Group. This data set is shared with the health sub-group to the respective Safeguarding Boards.

- Halton Haven

Hospice staff have annual safeguarding training updates. A workforce which is aware and understanding of safeguarding issues and know what to do if they suspect someone is at risk.

- Cheshire Fire and Rescue Service

Annual completion of Adult Safeguarding Training for all members of staff as well as awareness raising sessions for station managers and members of the fire investigation group. Greater understanding amongst members of the service with regards how to identify and raise safeguarding alerts.

- North West Ambulance Service

The safeguarding team have reviewed the training needs analysis to ensure relevant staff groups receive level 3 safeguarding training. The safeguarding team and clinical support hub provide advice and support for staff 24/7.

The Safeguarding Team has been in contact with all its Safeguarding Adult and Childrens Boards and maintains a log of meetings and minutes received. NWAS provides information and reports to all Local Safeguarding Childrens Boards and Local Safeguarding Adults Boards as requested.

Any learning from Serious Case Reviews (SCR), Safeguarding Adults Reviews (SAR) and Domestic Homicide Reviews (DHR) are added to the corporate action tracker. Practitioners engage in the review process and are able to provide perspective.

NWAS reports safeguarding figures to the board and the safeguarding team is currently looking at data mapping of the concerns raised to provide any patterns or trends. NWAS raise concerns to social care.

HALTON SAFEGUARDING ADULTS BOARD

- Cheshire and Greater Merseyside Community Rehabilitation Company

Throughout 2017 and 2018 CGM CRC has sought to develop and improve child and adult safeguarding knowledge and practice. This has focussed on developing staff awareness and supporting staff training and supervision. The creation and improvement of Quality Assurance measures which are described below, has also been a focal point of the development of safeguarding practice. The establishment of clear lines of accountability and improved processes throughout the organisation is an ongoing priority.

The CRC introduced the Interchange Quality Assessment Model in 2017. Since that time, 4 quarterly reports have been published that shows improvements in the quality of Safeguarding Children and Adults. This includes: timely risk assessments; requests for Domestic Abuse Perpetrators in all cases; swifter access to interventions such as the HELP programme. The Building Better Relationships Accredited Programme ehlps with improvement in compliance; swift enforcement of non-compliance and a reduction in reoffending.

As with all quality assurance models, there remain areas for further improvement in respect of which CGM CRC have developed a Quality Improvement Plan. This is held by the senior strategic lead and visited for progress monthly.

- Halton Provider Forums

Provider Forum has provide opportunity for raising awareness of care concern and the safeguarding model.

Also awareness and discussion about HSAB website: www.haltonsafeguarding.co.uk. MUST tool awareness re; nutrition. Safeguarding Annual Report discussed with providers at forum. This ensures we have staff that are confident and competent in understanding and responding to potential safeguarding indicators and care concerns which enables appropriate and effective referrals to safeguard.

- Halton Domestic Abuse Forum

At least 8 sessions of free multi-agency domestic abuse training is available in the Borough with an addition four dates for sexual assault services. Have staff that are confident and competent in understanding and responding to potential safeguarding indicators and care concerns which enables appropriate and effective referrals to safeguard.

HDAF representative attended HSAB awareness event and disseminated learning from a range of workshops to all staff. Followed up with in service discussions. Staff have ability to learn from peers and engage with other community services to build capacity and resources to aid robust safeguarding practices.

- Healthwatch:

Working in partnership with the HBC Quality Assurance team and attending Care Home and Home Care Forums.

HALTON SAFEGUARDING ADULTS BOARD

- Age UK Mid-Mersey

Staff teams in Halton were encouraged to attend safeguarding training and awareness. Our induction policy was expanded to include safeguarding priorities. Three staff team leaders completed the course and continued to trickle down learning and experience to colleauges.

- Department for Work and Pensions (DWP)

Awareness session covered for complex needs and safeguarding. Staff all have specialised subjects for vulnerabilities.

- Change Grow Live (CGL)

All CGL staff complete internal safeguarding adults training. CGL staff promote campaigns to raise awareness of support available for those requiring additional service support e.g. Domestic Abuse information. Competent staff recognise when safeguarding adult issues arise during case coordination. Service users aware of support available, assertive engagement within services for those required.

CGL Halton increasing to two designated safeguarding leads for the Halton service. Supervision specific to discussing safeguarding cases available for staff, providing support and oversight.

- Halton Carers Centre

All staff attend safeguarding training, raised at every team meeting and discussed at Trustee meetings.

- Faith Sector Forum

  - Reviewed the Safeguarding in the Faith Sector event from March 2017.
  - Training needs identified at Faith Safeguarding Event: Street Pastors re referral process; more detailed information on internet safety re adults at risk as well as children and young people; safer recruitment and management of volunteers.
  - Trained Eucharistic Ministers who visit people in their homes.
  - Used the term "people at risk or at risk of harm" rather than "vulnerable adults".
  - Wrote and disseminated widely, safeguarding newsletters through the Parish weekly newsletter and to faith sector contacts.
  - Had discussions with some faith contacts and others about compiling a report for the two boards, which details many safeguarding issues/potential safeguarding issues prevalent in Halton - compiled most of this report and circulated it widely. Sought agreement to have representation from the faith sector on the Halton Child Poverty Group.
  - Helped to plan, organise and introduce the Borough-wide Development Day.

HALTON SAFEGUARDING ADULTS BOARD

- **Priority 3: Gaining a greater understanding of how mental health can impact adults at risk being protected and cared for in the best way possible (Mental Health)**

Healthwatch made a commitment to work with Halton Safeguarding Adults Board to design a questionnare and information gathering process and disseminate to partners and the local population to help establish local needs and knowledge around safeguarding and mental health. The questionnaire is available to access and comment on via Healthwatch and HSAB websites.

The SAR and MAR reviews highlighted mental health as an issue and as a result of the recommendations revsion of local provision has taken place. Further details can be found in Section 4.

Subgroup and partner activity

- Halton Borough Council-Adult Social Care

All staff receive Mental Capacity Act (MCA) training and all appropriate staff are trained as Best Interest Assessors and undertake applications to the Court of Protection. Staff use the principles and ethos of MCA to help people remain in control of their lives. Safeguarding is discussed in all individual and group supervisions and at team meetings. Staff have attended Safeguarding Adults Review (SAR) learning events and shared the best practice within their teams.

Integrated Adults Safeguarding Unit (IASU) coordinates the legal updates for Best Interests Assessors, to ensure that their practice is evidence based and defensible. This includes any legal updates, in relation to the interface between the Mental Capacity Act and the Mental Health Act, including Case Law updates and how they impact on practice.

IASU have taken part in the SAR/MAR events organised by HSAB, with a view to sharing the learning from these within team, reflecting on practice and within supervisions and sharing with care management.

IASU has promoted the training offered by HSAB to provider services and adult social care via various groups.

IASU consists of experienced social work staff, including an Approved Mental Capacity Professional. IASU also has close professional relationships with Section 12 Doctors, who complete assessments within the DoLS Framework. These assessments are scrutinised and fed back to the Mental Health Assessors.

IASU had responsibility to provide awareness sessions to provider services on Care Concerns, Safeguarding and the Mental Capacity Act/Deprivation of Liberty Safeguards.

We ensure that the principles of the Mental Capacity Act are adopted by provider services and stakeholders in relation to safeguarding enquiries and DoLS and if not, provide information, advice and support.

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IASU have 4 social workers who have recently been trained to complete investigations within the LeDeR review framework (Learning Disabilities Mortality Review Programme).

IASU complete the screening of Police referrals to adult social care, ensuring that any concerns raised by police regarding mental health, are signposted to the correct agency with the appropriate guidance.

- Halton Clinical Commissioning Group

NHS Halton CCG has actively contributed to SAR, MAR, and Thematic Review learning events where Mental Health was identified.

NHS Halton CCG has provided input to the suicide prevention agenda in Halton.

- Public Health

Health Improvement Team (HIT) provide training in areas such as self-harm, MECC, etc.
Public Health have developed the Suicide Prevention Strategy.

Public Health provide the Sure Start to Later Life service and Substance Misuse services.

- St.Helen's and Knowsley Hospitals

STHK has recently revised the Mental Health Policy to provide improved guidance to staff. The psychiatric liaison team are now available 24/7 to support patients with mental health issues, and work closely with the safeguarding adult team. Partnership working with safeguarding adult team and mental health team ensures patients receive the relevant support.

- Warrington and Halton Hospital Foundation Trust (WHHFT)

The Trust has a focus on mental health and has conducted a review of its services. The MH review examined training, emergency care provision, administration, policy and a renewed meeting structure. There are audits planned to test the effectiveness of the outcomes of the review. Lessons learnt from incidents are shared throughout the Trust.

- Bridgewater

Community practitioners are identifying where there are concerns about self-neglect and referring through to Social Care. It is apparent from a review of concerns raised last year that there is evidence of good multi-agency involvement to work towards a solution with service users.

- Northwest Borough Healthcare Trust

The core business of the Trust in Halton is to deliver mental health services, both community and in-patients. The Safeguarding Adult Team are dedicated to supporting staff to provide safe care which acknowledges the complexities of mental health and the impact it has on how we protect adults at risk. The Trust delivers mental health services under the Care Programme Approach (CPA) which has robust risk assessment tools and care plans.
Using the risk assessment tools under CPA staff are able to identify risk in terms of degree and nature and utilise strategies to manage this risk with service users.

HALTON SAFEGUARDING ADULTS BOARD

- Healthwatch

Working with the Halton Health Improvement Team we've added a database of over 100 mental health support services to our website A-Z pages.

- Cheshire Fire and Rescue Service

Commissioned mental health awareness training, delivered to prevention team (all advocates). Greater understanding of terminology used and referral pathways.

- North west Ambulance Service

NWAS continues to use mental health pathways where they are in place and safeguard vulnerable patients.

- Cheshire and Greater Merseyside Community Rehabilitation Company

As an Organisation, CGM CRC supports partnership working linked to child and adult safeguarding in many ways. An example of this is our contribution to Multi- Agency Risk Assessment Conferences (MARACs), whereby cases of domestic abuse where victim/ adult safeguarding concerns are assessed as medium or high risk are discussed and a multi- agency response is determined. CGM CRC service users may be discussed at MARACs as either the identified perpetrator or a victim of domestic abuse. There is an Interchange Manager with operational lead for risk and MARAC across each local delivery unit. This manager attends safeguarding related sub-groups and acts as a single point of contact for staff with regards to risk and MARAC.

We have dedicated staff linked to MARAC and we view ourselves as specialist's risk assessors of domestic abuse perpetrators with strong and effective partnerships with victim services. CGM CRC is the only Home Office commissioned organisation that delivers perpetrator programmes regardless of the risk assessment and therefore provides high level interventions to cases that fall into the MARAC and adult safeguarding arena.

Further evidence of partnership working linked specifically to adult safeguarding is in evidence in relation to CGM CRC's contribution as a statutory agency to both Domestic Homicide and Adult Safeguarding Reviews. Learning from these reviews are communicated through the organisation via formal training events, staff and team meetings, practice development days and individual supervision.

Our current local training plan has identified several key areas with regards to training needs around safeguarding and working with vulnerable adults and as such we have developed an array of workshops to address this need; Working with sex offenders, Understanding hoarding, Working with 18-25 year old service uses, Homelessness, Mental health, The changing drug culture, The toxic trio, Victim support worker's role and Personality disorders. These workshops are available to all staff and are delivered on a regular basis.

The CRC Safeguarding Policy stipulates that all operational staff must attend at least one safeguarding training event per year and Safeguarding forms part of our induction processes. All staff are also expected to undertake periodic refresher training. We continue to work towards all

case holding staff to access the safeguarding training opportunities through our wider partnership activities.

- Halton Provider Forums

Dementia Action Alliance dates distributed. Providers may have changed practice or wish to share learning to encourage wider understanding across sectors or reduce gaps in support.

- Halton Domestic Abuse Forum

The Sexual Assault Referal Centre (SARC) manager report at the end of quarter 4 notes that clients classed as having a disability have increased during the last financial, an increase of 77% with mental health issues and a 46% with physical disabilities.

- Age UK Mid-Mersey

Age UK have partnered with Mind in Halton and also secured funding to deliver a local MH resilience training for older people reaching over 70 individuals and groups. A report was produced on the outcomes and success of the pilot for dissemination to stakeholders and share experiences with a direct link into MH resilience and safeguarding.

- Department for Work and Pensions (DWP)

Mental health training for all staff from MIND

- Change Grow Live (CGL)

Review pathways between CGL and community mental health team, implementing quarterly joint review meetings. Operational issues between two services discussed and resolved on regular basis. Discussion of joint cases for a joined up approach to providing services. Assertive assessment from CHMT for CGL service users. CGL invited to ward review for patients with drug and/or alcohol concerns pre-discharge.

- Halton Housing Trust

Staff are trained to identify the signs of mental health. One member has been trained to train other colleagues. Visiting staff are more aware of the signs and can make referrals both internally and to other specialist agencies.

Attended a SAR Review learning event, gaining greater awareness of the safeguarding process and better partnership working.

Provide support and assistance to more vulnerable customers, so more tenancies surviving due to additional support available.

- Halton Carers Centre

Engage better with carers of adults with mental health conditions and ensure the needs of both the individual being cared for and the carer are jointly met. Carers who may be heading to crisis identified sooner.

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Embed Transition Protocol into practice and develop pathways for people in need of mental health support. Procedures drawn up between sub-group partners to ensure smoother transition for people between services. Smoother transition for carers between services, more awareness.

- Faith Sector Forum

Attended HSCB sexual abuse training day, which discussed effect on mental health. More awareness of effect of sexual abuse on people's mental health and the lasting impact of this.
Discussed the difficulties of gaining consent from adults to ask for help and support for them and methods people have used to get around this/achieve success e.g. through the Fire and Rescue Service's routine home visits. Raised awareness of the issue of gaining consent from adults and the processes and procedures to follow in such cases. Increased knowledge of the role of the Fire and Rescue Service.

HALTON SAFEGUARDING ADULTS BOARD

SECTION 6: THE YEAR AHEAD

Halton Safeguarding Adults Board wants to continue to build on it's successes and partnerships. Looking at the evidence and data gathered for this report to use the 'What can we do' as recommendations for action. This will help to focus the activities where the need is greatest and ensures an efficient and effective Board that is able to be genuinely inclusive of all members of our community. This supports the Care Act model of a coproduced Safeguarding Adults Board and will enable the best possible outcomes.

HSAB will continue to use local intelligence and information, national statutory guidance (e.g. the Care Act 2014 specifies the functions of a Safeguarding Adults Board) to inform it's work. Additionally other sources of information gathering is used along with multi-agency work addressing safeguarding issues from sectors outside of statutory provision, including the community and voluntary sector. Ongoing community and service user consultations continue across HSAB activities. All of this information and guidance is used to shape what services and support is made available, to ensure the most appropriate use of resources for those adults identified as at risk of harm.

This year will see the revision of screening within the Integrated Adults Safeguarding Unit (IASU) and the Initial Assessment Team. So that all safeguarding referrals or alerts are triaged by the same team providing safeguarding consistency, ensuring information is fedback to referers, it will inform practice of others referring in, aid greater understanding of thresholds and what care concerns, safeguarding concerns and what safeguarding alerts mean in practice. This will also help embed professional expectations and help define roles and responsibility within teams more consistenly.

The new Healthwatch provider for Halton will gather intelligence from a public questionnaire which will be used to inform work for the coming year, building on the mental health work already done. Additionally Healthwatch will provide the newly commissioned advocacy service for Halton.

This year will see social media activity and increased public profile of safeguarding adults, building on the marketing plan and following the launch of the marketing campaign. There will be a continued commitment of public engagement, with public and practitioner events, borough-wide circulation of information and resources across partner networks, publications and social media outlets.

All HSAB priorities and work activities comply with the 6 principles of adult safeguarding. The priority recommendations for 2018-2019 are:

Quality Assurance:

Review of current data/intelligence sources in referrals and alerts to be inclusive of the growing diversity of culture with Halton. To promote person-centred approach across all services working and supporting adults, ensuring it is adopted throughout the lifecourse of adults with care and support needs and those at risk of harm. Undertaking audits for quality assurance. Taking in to account of

models such as Making Every Adult Matter, Making Safeguarding Personal and applying Mental Capacity considerations when appropriate.

I. Data capture to be broadened out to enable diversity and inclusion to be captured more effectively: wider categories for gender and ethnicity, if Mental Capacity has been assessed and whether the adult's voice has been captured and ensuring all data categories are completed.
II. All partners to be proactively inclusive and person-centred within their approach and within service provider cultures.
III. Scrutinise recording of mental capacity, whether this might be a need for training or awareness or may be due to systems improvement to conduct timely mental capacity assessments.
IV. Audit cases of safeguarding that include the highest indices of prevalence across type, location, age and perpetrator, to identify themes or trends. This could enable a greater understanding of care and support provision from staff, carers and volunteers who attend an adult's home to support/care for them.

Learning and Professional Development:

To continue to improve the skills and competencies of the local workforce through a range of resources. To aid a positive culture around safeguarding adults and an understanding that all practitioners and carers who work with or support an adult have a duty of care and a responsibility to make themselves aware of safeguarding risks.

V. HSAB to continue to offer free resources including multi-agency training, information leaflets, toolkits and additional resources to raise awareness, build on competency skills and improve practice. All resources are available on HSAB website ww.haltonsafeguarding.co.uk.
VI. All partners, including families and carers to have an awareness of adult safeguarding, to enable effective and efficient response to abuse indicators.
VII. All partners to attend awareness events, training and professional development to ensure current practice is compliant and safe.
VIII. All partners to understand their responsibilities in relation to safeguarding adults knowledge, skills and professional practice; adopting the six principles of safeguarding which is a person-centred approach and applies to preventing safeguarding through early engagement and intervention alongside dealing with safeguarding concerns that are raised.
IX. All partners make themselves aware of impact on adults at risk of 'mate crime' and abusive relationships.
X. All partners including frontline staff to be aware of their responsibility to learn from Safeguarding Reviews and Action Plans, to consider implications within their own working/ service areas.
XI. HSAB to continue to promote the six principles of adult safeguarding.

HALTON SAFEGUARDING ADULTS BOARD

XII. All partners to have an awareness that Making Safeguarding Personal is a cultural approach requiring working with individuals and utilising the six principles of adult safeguarding. Knowing this is applicable for safeguarding prevention and early intervention support as well as when there may be a safeguarding issue.

XIII. For professionals to understand and apply professional boundaries consistently.

XIV. For all partners to understand risks and choices and know where mental capacity is relevant.

Coproduction and Engagement:

The Care Act 2014 requires SABs to have a model of coproduction in order to fulfil its core duties (see section 1). In addition the Care Act statutory guidance 14.137 states:

'Safeguarding requires collaboration between partners in order to create a framework of inter-agency arrangements. Local authorities and their relevant partners must collaborate and work together as set out in the co-operation duties in the Care Act and, in doing so, must, where appropriate, also consider the wishes and feelings of the adult on whose behalf they are working.'

XV. HSAB to continue engagement with services /groups/ individuals including those representing minority populations; to increase participation and awareness across the borough and find more accessible ways to share safeguarding adults information and involve the public in safeguarding adults.

XVI. For service providers to encourage professional curiosity within their staff teams and utilise models of multi-agency working within their provision. To be open to professional challenge to improve working practices and identify opportunities to engage wider than their service area with other partners and be inclusive to service users and the public.

XVII. Partners can help by promoting and utilising the new advocacy service commissioned by Halton Borough Council, being provided by Healthwatch Halton, via a single point of access. Using the advocacy service for adults who may need this to ensure a proactive, inclusive and person-centred approach within their service provision.

XVIII. For carers and families to understand everyone has the right to choose what they would like to happen within safeguarding but also making their own lifestyle choices whilst they are being cared for.

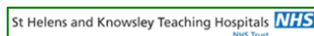
HALTON SAFEGUARDING ADULTS BOARD

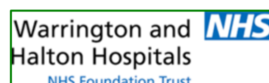
Section 7: Appendix

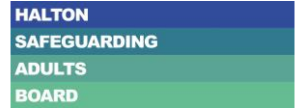
APPENDIX A: BOARD MEMBERS

- Independent Chair – Audrey Williamson
- Halton Borough Council - Sue Wallace-Bonner
- NHS Halton Clinical Commissioning Group – Michelle Creed
- Cheshire Constabulary – DCI Louise Cherrington (Previous rep Gareth Lee)
- Cheshire Fire and Rescue – Emma Coxon
- North West Ambulance Service - Andrea Edmonson (previous rep Vivienne Forster)
- Probation Services (Cheshire CRC) - Jenny Archer-Power
- Healthwatch - Elizabeth Learyod (previous rep Hitesh Patel)
- Elected member responsible for adult health and social care - Cllr Tom McInerney (previously Cllr Marie Wright)
- Halton Safeguarding Adults Partnership Forum Chair – Mark Lunney (Mark Weights deputising)

APPENDIX B: PARTNERS AND CONTRIBUTORS







APPENDIX C: CONTACT DETAILS

Email: HSAB@halton.gcsx.gov.uk
Call: 01515 511 6825
Website: www.haltonsafeguarding.co.uk
Address: Halton Safeguarding Adults Board, Oak Meadow, Peelhouse Lane, Widnes. WA8 6TJ

HALTON
SAFEGUARDING
ADULTS
BOARD

Agenda Item 8

REPORT TO:	Health and Wellbeing Board
DATE:	27th March 2019
REPORTING OFFICER:	Director of Adult Social Services
PORTFOLIO:	Children, Education and Social Care
SUBJECT:	Care Quality Commission (CQC) Local System Review – Progress Report
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present a summary of the CQC Local System Review Progress Monitoring Report (Appendix 1) to the Board for information.

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

3.0 **SUPPORTING INFORMATION**

3.1 ***Background***

The Care Quality Commission (CQC) undertook a local system review in Halton in August 2017 (report attached at Appendix 2) and the system produced an Action Plan in response to CQC's findings. Following a programme of 20 local system reviews, CQC have been asked by the Department of Health and Social Care to produce progress updates for these. For Halton, the progress report draws on:

- Halton's self-reported progress against their action plan (31/10/18);
- CQC's trend analysis of performance against the England average for six indicators; and
- Telephone interviews with four system leaders involved in the delivery and oversight of the action plan.

3.2 Progress against indicators

3.2.1 The review focussed on six performance indicators of:

- A&E attendances (65+);
- Emergency admissions (65+)
- Emergency admissions from care homes (65+)
- Length of stay (65+);
- Delayed transfers of care (18+); and
- Emergency readmissions (65+).

CQC's report on progress against these indicators stated that there

have been no significant changes in A&E attendances and emergency admissions since the review. In terms of Emergency admissions from care homes these have increased a little during 2017/18. Lengths of stay remained similar to the England average, whereas Delayed Transfers of Care and Emergency readmissions both increased and are higher than the England average.

3.2.2 In response to CQC's progress report, the local system responded to CQC with regard to some improvements:

- Emergency Admissions in quarter 3 and 4 of 2017/18 was actually below our long-term average,
- Emergency admissions from care homes the gap between Halton and England is now half what it was two years ago, and Halton has been below their long-term average for 4 of the last 5 quarters.

3.3 Progress against Action Plan

3.3.1 The action plan was split into 7 areas:

- Strategic Vision and Governance
- Workforce
- Market capacity and capability
- Commissioning
- Patient flow
- Delayed Transfers of Care; and
- Actions for winter 2017/18

CQC's review of progress on the action plan reported that there had been good progress made in all of the areas, with a few actions highlighted as on-going or requiring further development.

3.4 Stakeholder Reflections

3.4.1 CQC highlighted the direction of travel for the local system as positive, in particular the development of One Halton, which can focus on the activities that require further development.

4.0 **POLICY IMPLICATIONS**

4.1 As part of various workstreams highlighted within the local system review, such as the Care Home Development Project and the One Halton Place-Based System, new policies and procedures will be developed as and when required.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified.

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

6.1 **Children & Young People in Halton**
N/A

6.2 **Employment, Learning & Skills in Halton**
N/A

6.3 **A Healthy Halton**
Integrated working at different levels across the local system is vital to ensure that older people have a smooth and efficient health and social care service.

6.4 **A Safer Halton**
N/A

6.5 **Halton's Urban Renewal**
N/A

7.0 **RISK ANALYSIS**

7.1 Not having a robust local system could be detrimental to the people of Halton. Investing in initiatives such as One Halton, and projects connected to that will strengthen the system as a whole, and the services that the people of Halton receive.

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 within the meaning of the Act.

CareQuality Commission

Local system reviews

Progress monitoring

Halton

Introduction

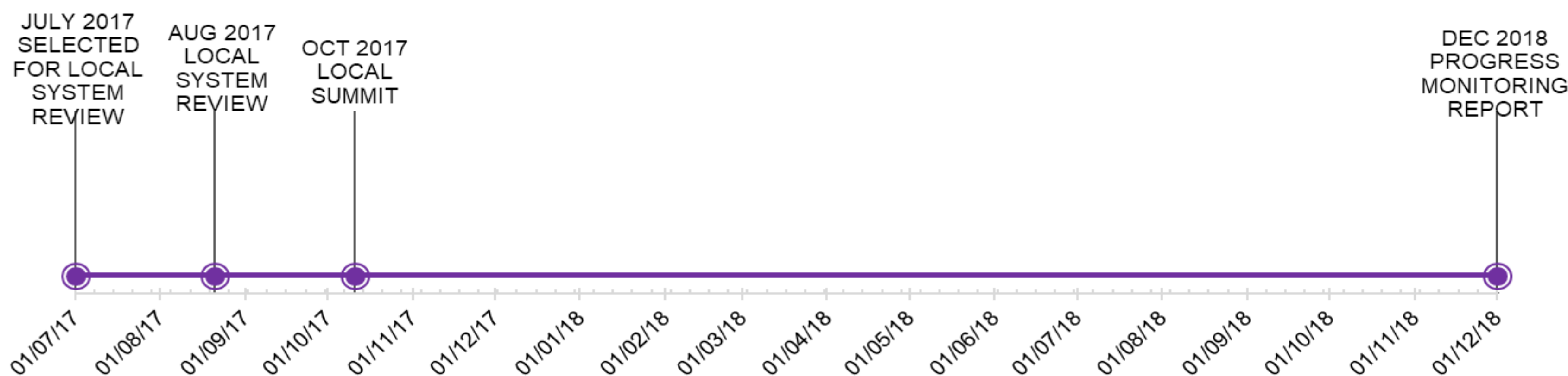
Care Quality Commission

Following CQC's programme of 20 local system reviews, we were asked by the Department of Health and Social Care and Ministry for Housing, Communities and Local Government to provide an update on progress in the first 12 areas that received a local system review.

Halton's local system review took place in August 2017 (published report here) and the system produced an action plan in response to the findings. This progress update draws on:

- Halton's self-reported progress against their action plan (at 31.10.2018).
- Our trend analysis of performance against the England average for six indicators. With the exception of DToC, the data goes up to the end of 2017/18. DToC data goes up to July 2018.
- Telephone interviews with four system leaders involved in delivery and oversight of the action plan.

Timeline of activity



Overview progress against indicators

Indicator	Progress
A&E attendances (65+)	Remained consistently significantly higher than England average and fluctuated during 2017/18 but no significant change.
Emergency admissions (65+)	Remained consistently higher than the England average. Overall trend is has fallen in 2017/18, but no significant change.
Emergency admissions from care homes (65+)	Reducing trend through 2016/17 and 2017/18 although remained above England average until Q3 2017/18, spiked back up in Q4 2017/18.
Length of stay (65+)	Lengths of stay over seven days remained similar to England average
Delayed transfers of care (18+)	Continued to fluctuate. Since August 2017 remained above England average. Spiked in June and July 2018 to be significantly higher than England average and own average.
Emergency readmissions (65+)	Generally in line with national average although dropped significantly compared to own history in Q1 2017/18, then increased again in line with their own and the England average.

Overview reported progress against action plan (1)

Strategic vision and governance	The 'One Halton' has been developed, which is a Place Based Integrated collaboration of providers and commissioners with a strategic vision, programme oversight and governance reporting through to the H&WBB. The interface between Halton and the Cheshire and Merseyside STP has been strengthened with the chief executive of Halton Borough Council being the Executive for Halton Accountable Care System within the Cheshire and Merseyside STP. Work to review the role of the Health and Wellbeing Board is ongoing, with some progress made to strengthen the performance framework at the board.

Workforce	Actions to deliver dementia and safeguarding training have been completed. Broader actions to develop workforce strategies- both at the system level and for social care- are still in development. System wide workforce strategy development is ongoing and being taken forward as part of the ACS. A workforce strategy for social care is also in still in development with some analysis and review having taken place. Cheshire & Merseyside Directors of Nursing and Chief Nurses have recruited a Director of Workforce to develop a Nursing workforce strategy for acute, community, mental health and primary care providers. The CCG Chief Nurse is supporting this work.

Market capacity and capability	To increase the capability of care homes to support people to stay well, the CCG and LA are rolling out Enhanced Health in Care Homes and have implemented a number of initiatives including red bag scheme, react to red, MUST and medicines management training. To shape the adult social care market an updated Market Position Statement (MPS) has been produced. The Transforming Domiciliary Care (TDC) Programme to shape the delivery of domiciliary care is ongoing and monitored through a project plan. It is dependent on the implementation of the Reablement First Approach, where some actions are overdue. The system for finding nursing home placements has been reviewed.

Overview reported progress against action plan (1)

Commissioning	Halton's overarching integrated Older People's Pathway has been agreed across the system. The process of move Urgent Care Centres (UCCs) to Urgent Treatment Centres has progressed. UTCs will ensure 24/7 community urgent care. Reviews into Intermediate Care Provision and the Rapid Clinical Assessment Team (RCAT) were completed. The CCG led a system wide commissioning event to review current and future long term strategic plans in line with the national data set from Right Care and Getting it Right First Time and focussed on Frailty, fragility and Falls, ACS conditions, NEL's and workforce. The One Halton Board undertook a baseline assessment on the Integrated Commissioning for Better Outcomes Framework and has a planned workshop to develop a combined integrated plan for the borough. Further work on out of hospital provision, community beds (including intermediate care, transitional care, step up/ step down, reablement etc) and care closer to home have all been prioritised and will be progressed throughout 2019.

Overview reported progress against action plan (2)

Patient flow	There are mechanisms in place to monitor performance of A&E waiting times at both trusts. Both trusts have processes and programmes to reduce length of stay, but work remains ongoing. The average length of stay in intermediate care unit B1 reduced, but not to target and continues to be monitored. The proportion of people 65+ still at home 91 days after discharge into Reablement has improved (due to changes in reporting), but is still lower than England average. Actions have been taken to improve the assessment and discharge plans in the acute trusts. A review of intermediate care provision was undertaken with improved managerial oversight and monitoring of the B1 Intermediate Care Unit.

Delayed transfers of care (including patient experience)	This is an ongoing area of work. The trust has improved oversight and escalation processes, implementing red and green days. Halton's Care Home Development Project Group (chaired by the Director of Adult Social Services) decided not to implement the trusted assessor model, but are moving towards standard care home assessment documentation. The quality of discharge summaries has progressed through investment in technology including adding prescribing to electronic patient records and conducting audits. Capacity in the community is being developed through wider work in the domiciliary care sector. Implementation of Halton's information management and technology strategy (2015-18) is ongoing.

Actions for winter 2017/18	All actions for winter 2017/18 were completed. Actions were to sustain capacity care homes through close working with providers and implement additional capacity through block and spot purchasing and recruitment in domiciliary care. Implementing a communications plan to raise understanding of winter schemes and discharge to assess.

Stakeholder reflections

CareQuality Commission

Overall progress

Since the Local System Review in 2017, locally the 'One Halton' accountable care system (ACS) has been agreed, creating a more cohesive interface between the local system and the STP. Partners are working towards develop new models of integrated working with an ambition to connect services including community health, general practice, adult social care and housing to offer early integrated intervention and support for older people.

The Health and Wellbeing Board was reviewed resulting in a revised membership that now includes representation from the GP federation. DToC activity remains an ongoing system challenge considering the rate of improvement is slow despite having developed a range of initiatives to improve flow. This drive will be helped further by the provision of an integrated community team with reablement to help prevent admission and support rapid discharge (scheme commences January 2019).

Locally there are good pooled budget arrangements (for intermediate care and continuing healthcare) but system leaders acknowledge a need to broaden this approach to more areas of system wide service delivery, which will be driven by the One Halton ACS. There is sign up to this approach across the system, as evidenced by the developing integrated community based pathways.

Further work is required to develop the planned Halton workforce strategy covering health and social care as part of the ACS, which will help drive and promote integrated workforce arrangements.

The Enhanced Care Provision to Older People's Care Homes (GP alignment to care homes) was recently implemented to prevent avoidable admissions from care homes. Early feedback has been very positive and the very latest local data suggests a positive impact.

The performance of one of its two Urgent Care Centres is a local concern and has caused A&E attendance rates to recently increase sharply. The CCG anticipates the new Urgent Treatment Centre model due next year will resolve the current issues and reduce A&E attendance rates.

Stakeholder reflections

Direction of travel

The system has completed most of its action plan and having created the One Halton ACS it will continue to focus, with increased confidence, on those areas of activity requiring further development.

The Halton CCG Interim Chief Officer moved to the STP in February 2018 and the Chief Officer from Warrington CCG has undertaken this role since. The Chief Commissioner is the Executive lead for One Halton for the CCG and chairs the One Halton Executive Board. The CCG Chief Commissioner has undertaken a system wide event regarding developing the commissioning intentions to include the Frailty Pathway.

Having recently purchased two failing local care homes (one nursing) to help stabilise and increase capacity, the local authority has established a care academy at the acquired nursing home to help promote outstanding and innovative care practices across the local care home sector.

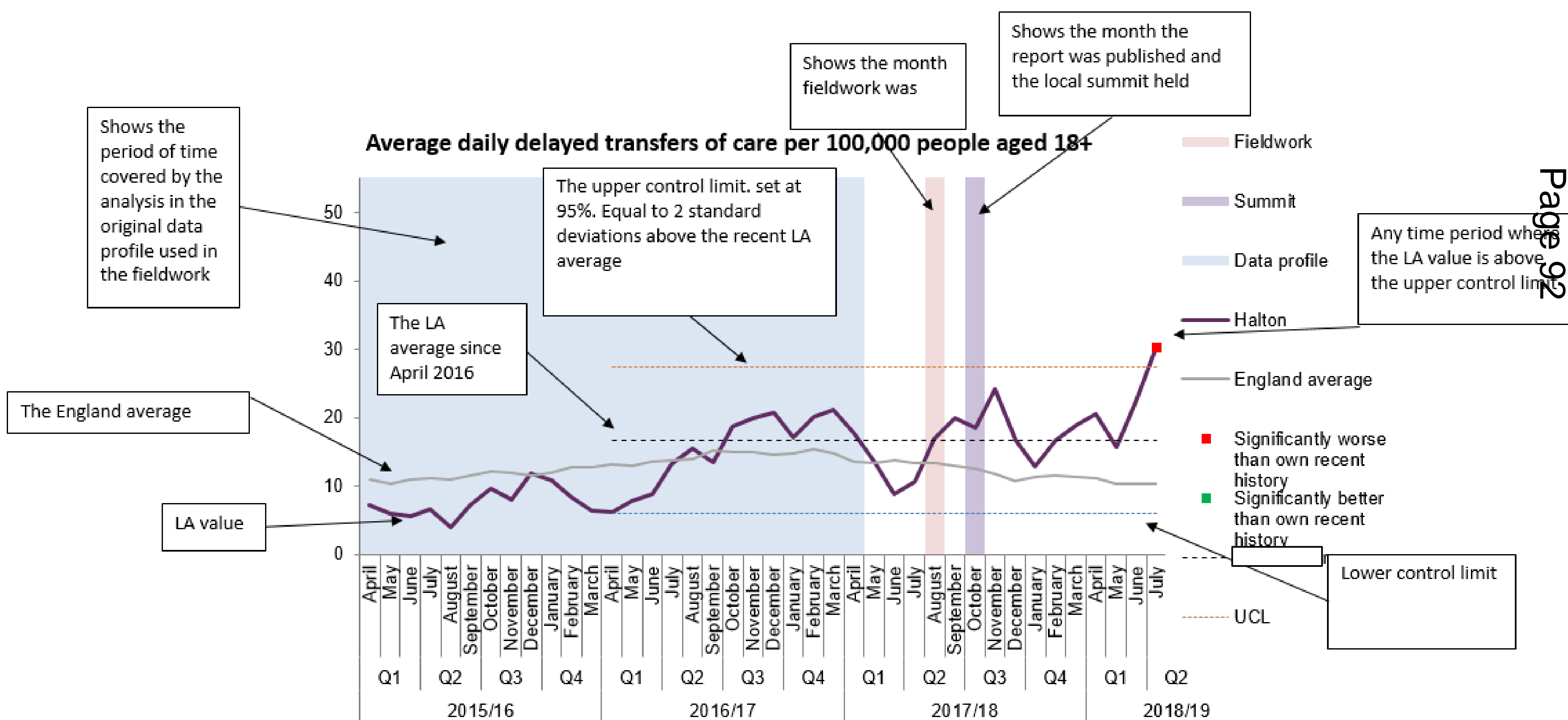
Work is being progressed on the strengthening of existing pathways and involves the development of a new generic dependency assessment tool for use within care homes in Halton.

The system is using the local NHS brand to help recruit care workers and early evidence highlights this approach is proving to be an attractive career proposition. It is hoped this will help improve staffing levels across the system, which will improve reablement staffing capacity levels to support system flow.

A system capacity and demand exercise has been undertaken across the whole of Mid-Mersey that will support evidence based decisions to aid improvements to flow, particularly heading into winter. The additional funding provided to Councils to spend on adult social care services over winter has been used to alleviate pressures on the NHS, by getting patients home quicker and freeing up hospital beds. Initiatives in Halton have included expansion of Reablement provision, implementation of a Domiciliary Care Crisis Team to provide a rapid response service and the spot purchase of additional Intermediate Care beds as necessary.

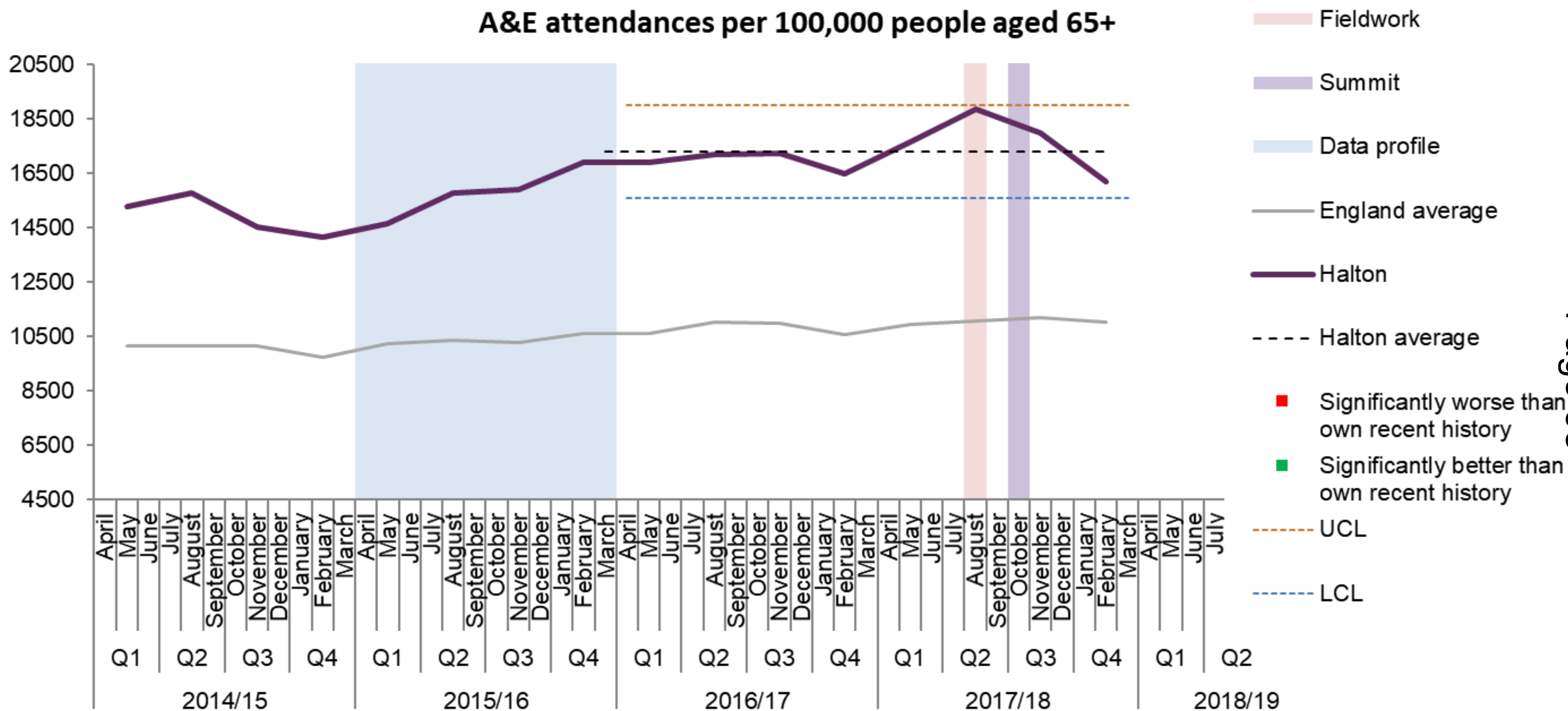
Appendix: Trend analysis introduction

The following slides present a trend analysis for six indicators. This **sample** diagram shows how to interpret the graphs.



Appendix: A&E attendances (65+)

Care Quality Commission



Since we produced the data profile for the original local system review Halton's performance for A&E attendances (65+) has remained consistently above the England average (significantly so). Throughout 2017/18, Halton's rate fluctuated somewhat although remained within the upper and lower limits of their own average rate for the last 2 years.

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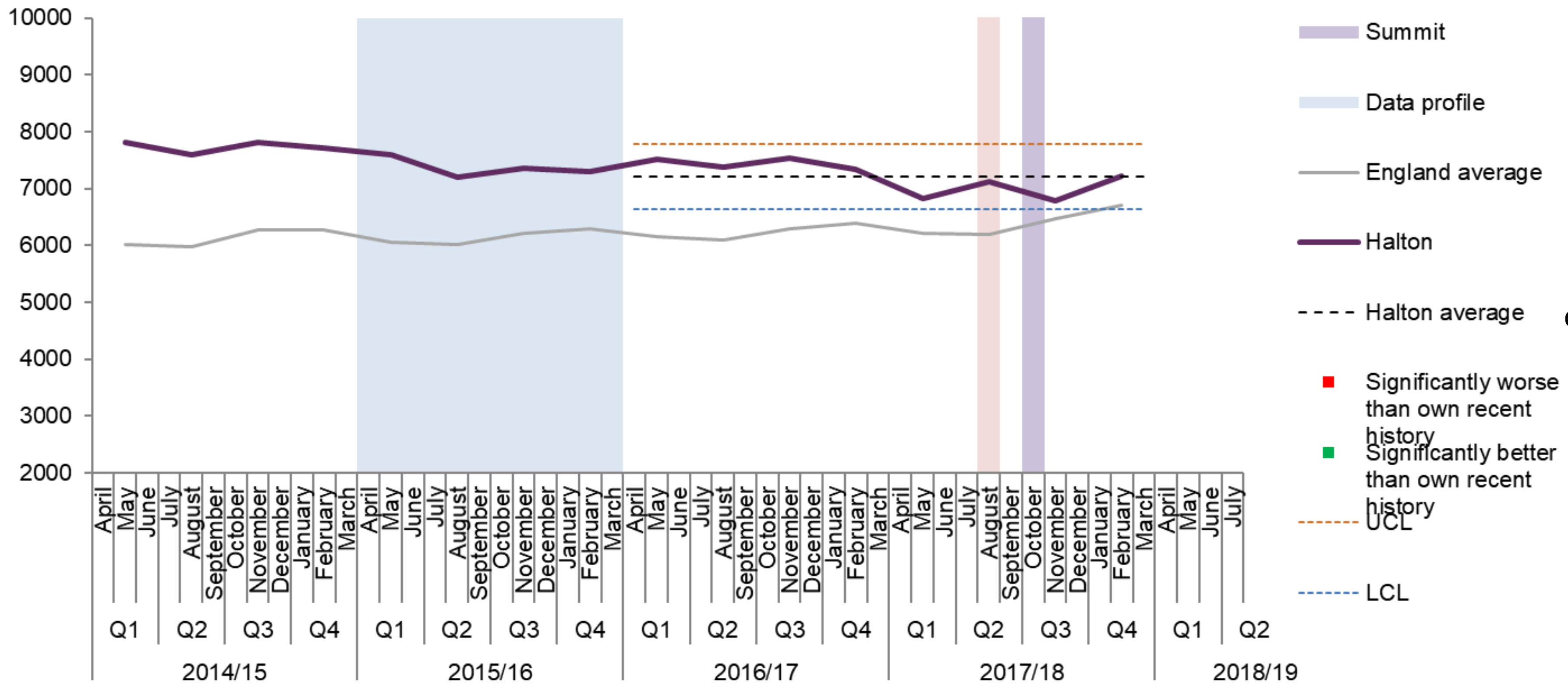
Appendix: Emergency admissions (65+)

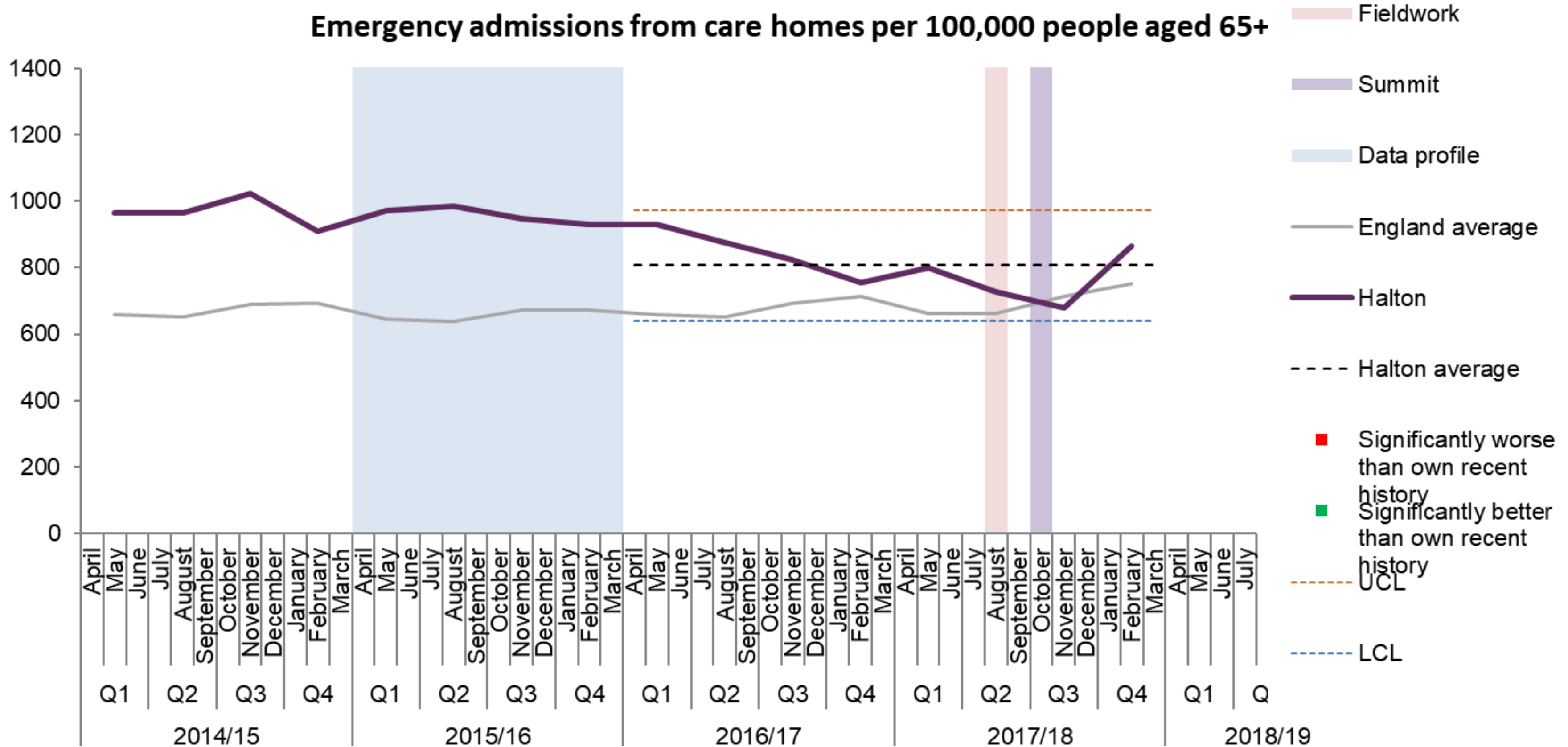
Care Quality Commission



Since we produced the data profile for the original local system review Halton's performance for emergency admissions (65+) has remained consistently above the England average. Although the rate has reduced a little over 2017/18, it has not changed significantly over the last 2 years – it has remained within the upper and lower limits of Halton's own average rate.

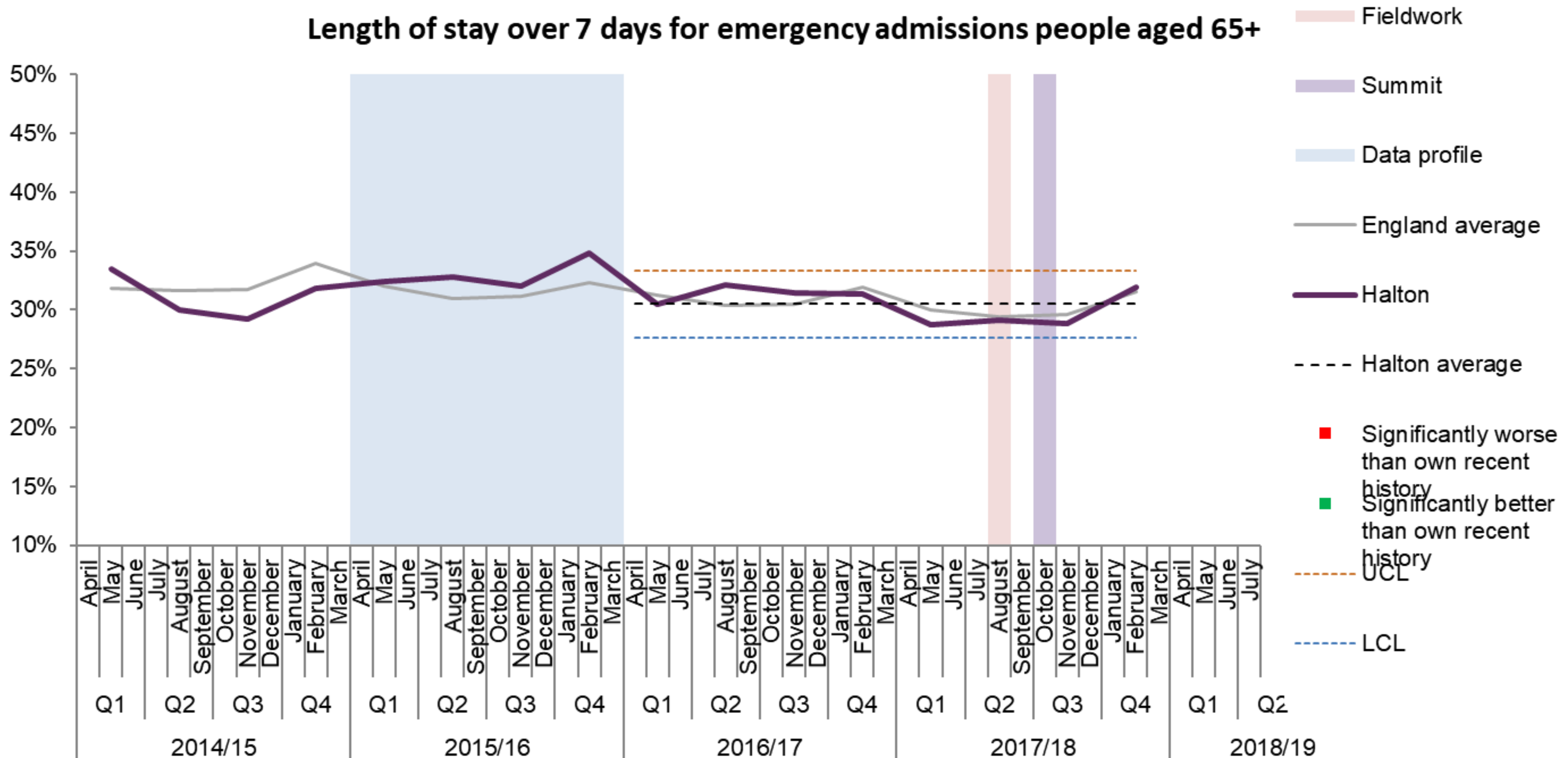
Appendix: Emergency admissions from care homes (65+)

Care Quality Commission



Since we produced the data profile for the original local system review Halton's performance for emergency admissions from care homes (65+) remained above the England average until 2017/18 Q3 when it dipped below but then spiked back up in Q4. Although the rate has reduced overall, it has not changed significantly over the last 2 years.

Appendix: Lengths of stay over 7 days (65+)



Since we produced the data profile for the original local system review Halton's performance for lengths of stay over 7 days (65+) remained similar to the England average and have not shown much variation over the last 2 years.

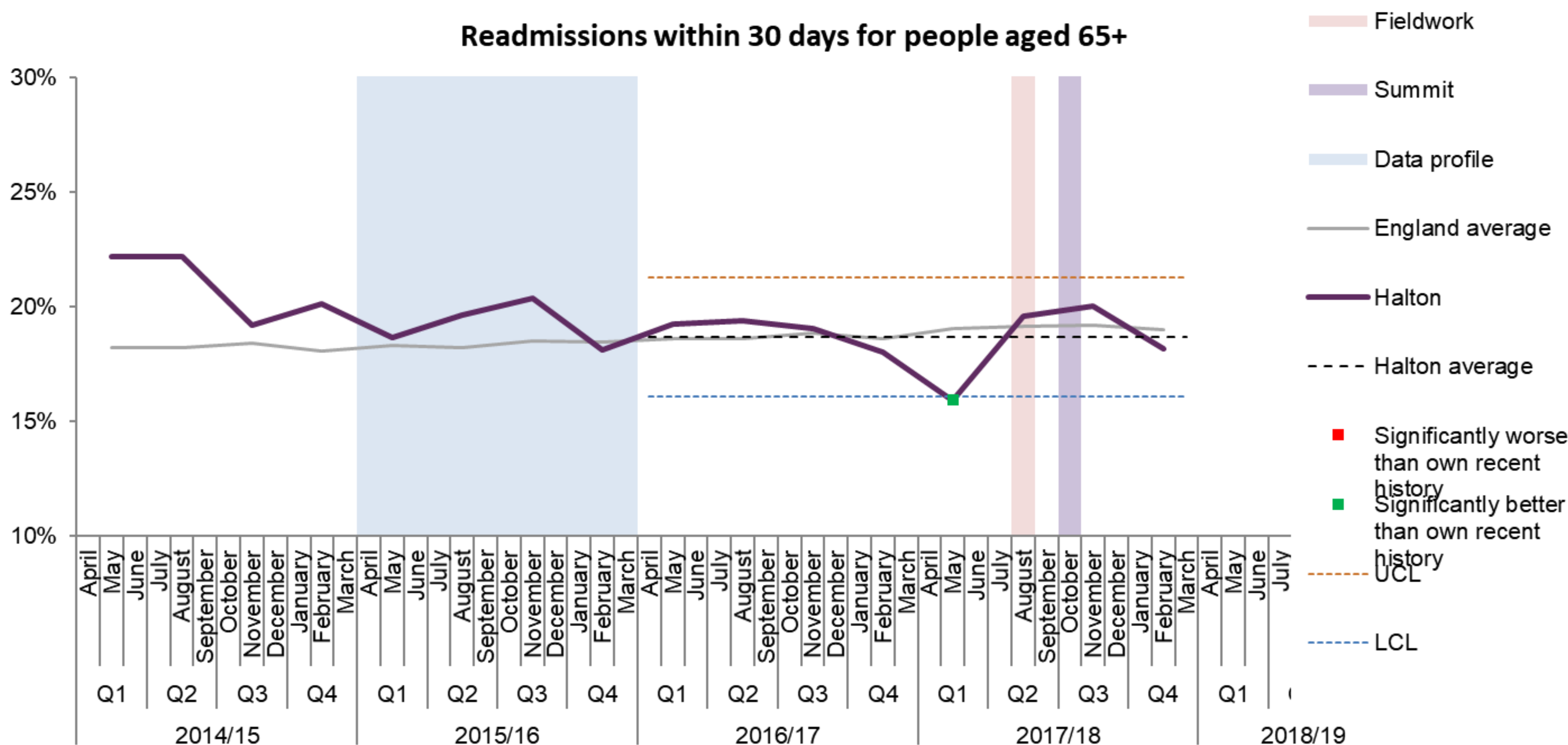
Appendix: Delayed transfers of care (18+)

Average daily delayed transfers of care per 100,000 people aged 18+

Since we produced the data profile for the original local system review Halton's DToC performance has fluctuated and from August 2017 has remained above the England average. In July 2018, DToC was both significantly higher than the national average and significantly higher than Halton's own average since the start of 2016/17.

Appendix: Emergency readmissions (65+)

CareQuality Commission



Since we produced the data profile for the original local system review, emergency readmissions (65+) have generally stayed in line with the national average. The exception in is Q1 of 201718, when emergency readmissions dropped significantly compared to Halton’s average performance but they then increased again in line with their own and the England average.

Agenda Item 9

REPORT TO: Health and Wellbeing Board

DATE: 27th March 2019

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Revised Child Death Overview Panel Guidance.

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

For the Board to agree the recommendations pertaining to the implementation of the Children and Social Work Act 2017 revised statutory guidance and statutory duties in relation to CDOP and how they can be met moving forward.

2.0 RECOMMENDATION: That

1. **Each area agrees to continue with a Pan-Cheshire CDOP approach and review effectiveness in January 2020 – this includes a commitment to the current funding and business support model.**

2. **The governance for CDOP develops a more effective relationship between the Local Safeguarding Children's Boards (LSCB) and Health and Wellbeing Boards (H&WBB) in line with local agreements.**

3. **CDOP Members for each area will take responsibility for reporting into the most appropriate local forum for their area to ensure necessary activity is undertaken.**

4. **A workshop of CDOP members will review any required operational changes to be in line with statutory guidance such as the undertaking of thematic reviews, policy, and practice guidance amendments**

3.0 SUPPORTING INFORMATION

3.1 Introduction & Background

(a) The Children and Social Work Act 2017 has meant that Local Authorities, Clinical Commissioning Groups and Police forces have had to revise their current Local Safeguarding Children Board (LSCB) arrangements. As part of these changes they have also been required to establish Child

Death Overview Panels (CDOP) as a distinct set of arrangements rather than a subgroup of the LSCBs. This split has been reinforced by the introduction of separate CDOP statutory guidance[1] outside of the revised Working Together Statutory guidance.

(b) Infant mortality is a sensitive measure of the overall health of a population. It reflects the apparent association between the causes of infant mortality and other factors that are likely to influence the health status of whole populations, such as their economic development, general living conditions, social well-being, rates of illness and the quality of the environment.

(c) Under the revised guidance the new Child Death Review (CDR) partners, the Local Authority (LA) and the Clinical Commissioning Groups (CCG) in an area, have statutory responsibilities to:

- Make arrangements to review all deaths of children normally resident in the local area and, if they consider it appropriate, for any non-resident child who has died in their area.
- Make arrangements for the analysis of information from all deaths reviewed
- Prepare and publish reports on what they have done and effectiveness of arrangements

The CDR partners have been given freedom to decide the structure within their area to meet these statutory duties which includes continuing with the current arrangements provided a minimum of 60 cases are reviewed and the learning is conducted in a way that can be shared nationally. This includes supporting the plans for a national database and utilising revised forms for the collation and analysis of data.

3.2 Current CDOP Model

(a) Within Cheshire this operates on a Pan-Cheshire footing with CDOP representing all four Local Authorities and 6 Clinical Commissioning Groups in the area under the scrutiny of the LSCBs. CDOP meet quarterly to review all Child Deaths and make proposals to the LSCBs regarding escalation issues or actions specific agencies need to take to respond to actions arising from a child's death, including the instigation of a serious case review where appropriate. This work is monitored under the Pan-Cheshire LSCB arrangements with an allocated LSCB board manager overseeing the process and the work of the Independent Chair of the Panel.

(b) To support the functioning of the Panel there is an administrator that works 4 days per week. Each area contributes a set amount towards

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1 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/758992/Child_death_review_statutory_and_operational_guidance_England.pdf

Independent Chair costs and a further additional payment based on case numbers for their area towards administration costs. In total CDOP administration costs approximately £26,000 alongside Independent Chair costs of £16,000. This funding ensures that statutory duties in relation to recording child deaths, collating multi-agency information, reporting to the national system and reviewing child deaths for modifiable factors are conducted. It also leads to quarterly reports and an annual report on activity and concerns for the locality.

(c) The Panel is currently made up of the following:

Chair	Independent CDOP Chair
Health	Designated Doctor (Cheshire East)
	Designated Doctor (Cheshire West and Chester)
	Designated Doctor (Warrington/ Halton)
	Cheshire East Specialist CDOP Nurse
	Cheshire West Specialist CDOP Nurse
	Designated Nurse Safeguarding (NHS Warrington CCG)
	Designated Nurse Safeguarding (NHS Halton CCG)
	Supervisor of Midwives CWAC
Local Authority	Cheshire East Head of Service, Children's Safeguarding
Public Health	Consultant (Cheshire W. and Chester)
LSCB	LSCB Business Manager (Warrington Borough Council)
Police	Public Protection Unit

3.3 Proposals to meet revised Statutory Guidance

(a) **Model**: It is proposed that the current CDOP model is working effectively and is in line with statutory guidance in relation to reviewing deaths and identifying local lessons. Guidance requires 60 cases to be reviewed each year to be viable and CDOP reviews between 55-60 cases each year making a reasonable argument to maintain this footprint. The group did consider the possibility of a merger with another area. Merseyside is seen as a potential area for alignment for this work. However, there was general agreement that this would increase costs without tangible benefit and potentially lead to an overshadowing of our local trends and themes within a much larger dataset. The opportunity to share learning and collaborate on a larger footprint for action on shared issues (for example campaigns and thematic reviews) would continue both with Merseyside and the wider North West region. This is currently supported through the activity of the Chair and the panel administrator. There is also potential in the future to consider partnership arrangements with Local Authorities to the East, West and South of the sub region (e.g. Derbyshire, Staffordshire, Flintshire), this will be kept under review by CDOP. Therefore, partners propose that the Pan-Cheshire model is maintained. Partners will monitor the effectiveness of CDOP in 12 months to ensure it continues to operate within Statutory guidance and meet the needs of the

CDR partners and the model supports the most effective response to Child deaths in the area.

(b) **Governance**: CDOP is currently managed via the LSCBs in Cheshire who are simultaneously going through a transition to new arrangements. The guidance is clear that CDOP is now a parallel rather than a subgroup process. Previously the Pan-Cheshire Protecting Vulnerable People Forum was considered for governance purposes. This approach was rejected on the grounds that this is not a statutory group with the relevant representation. The partners have identified that the requirement for analysis and the subsequent lessons emerging from CDOP are predominantly public health matters as opposed to safeguarding issues. The functions for H&WBB focus on the joint activity required between Local Authorities and health partners to improve the health and wellbeing of the community they serve. Where preventable factors that may influence the death of a child can be identified, such as smoking, obesity and substance misuse for example the Health and Wellbeing Board is the most appropriate place to address these matters on a population basis rather than being addressed via the current safeguarding mechanisms. The themes and trends identified through the CDOP process should be placed within the context of the wider health and wellbeing data already considered at H&WBBs to inform their priorities and action, including joint commissioning. CDOP is also collating data where Adverse Childhood Experiences (ACEs) can be identified and this might usefully provide the H&WBBs with additional information to inform their agenda for prevention. The LSCBs and new safeguarding arrangements will still be significant in leading on individual reviews where abuse or neglect is identified in a child death and being assured on the effectiveness of services responsible for supporting parents whose parenting capacity is compromised by their mental health, drug and alcohol misuse and/ or domestic abuse. As each area operates different partnerships it was agreed that this decision will be made locally. In order to manage costs reporting into these forums will be led by CDOP members for that area. This will enable informed scrutiny of CDOP activity and local accountability for ensuring relevant learning is actioned in each area. Therefore, each area will need to determine which Board takes lead responsibility for scrutinising the work of CDOP, agreeing the actions, and over-seeing the effectiveness of those actions. There will also need to be local agreement as to the pathway between the 2 Boards and how this will function so assurance is provided.

(c) **Over-sight**: The current senior leaders group, consisting of Executive Directors for Social Care, Directors of Public Health and CCG Chief Nurses or their designated representatives, drawn together to consider options for CDOP will continue to monitor arrangements virtually for the next 18 months. This is to provide senior leadership for any barriers or challenges that emerge in relation to implementing the revised guidance in practice. The CDOP group will bring together these leaders as and when needed to resolve any issues in relation to practice or strategic accountability.

(d) **Next Steps**: CDOP members will revise its policy, procedures and practice

guidance on behalf of the Cheshire Area to ensure that compliant documentation is in place by the deadline of June 2019 and in operation by September 2019. To facilitate this a workshop has been proposed so that panel members can be tasked to revise terminology and map the pathways for child death reviews as needed. This will also include revisiting the terms of reference for CDOP to ensure there is sufficiently robust data analysis for the area in quarterly and annual reports.

(e) It was acknowledged that the transition of the safeguarding arrangements across Cheshire are varied which has created a lack of clarity currently in relation to the continuation of shared approaches. Warrington have agreed to continue to provide business manager support to the CDOP processes up to January 2020 when the model will be reviewed, Cheshire East will continue to host and manage the business support functions. This will provide some consistency during the transition period and allow decisions to be reviewed when greater clarity of the Pan-Cheshire landscape is available.

3.4 Conclusions and Recommendations

(a) Overall, after a review with CDOP panel members it would appear that CDOP can continue in its current format with the same stakeholders ensuring the operational activity is in line with statutory requirements. The main area for focus appears to be strategic accountability due to the changes to LSCB formats. Therefore the following actions are proposed for agreement:

- Each area agrees to continue with a Pan-Cheshire CDOP approach and review effectiveness in January 2020 – this includes a commitment to the current funding and business support model
- The governance for CDOP develops a more effective relationship between the Local Safeguarding Children's Boards (LSCB) and Health and Wellbeing Boards (H&WBB) in line with local agreements.
- CDOP Members for each area will take responsibility for reporting into the most appropriate local forum for its area to ensure necessary activity is undertaken
- A workshop of CDOP members will review any required operational changes to be in line with statutory guidance such as the undertaking of thematic reviews, policy, and practice guidance amendments.

4.0 POLICY IMPLICATIONS

Halton will remain part of the Pan Cheshire CDOP and jointly implement the revised 2017 Children and Social Work Act.

5.0 FINANCIAL IMPLICATIONS

No additional funding required.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

The Cheshire and Merseyside CDOP is a statutory panel that ensures all child deaths are reviewed and modifiable changes to practice and procedure are implemented where appropriate to prevent further deaths.

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

N/A

6.3 **A Healthy Halton**

The Cheshire and Merseyside CDOP ensures that best practice in health and wellbeing is implemented to prevent child deaths.

6.4 **A Safer Halton**

The Cheshire and Merseyside CDOP reviews whether safeguarding procedures have been followed.

6.5 **Halton's Urban Renewal**

N/A

7.0 RISK ANALYSIS

A robust CDOP reduces risks to children and young people by highlighting risk modification to parents and professionals.

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

REPORT TO:	Health and Wellbeing Board
REPORTING OFFICER:	Director of Public Health
DATE:	27th March 2019
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Champs Public Health Collaborative Strategic Delivery Plan
WARDS:	Borough Wide

1. PURPOSE OF REPORT

The purpose of this report is to provide a high level overview to the Board on:-

a. The achievements and progress of the Champs Collaborative April 2017-April 2018.

b. The Champs Collaborative Strategic Delivery Plan 2018 – 2020, which summaries key achievements and outlines the Programme objectives for 2018-20 (Appendix A)

2. RECOMMENDATIONS: The Health and Wellbeing Board is recommended to:-

1. **Note the Champs Collaborative progress update and the Strategic Delivery Plan 2018-20 (Appendix A)**
2. **Support the implementation of the new innovative British Heart Foundation programme focusing on blood pressure and workplace health (Appendix B)**

3. SUPPORTING INFORMATION

3.1 Purpose of the Champs Collaborative - collective action, local impact

Champs Collaborative aims to improve the health and wellbeing of the 2.5 million people of Cheshire and Merseyside (C&M) and the ethos is 'collective action, local impact'. The Collaborative is led by the nine C&M Directors of Public Health (CM DsPH) as an Executive Board in collaboration with Public Health England (PHE) and NHS England (NHSE). The role of the Collaborative is to energise the whole system, influence strategic partnerships to focus on prevention and health inequalities using the best data and

evidence. Facilitated by a small support team, the Collaborative includes the members of local Public Health Teams and works with partner organisations seeking to innovate and learn together.

3.2 Celebrating 15 years of DsPH led public health collaboration

The Champs Collaborative is a nationally recognised model for achieving effective public health collaboration and has successfully connected diverse organisations and influenced actions to improve population health. It is 15 years since DsPH first began working collaboratively, delivering solutions together to some of the most critical public health issues across the region by creating a comprehensive and systematic approach to system leadership.

4. Making an Impact in 17/18

4.1 Delivering for local people and innovation

The last year has been one of significant progress with some excellent achievements for local people on the key priority areas. It has also seen the formulation of new partnerships and initiatives that have been instrumental in helping to improve the health and wellbeing for local people across C&M.

4.2 Strong national profile

The national profile of the DsPH led collaboration continues to remain high. The Public Health England (PHE) CEO, Duncan Selbie, commented that 'Champs has made an extraordinary contribution by working together and had an incredible impact'. The work has been presented at key national conferences such as the Kings Fund, PHE and on topics such as mental wellbeing in children, resilient communities and suicide prevention. A case study on the Champs approach to Sector Led Improvement (SLI) will be featured in a forthcoming Local Government Association (LGA) Publication. The Collaborative were selected by PHE to be a national pilot site for sexual health commissioning and by Right Care as a 'hot house' pilot for the first sub-regional blood pressure website.

4.3 Selected for the Parliamentary Review 18/19

More recently, Sir Eric Pickles invited the Champs Collaborative to contribute to the 2018/19 Parliamentary review sharing best practice as a learning tool to individuals within the public and private sector.

4.4 Key Achievements 17/18

Public health teams, partners and providers have all played a major role in delivering the key achievements highlighted in the Strategic Delivery Plan and outlined below.

1. The Suicide Prevention work has resulted in no deaths of those supported by Amparo, the collectively commissioned suicide liaison service, resulting in an estimated cost saving of £2.1million between April 2015 and April 2017. In 2017/18, 170 people directly benefited from the service and a further 1,920 received less intensive support. One recipient described that ‘without Amparo I don’t think I would have been able to carry on’. This is underpinned by the innovative real time suicide surveillance system, which has been established successfully across the sub-region and other areas are keen to replicate.
2. A British Heart Foundation (BHF) funded project to increase detection of high blood pressure has seen 174 out of 400 fire and rescue staff trained to take blood pressure as part of their safe and well assessments. Staff in 120 Healthy Living Pharmacies have also been trained as part of the project.
3. Approximately 12,000 people had a blood pressure check in various settings as part of “Saving Lives: Reducing the pressure” blood pressure strategy and British Heart Foundation innovation project. This will prevent potential heart attacks, strokes and vascular dementia and therefore reduce demand on the health and care system.
4. Basic Suicide Prevention training has been delivered for 1500 “community gatekeepers”, developed by Warrington and commissioned by the Collaborative. The training has focussed on those frequently in contact with vulnerable groups.
5. The Drink less, enjoy more campaign developed by Liverpool was successfully rolled out across C&M. The numbers of drunk people served alcohol was significantly reduced across the sub-region following the intervention, where tested. This has been enhanced by the joint SLI work and collaborative framework on licensing.
6. Sector Led Improvement underpins all of the collaborative work. One example is the reports on workplace health and health related worklessness which outlined the evidence base, benchmarked a number of key national and local indicators and outlined a series of recommendations for local authorities.
7. World Suicide Prevention Day 2017 was a great success with the social media thunderclap reaching 750,000 people to raise awareness of its theme “Take a minute, change a life”.
8. The high quality CPD and events programme had over 800 delegates participating in 14 different events, providing a shared learning programme at significant cost saving to local authorities. The events have also enabled the

local workforce to hear from national experts on the latest evidence and share good local practice.

9. Youth Connect 5, the emotional wellbeing and resilience programme for parents and carers trained 700 individuals over 99 courses. The evaluation report shows parents engaged well with the sessions and some respondents felt changes were transformative. The course was funded by a successful bid to HEE.
10. A total of £367k external income generated (17/18) to accelerate work on priority areas including the Youth Connect Five training and BHF blood pressure projects.

5. Champs Strategic Delivery Plan 2018 – 2020

5.1 Delivering the Plan

The Champs Strategic Delivery Plan (Appendix A) sets out how the C&M DsPH will continue to deliver strong system leadership by collective action for the next two years (2018 – 2020). The key priorities will remain to allow further impact on outcomes; however new programmes of work on air quality and behaviour change (Making Every Contact Count) will evolve.

5.2 Core deliverables - by 2020 include:

1. Provide strong public health leadership and support to the Chief Executives and input into the new local Industrial Strategy.
2. Support and influence the Health and Care Partnership by developing the NHS Population Plan and Prevention Framework, securing additional community microbiologist capacity and implementing the Blood Pressure GP Quality Improvement Package.
3. Lead implementation of the C&M NO MORE Suicide Prevention Strategy and be the first sub-region to achieve the international Suicide Safer Communities status.
4. Implement the Youth Connect 5 emotional wellbeing and resilience programme and achieve Royal Society of Public Health accreditation ahead of potential national roll out.
5. Provide leadership in enabling reductions in harm to health through alcohol by evaluating the ‘Drink less, enjoy more’ campaign, cascading the new MUP research and developing a new alcohol pathway.
6. Lead implementation of the Cross Sector Blood Pressure Strategy increasing public awareness and with a focus on workplace health via a successful BHF bid. A minimum of 10,000 new blood pressure checks will be achieved.
7. Produce a shared C&M Sexual Health Specification and deliver a C&M Cross Charging Policy to ensure high quality, cost effective and best value services.

8. Lead the development of a Making Every Contact Count (MECC) Strategic Plan including training at scale and an engagement plan overseen by a new Partnership Board. The ambition is to create a strategic framework and embed MECC within organisational policies thus ensuring sustainable everyday practise supported by a suite of shared resources.
9. Maintain a safe and resilient system in partnership with PHE with a focus on air quality, flu preparedness, Anti-Microbial Resistance and scrutinising screening and immunisations uptake. Led by PHE, the ambition is to establish an air quality network across Cheshire and Merseyside and raise public awareness aligned to National Air Quality Day.
10. Deliver an effective CPD Programme to build the skills of the public health and wider workforce and complimented by an effective SLI programme. The Collaborative is hosting and will establish a new NW Practitioner Programme funded by Health Education England.

5.3 Generating external income

Each of the nine local authorities contributes to the Champs Support Team which serves nine councils and is hosted by Wirral Council. The Support Team will continue to focus on generating external income to bolster the local authority contribution and maximise impact on the priorities. Since April 2018 £403,000k has been generated and this brings the total income generated since April 2016 to over £1.1 million for innovation and workforce development to enhance the priority programmes.

Cheshire and Merseyside Health Care Partnership is working in tandem with CHAMPS and has recently awarded £685,000 to work towards the joint priorities of high blood pressure, reducing harm from alcohol, reducing AMR and increasing physical activity.

NHSE has also recently awarded CHAMPS £1M to work on mental health including men’s health, suicide prevention and self harm.

5.4 Effective governance and performance monitoring

The C&M DsPH as an executive board continue to monitor performance aligned to the programme objectives, actions and outcomes through a robust performance management framework. The Board also oversee the business functions of the Collaborative including financial and risk management.

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

Contact Officers:

- Helen Cartwright – Head of Commissioning & Mobilisation, Champs Public Health Collaborative, helencartwright@wirral.gov.uk
- Dawn Leicester – Director, Champs Public Health Collaborative, dawnleicester@wirral.gov.uk

Appendix A – Champs Strategic Delivery Plan
Appendix B – Overview of new BHF 2 Programme on workplace health and blood pressure

Appendix A

Strategic Delivery Plan

2018-2020

Champs
Public Health
Collaborative

CHAMPS STRATEGIC PLAN 2018-2020

Working together to improve health and wellbeing in Cheshire and Merseyside.

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champspublichealth.com

We are delighted to bring you the Champs Strategic Delivery Plan for 2018-2020

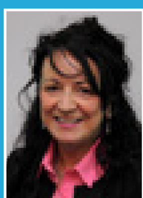
New partnerships bring a year of success

This last year has been one of significant progress with some fantastic achievements on our key priorities and £367,000 of new external income. It has also seen the formation of new partnerships and initiatives that have been instrumental in helping us improve health and wellbeing across Cheshire & Merseyside.

Margaret Carney

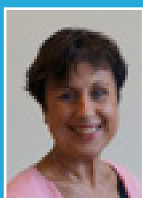
Lead Chief Executive of Champs Public Health Collaborative

Lead Chief Executive for health and wellbeing in Liverpool City Region and Chief Executive of Sefton Council



Sandra Davies

Chair of Cheshire & Merseyside Directors of Public Health Executive Board and Director of Public Health for Liverpool City Council



Kath O'Dwyer

Acting Lead Chief Executive for Health and Wellbeing in Cheshire & Warrington and Acting Chief Executive of Cheshire East Council

One of these innovative programmes is the British Heart Foundation (BHF) high blood pressure detection project.

We were delighted to be awarded £100,000 of funding from the BHF last year and since then, we have seen the roll out of **blood pressure testing** across various new settings, including a partnership with our two fire and rescue services who are now out in the community taking blood pressure readings for vulnerable people who may well not have been identified by health services. A state of the art health kiosk to take blood pressure readings was also piloted in community settings in Warrington with excellent results.

Our work on **preventing suicide** saw an update to the NO MORE suicide strategy last September along with an excellent stakeholder event that saw expert speakers, such as Professor Rory O'Connor of the University of Glasgow and Professor Louis Appleby of the University of Manchester, present the latest evidence. The key actions agreed from this event are progressing well, overseen by the Cheshire & Merseyside Suicide Prevention Board and we continue to be an example of best practice in Cheshire & Merseyside.

In the area of **mental health and wellbeing**, we have worked with the Directors of Children's Services across all our local authorities to take action on self-harm which is a rising issue for children and young people. An evidence report

was commissioned and a new group is looking at what can be put in place across the system to help children and young people who may be vulnerable.

Our **alcohol harm** workstream has gathered pace and campaigns such as Drink Less, Enjoy More have enabled everyone in public health, licensing and community safety to work closely together to ensure alcohol is served appropriately by bar staff.

Working with the **Cheshire & Merseyside Health & Care Partnership** (formerly Five Year Forward View) has ensured our prevention priorities of **high blood pressure, alcohol harm and anti-microbial resistance** are embedded into future plans and our lead Director of Public Health is working with the Health & Care Partnership lead on the "Population health/Prevention" workstream.

Our **profile nationally continues to remain high** and we are proud to have been asked to present our collaborative approach at key conferences on topics such as Sector Led Improvement (SLI), resilient communities and suicide prevention. A case study on our approach to SLI will be featured in a new LGA publication to be released shortly.

We are also excited to announce that Champs have been invited by Sir Eric Pickles to be part of a 2018/19 Parliamentary Review sharing best practice as a learning tool to individuals within the public and private sector.

Looking forward

In 2018 we are celebrating our 15th year of successful collaboration as Champs Public Health Collaborative. This year, as always, we will continue to deliver strong system leadership by collective strategic action and work together with our talented public health teams and partners to improve population health and wellbeing.

Our key priorities will remain to allow further impact on outcomes but new programmes of work, such as our Making Every Contact Count programme, have evolved. Despite remaining flexible to system change, what will not change is our commitment to doing the right things to ensure everyone has a fair chance to be healthy and able to achieve their full potential. We hope you find this strategic delivery plan informative and look forward to working with you all to achieve good health and wellbeing for our population.

Celebrating our top 10 achievements together...

We have so many achievements to celebrate together thanks to the expertise and commitment of everyone involved in our Collaborative. Public health teams, partners and providers have all played a major role in our success. Here are our top ten key achievements from last year...

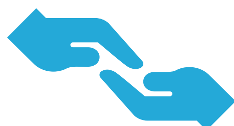
1

£367,000

of external income boosts programmes.

Champs has generated external income to the value of £367,000 in 2017-18 which will be used for new programmes such as a practitioner public health learning programme and to accelerate work in local areas on blood pressure.

2



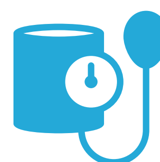
Supporting

those bereaved by suicide - Heidi's story.

Our suicide prevention work has resulted in no deaths of those supported by Amparo, our suicide liaison service and cost savings of £2.1m. One Amparo client, Heidi Moulton, spoke of how Amparo made such a difference when she lost her son Stefan to suicide. Heidi said:

"Without Amparo I don't think I would have been able to carry on. I miss my son every day, but the grief is manageable and I cope with it most of the time. I also know this is because of the amazing support I had from family, friends and colleagues, but significantly from Amparo".

3



Fire & rescue

staff to measure blood pressure.

A British Heart Foundation (BHF) funded project to increase detection of high blood pressure has seen 174 out of 400 fire and rescue staff across Cheshire & Merseyside trained to take blood pressure measurements as part of their safe and well home safety assessment visits. Staff in 120 Healthy Living Pharmacies in Cheshire & Merseyside have also been trained as part of the project.

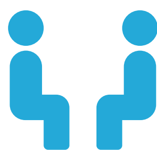
4

12,000

blood pressure checks.

Approximately 12,000 people across C&M had a blood pressure check last year in various settings as part of the delivery of the 'Saving lives: Reducing the pressure' blood pressure strategy and the BHF project. The strategy aims to achieve gold standard by reaching 66% identification which could save 183 strokes, 118 heart attacks, 256 cases of heart failure and 96 deaths at a cost to services of £8 million.

5



1500

trained in basic suicide prevention.

Basic Suicide Prevention training for "community gatekeepers" developed by Warrington and commissioned by Champs across C&M has trained nearly 1500 people frequently in contact with vulnerable groups such as drugs and alcohol services, benefits and debt advisors.

6

Campaign

to reduce alcohol harm delivered across C&M.

The Drink less, enjoy more campaign, developed by Liverpool, was rolled out across C&M thanks to funding from Champs. A training video was made to inform bar staff of the penalties of serving people who are already drunk. Wirral rolled out the campaign in their area and found a reduction in test purchases by drunk actors from 90% to 36%.

7

Improving

workplace health with sector led improvement.

SLI underpins all of our collaborative work and a recent presentation at the Yorkshire & Humber SLI conference summarised our approach. One example is our reports on workplace health and health related worklessness which outline the evidence base, benchmark a number of national and local indicators and contains a series of recommendations for local authorities.

8

750,000

reached raising awareness of suicide.

World Suicide Prevention Day 2017 was a great success with the Champs Collaborative Thunderclap reaching 750,000 people to raise awareness of its theme "*Take a minute, change a life*".

9

800

delegates connect and learn.

Our CPD and events programme has had a fantastic year with over 800 delegates attending 14 events. Providing a shared learning programme achieves significant cost savings for local authorities. 94% of delegates rated our events as "*good*" or "*very good*" with 81% agreeing they would change their current practice as a result of attending.

10

700

parents trained in building resilience.

Youth Connect 5, the emotional wellbeing and resilience training programme for parents and carers trained 700 individuals over 99 courses. The evaluation report shows that respondents felt changes would be long lasting for some and that parents engaged well with the sessions. One parent commented:

"It's gone from everybody fighting to working as a family more because we've shared everything with them and used the techniques"

15 years of delivery at scale in Cheshire & Merseyside

Champs Public Health Collaborative (Champs) has developed a comprehensive and systematic approach to improving public health priorities by large scale action and working together as system leaders across Cheshire and Merseyside (C&M).

Champs is a long-standing collaborative of eight Directors of Public Health (DsPH) and their teams serving 2.5 million people in C&M, who also have a strategic influencing role within the Liverpool City Region combined authority and the Cheshire & Warrington sub-region.

Working to the ethos of 'collaborative action, local impact', Champs tackles a number of priorities, agreed with Public Health England and NHS England, that are common to every area and where progress can be best made through collective action.

The role of the Collaborative is to energise the whole system and influence strategic partnerships to focus on prevention, health inequalities and use of the best data and evidence. DsPH have adopted lead roles working on behalf of each other across the sub-region. The Collaborative includes members of local teams who offer a unique and essential contribution as system leaders working with strategic partners, facilitated by a small support team. The Champs support team leads, facilitates and enables delivery of the priorities and programmes of work with DsPH, local teams and partners.

Together we have achieved measurable improvements in tackling high blood pressure, suicide prevention, mental health and wellbeing and collaborative commissioning.

The Collaborative also provides a learning programme for public health teams, wider local authority colleagues and partners plus sector led improvement which underpins all of the collaborative work.

Delegates attending the Champs annual suicide prevention summit September 2017

The purpose of Champs

is to improve local health and wellbeing outcomes taking a whole system approach

We do this by:

ENABLING strong public health system leadership and collective strategic action

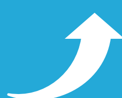
CREATING AND DISSEMINATING the latest evidence and promoting effective interventions

SECURING new external resources

CO-ORDINATING expert public health advice across partnerships

DELIVERING shared learning opportunities and sector led improvement

Priorities and programmes:



IMPROVING mental health and wellbeing of children and young people

PROMOTING mental wellbeing and preventing suicide

TACKLING high blood pressure

REDUCING alcohol harm

PROTECTING the health of the public (Anti-Microbial Resistance & Air Quality)

MAKING Every Contact Count (MECC)

Enabling functions:

SYSTEM leadership

CPD/SLI

INTELLIGENCE

COMMISSIONING

COMMUNICATIONS & knowledge transfer

A whole system approach to health and wellbeing

The scale of the challenge means no one part of the system can make sustained progress on its own; a whole system approach is needed.

The Directors of Public Health work together as system leaders, influencing and enabling key organisations to focus upstream and use the best evidence available.

At a recent Liverpool City Region Chief Executives meeting, Knowsley Chief Executive, Mike Harden said *"Champs Public Health Collaborative provides a great example of system leadership and collaborative working around health and wellbeing issues across Merseyside, Cheshire and beyond."*

Cheshire & Merseyside's population of 2.5 million is served by...

nine
local authorities

12
Clinical Commissioning Groups

19
hospital trusts

two
fire and police authorities

Enabling strategic partnership delivery across Cheshire & Merseyside

Champs Collaborative has enabled multi-agency working across Cheshire & Merseyside, providing public health expertise to key strategic groups and delivering innovative projects to improve health and wellbeing. Some examples of these projects are shown below.

Fire Service deliver safe and well checks

The Fire Services in Cheshire & Merseyside are key partners and prevention focused organisations, delivering Safe and Well checks which now incorporate public health messages such as bowel cancer screening and advice on reducing falls. Champs Collaborative has provided public health expertise into planning the checks and also commissioned an evaluation of the programme. The Fire Services also contribute as partners to both the Champs Collaborative Blood Pressure and Suicide Prevention Partnership Boards.

Dr Muna Abdel Aziz, DPH Warrington and Mark Cashin, Chief Fire Officer, Cheshire Fire & Rescue Service sign agreement for Safe & Well visits

Multi agency group drive launch of innovative real time surveillance system

As part of the C&M NO MORE Suicide Strategy, a Real Time Surveillance system has been established across C&M with key partners including Fire & Rescue Services, police and travel colleagues. This helps identify potential clusters and trends much more quickly than has been possible before and enables public health teams to develop community response plans. The group are also working together to identify potential 'hot spots' where preventative measures can be implemented.

Joint working with Directors of Children's Services led by David Parr

The DsPH and their teams have worked together with the Directors of Children's Services creating children's profiles for Cheshire & Warrington and Liverpool City Region and facilitating a joint prioritisation event. A follow-on report reviewed in more detail the key theme, self-harm in children and young people and the evidence of what works. A joint workshop identified key next steps including taking a sector led improvement approach and benchmarking local areas.

Dr Cecil Kullu, Dr Sandra Davies, Helen Lowey, Tracey Coffey and David Parr at the children and young people's CPD event November 2017

Prevention at scale in the C&M Health and Care Partnership

The Partnership is an NHS led collaboration aiming to improve population health. Champs DsPH recommended three key prevention priorities that were incorporated within the strategic plan: high blood pressure, alcohol harm and anti-microbial resistance. Eileen O'Meara is DPH lead and co-chairs the Health & Care Partnership Prevention Board with Jon Develing, Population Health Lead. The Board is overseeing the implementation of the action plans and a prevention framework underpinning the strategic themes of the Partnership. The aim is for prevention to be embedded strategically and operationally in all pathways. Making Every Contact Count has been adopted as a new priority for 2018 following a successful Champs multi-agency visioning workshop. C&M Health and Care Partnership is the North Region lead STP for the PHE CVD Prevention programme. A "Happy Hearts" branded public facing CVD prevention website will launch in September, led by the Champs Collaborative.

Jon Develing, Population Health Lead for the Cheshire & Merseyside Health & Care Partnership

Supporting strategic partnership delivery across Cheshire & Warrington

Cheshire and Warrington (C&W) has a multi-agency Chief Executive Management and Leaders Board supported by the Public Service Transformation (PST) Board. C&W DsPH have a place on the PST Board and provide regular updates and also to the Chief Executive Management and Leaders Board, advising on key public health issues.

Cheshire & Warrington
Sub-Regional Leaders Board

Enabling public sector transformation in Cheshire and Warrington

The Public Sector Transformation Plan was informed by a case for change report, commissioned by DsPH.

The Champs Collaborative contributes to the delivery of the plan that aims to deliver improved outcomes in relation to work, poor mental health, reoffending and domestic abuse.

The Prospectus

The prospectus for inclusive growth outlines how Cheshire & Warrington aim to double the size of their economy by 2040. It highlights the assets and captures the ambition of the sub-region.

Warrington host state of the art health kiosk

Thanks to funding from The British Heart Foundation, Champs Collaborative have worked together with Warrington Borough Council's Public Health team to introduce the Wellpoint Health Kiosk which offers users the ability to check their blood pressure (BP), find out their heart age, BMI and body fat composition. The project aims to shift the detection of raised BP into the community so that people can be managed in alternative venues, freeing clinical space for higher risk patients.

Dr Ahmed Farag, Consultant Interventional Cardiologist at Warrington and Halton Hospitals NHS Foundation Trust assists user of the health kiosk

> *In these dynamic times of devolution and health and care partnership plans, local authorities increasingly need to work with health partners across wider areas; having an organisation like Champs to support us to develop prevention and early intervention across Cheshire and Merseyside has proved extremely helpful.*

Councillor Janet Clowes, Cheshire East Cabinet Member, Health and Adult Social Care; Co-Chair of Cheshire & Merseyside Blood Pressure Partnership Board

Our health today – why we must improve

Overall health is similar or slightly better across Cheshire & Warrington compared to England.

This can be seen in higher healthy life expectancy as well as lifestyle factors such as smoking, physical activity, alcohol misuse and healthy eating. Despite this, hypertension (high blood pressure) levels are higher. As this is doctor diagnosed prevalence this may reflect better case finding as much as overall population prevalence.

Child health is generally similar to the England average apart from breast feeding continuation (measured at 6-8 week checks) which is lower than the England level.

Although lifestyles and wider determinants are similar/better than England, Cheshire & Warrington face challenges around self-harm in young people, injuries due to falls amongst older people (aged 65+) and avoidable hospital admissions.

The road to healthy life expectancy for Cheshire & Warrington

Healthy Life Expectancy:

Women

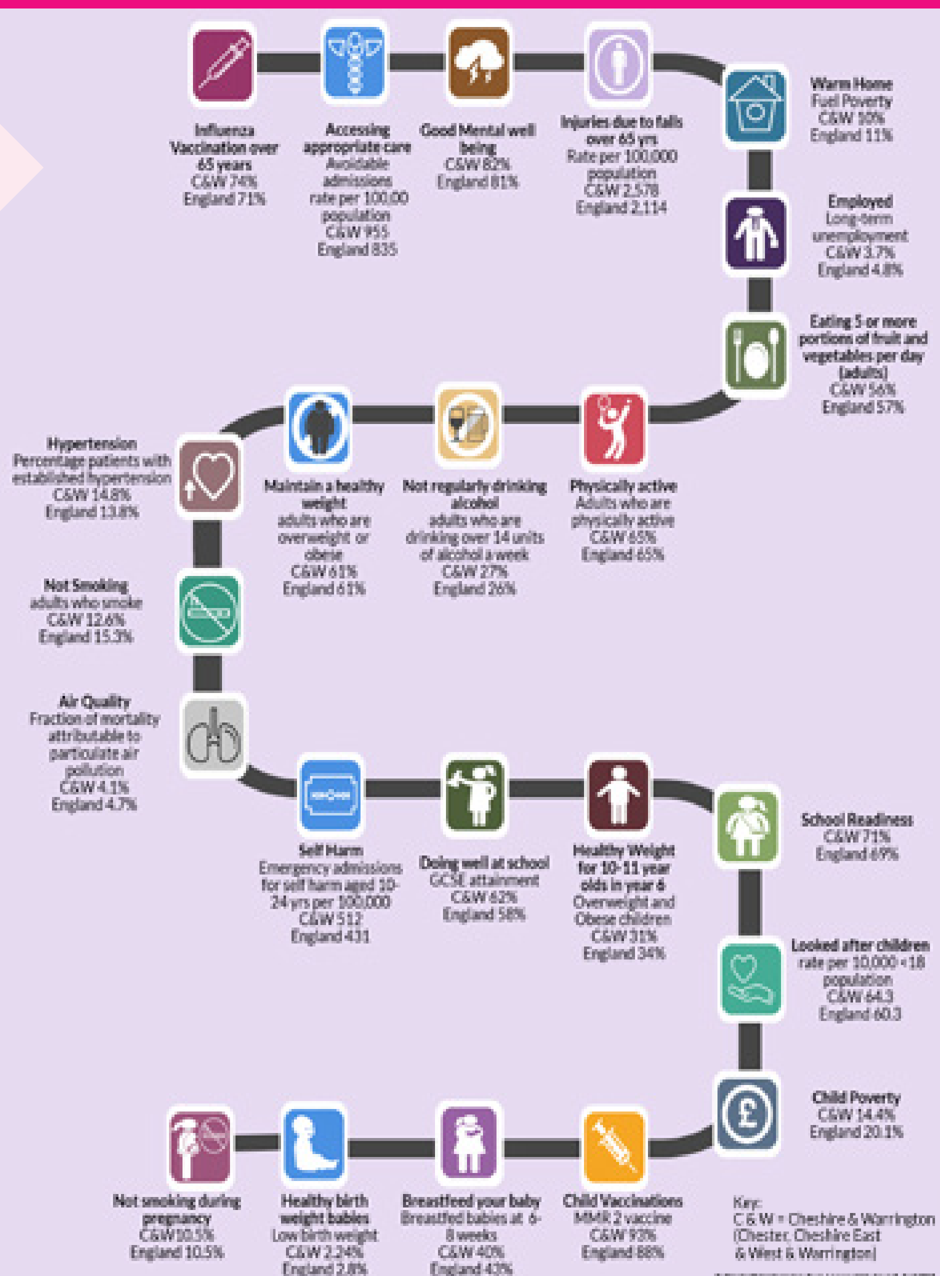
Cheshire & Warrington: **65.3 years**

Nationally: **64.1 years**

Men

Cheshire & Warrington: **64.9**

Nationally: **63.4years**



Supporting strategic partnership delivery across Liverpool City Region

Liverpool City Region (LCR) has an established Combined Authority to provide strategic governance and support economic growth. LCR DsPH meet regularly with the lead Chief Executive, Margaret Carney to discuss progress and strategic opportunities for collaboration.

Creating a vibrant economy through improved health and wellbeing

The first LCR Metro Mayor, Steve Rotheram, was elected in 2017 following a Devolution Agreement. The DsPH provided the initial case for change to support the Devolution submission and inform joint working with Directors of Adult Social Care.

Members of the LCR portfolio holders group have their blood pressure checked for Know Your Blood Pressure Day April 2017

LCR Portfolio Holders

The portfolio holders meet regularly and have formed a Health and Wellbeing Forum following two successful summits.

Matt Ashton, DPH for Sefton and Knowsley, presented the latest evidence from a DPH collaboratively commissioned report on building resilient communities at the last Summit.

Champs Suicide Prevention Summit

Cllr Gill Neal chaired the highly successful annual Champs Suicide Prevention Summit in September 2017 that welcomed over 170 delegates from all sectors. National experts highlighted the latest research on suicidal and self-harm behaviour and delegates were able to share good practice.

Cllr Gill Neal of St Helens Council opens the Champs annual suicide prevention summit

Metro Mayor presents Champs work at PHE conference

Steve Rotheram and Councillor Andy Moorhead presented on the Champs work and the ambition for improving health and wellbeing across LCR at the PHE conference in September 2017. Councillor Moorhead thanked DsPH and their teams and described them as 'talented leaders'.

PHE LCR Wellbeing and Wealth Plan

Public Health England is leading a programme of work to support the Mayor and Combined Authority. The Wellbeing and Wealth Plan will support the LCR economic growth strategy.

Our health today – why we must improve

Health across LCR is overall worse than the England average. This can be seen in the gap in healthy life expectancy between LCR and England of around 4 years.

Although vaccination and immunisation rates are better, lifestyle factors are worse (things like smoking, alcohol misuse and healthy eating).

Child poverty is much higher than England and this affects many of the child health experiences, with most of the indicators being worse than England. Of note is the lower level of children who are 'school ready' at age 5.

The poorer health seen in childhood continues in to adulthood both in terms of lifestyles as well as poorer mental wellbeing and higher avoidable hospital admissions and injuries due to falls amongst older people (aged 65+).

The road to healthy life expectancy for Liverpool City Region

Healthy Life Expectancy:

Women

Liverpool City Region:
59.7 years

Nationally:
64.1 years

Men

Liverpool City Region:
59.6

Nationally:
63.4years

Delivering the plan

Supporting this strategic delivery plan is a detailed operational delivery plan which sets out the aims and objectives for the public health collaborative.

Some of these are highlighted below...

By 2020 the Champs Collaborative will:

- **Provide strong public health leadership and support** to the Liverpool City Region, Cheshire and Warrington Transformation Plan and the Health and Care Partnership NHS Population Health Plan
- **Implement the Youth Connect 5 emotional wellbeing and resilience programme** and achieve Royal Society of Public Health accreditation ahead of potential national roll out through Public Health England
- **Lead implementation of the Cheshire & Merseyside NO MORE Suicide Strategy**, achieving Cheshire & Merseyside Suicide Safer Community accreditation
- **Provide leadership in enabling reductions in harm to health through alcohol**
- **Lead implementation of the Five Year Cross Sector Blood Pressure Strategy** and increase the number of opportunities for community blood pressure testing achieving a minimum of 10,000 new blood pressure checks
- **Produce a Cheshire and Merseyside Sexual Health Specification** and deliver a Cheshire and Merseyside Cross Charging Policy
- **Deliver an effective CPD programme** that builds the skills of the public health and wider local authority workforce reaching a minimum of 450 delegates per annum
- **Provide strong public health leadership in delivering Making Every Contact Count** at scale across C&M
- **Provide collaborative strategic public health intelligence** across Cheshire & Merseyside
- **Establish the North West Public Health Practitioner workforce programme** in collaboration with Health Education England and Public Health England

Effective governance

Leadership and decision making is facilitated through the eight Directors of Public Health, who make up an Executive Board.

The Executive Board is supported by a Leadership Group, which oversees the business functions of the Collaborative.

The Executive Board meet twice a year for Board meetings and meet for monthly system leadership meetings in between. Mel Sirotkin, Centre Director for Public Health England North West and Julie Kelly, Head of Public Health for NHS England in Cheshire & Merseyside are also in attendance.

Performance monitoring

Champs Collaborative work is monitored and reports through a robust performance and monitoring framework.

This encompasses work directly undertaken by the local public health teams, the Champs support team and through contracts managed by Champs. The Directors of Public Health also report progress to the Cheshire & Merseyside Chief Executives.

Organisation & structure

Cheshire & Merseyside Directors of Public Health

MAA

WARRINGTON

Muna Abdel Aziz

Champs Collaborative Lead DPH for Blood Pressure & Health Care Public Health

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SF

ST HELENS

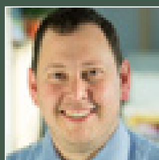
Sue Forster

Champs Collaborative DPH Lead for Suicide Prevention

SusanForster@sthelens.gov.uk

MA

KNOWSLEY & SEFTON



Matthew Ashton

Champs Collaborative DPH Lead for Intelligence & Strategic Partnerships

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EO

HALTON

Eileen O'Meara

Champs Collaborative DPH Lead for Health Protection & Health & Care Partnership

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IA

CHESHIRE WEST & CHESTER

Ian Ashworth

Champs Collaborative DPH Lead for Sexual Health Commissioning Pilot

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FR

CHESHIRE EAST

Fiona Reynolds

Champs Collaborative DPH Lead for Communications & Social Marketing, Workforce & CPD, Employment & Skills

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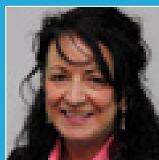
SD

LIVERPOOL



Sandra Davies

Champs Collaborative DPH Lead for Mental Wellbeing (Children and Young People)

sandra.davies@liverpool.gov.uk

JW

WIRRAL

Julie Webster

Champs Collaborative DPH Lead for Alcohol Harm, Licensing & Commissioning

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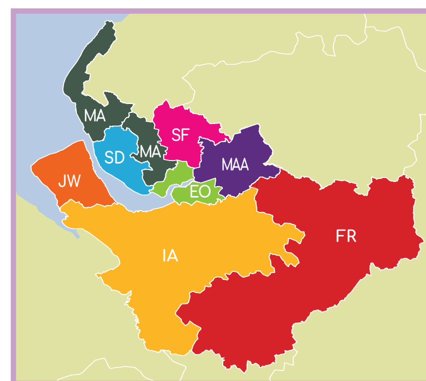
Systems leadership roles



In addition to their lead roles on various Collaborative priorities and workstreams, the Directors of Public Health act as system leaders for public health, taking lead roles on behalf of each other, working with partners such as Public Health England, NHS England and North West Coast Strategic Clinical Network.

DPH LEAD:

- JW Alcohol Harm (including licensing) and HCPV Prevention Board rep*
- EO C&M HCP Working group/ Prevention Board*
- SD Cancer Alliance
- JW Commissioning
- FR Communications & Social Marketing*
- FR CPD*
- FR Employment and Skills*
- SF HCP Mental Health Programme Board
- MA Health and Fire Working Group
- EO Health Protection*
- EO Improving Maternity Experiences Board
- EO LCR Child Poverty Commission
- SD Mental Wellbeing - focus children and young people*
- EO Merseyside DCS Board for Children
- MAA Public Health Healthcare/ High Blood Pressure*
- MA Public Health Intelligence & Strategic Partnerships*
- IA Sexual health pilot
- SF Suicide Prevention*
- FR Workforce and L&D*

DPH REPRESENTIVE

- FR C&W Youth Justice Services health sub group
- FR Cheshire & Merseyside Local Workforce Action Board (LWAB)
- FR Cheshire Protecting Vulnerable People Forum
- FR Cheshire Public Service Transformation Board
- FR Cheshire and Warrington Into Work Board
- FR H&CP C&M Strategic Workforce Group
- MAA HCP Prevention Board
- SD Merseyside Community Safety Partnerships Board
- FR NHS Cheshire Joint Commissioning Committee (Joint)
- IA NHS Cheshire Joint Commissioning Committee (Joint)
- SF Strategic Integrated Offender Management Group

CHAIR:

- SD C&M DsPH Executive Board (Chair to Sept 2018)
- SF C&M Screening and Immunisation Programme Board (Co-Chair)
- SD Cheshire and Merseyside TB Strategic Group (Chair)
- MAA Cheshire & Warrington Local Health Resilience Partnership (Co-Chair)
- EO Cheshire & Warrington Local Health Resilience Partnership (Co-Chair)
- SD Public Health Collaborative System Leadership Group (Co-Chair)
- JW Merseyside Local Health Resilience Partnership (Co-Chair)
- MA Merseyside Local Health Resilience Partnership (LCR Joint Chair)
- SF NO MORE Suicide Partnership Board (Chair)
- JW Public Health Collaborative System Leadership Group* (Co-Chair)

NORTH WEST:

- EO ADPH NW (Chair)
- EO NoE Health Equity North group
- SD NW TB Board

NATIONAL:

- MAA National CVD Systems Leadership Forum

Key: * *= Champs Collaborative priority lead area for 17/18*

Programme Objectives 2018/19

The following information provides an overview of the objectives, key actions and outcomes for each programme of work.

Champs Collaborative is committed to driving improvements in performance and in outcomes and as basis for this, a sector led improvement (SLI) approach underpins implementation of the strategic delivery plan.

The **highlighted** objectives, actions and outcomes indicate a specific SLI approach.

Alcohol Harm Reduction

Director of Public Health: **Julie Webster**
Responsible Officer: **Adam Major**

OBJECTIVE:

Support the delivery of key priorities of the Health and Care Partnership Prevention at Scale Work programme

ACTIONS:	OUTCOMES:
• Plans from each acute trust outlining actions to achieve the Commissioning for Quality and Innovation (CQUINs) target	• Greater identification of harmful and hazardous drinkers and the resulting reduction in this risky behaviour due to IBA delivered
• **Develop a Cheshire and Merseyside Alcohol Pathway**	• Greater consistency of care for vulnerable drinkers enabling earlier intervention and prevention of alcohol related harm
• **Develop an alcohol dashboard which highlight areas' needs in terms of alcohol and acute care**	• More specific/targeted commissioning of services to meet those needs resulting in greater reduction of alcohol harm
• **Develop a common training and competency programme**	• Greater consistency of care for vulnerable drinkers enabling more effective intervention and prevention of alcohol related harm
• **Develop a Cheshire and Merseyside alcohol care team service specification**	• Alcohol care teams adequately funded and providing greater consistency of care enabling more effective intervention and prevention of alcohol related harm

OBJECTIVE:

Licensing. To enable reductions in harm to health via the existing licensing process

ACTIONS:	OUTCOMES:
• **Develop a community resource to support licensing involvement**	• More people make licensing representations
• **Develop a joint framework to include licensing strategy and Statement of Licensing Policy (SOLP)**	• Local SOLPs include more health related measures resulting in reduction of related harm
• **Develop best practice guidance documents that outline essential training for responsible authorities and licensing committees**	• Reduction in harm-causing licensing practices

OBJECTIVE:

Reduce alcohol harm to those most at risk (dependent drinkers)

ACTIONS:	OUTCOMES:
• Support Sheffield University Minimum Unit Pricing National Institute for Health Research (NIHR) project • Develop key facts summary produced for C&M and individual local areas	• Reduction of harm to those most at risk (dependent drinkers)

Children and Young People's Mental Health

Director of Public Health: **Dr Sandra Davies**
Responsible Officer: **Pat Nicholl**

OBJECTIVE:

Improve emotional wellbeing and resilience in children and young people

ACTIONS:	OUTCOMES:
• Lead the implementation of Youth Connect 5	• Families provided with the tools to build positive emotional health for their children and young people • Schools and Youth organisations have preventative programme that reaches out to families and complements Child Adolescent Mental Health Service's/ Future In Mind interventions
• **To oversee the development and co-ordination of a self-harm sector-led improvement programme**	• Reduced levels of self-harming in Cheshire and Merseyside • Reduction in suicides and suicide attempts • Increased knowledge and understanding of self-harm across partners, families and young people
• To pilot a trauma informed recovery toolkit, developed by Rockpool, for practitioners working with families impacted by Adverse Childhood Experiences (ACEs)	• Parents have tools to mitigate negative impact of ACEs • Roll out of intervention

Commissioning

Director of Public Health: **Julie Webster**
Responsible Officer: **Adam Major**

OBJECTIVE:

To improve the quality, efficiency and cost effectiveness of jointly commissioned public health services

ACTIONS:	OUTCOMES:
Collective Investments Contract manage and performance monitor the C&M DsPH collective commissioned contracts for: - Commissioned Intelligence - Suicide Liaison Service - Amparo - Medicines Management • Review current intelligence contract and make recommendations for future collaborative commissioning for 1st April 2019 onwards	• Prevention of imitative suicides in an at risk group • Economic savings to the C&M region
• **Develop a Cheshire & Merseyside integrated sexual health service specification**	• Potential process and cash savings
• **Develop a Cheshire and Merseyside Sexual Health Cross Charging Policy**	• Procurement savings and streamlined clinical services

Communications and Social Marketing

Director of Public Health: **Fiona Reynolds**
Responsible Officer: **Tracey Lambert**

OBJECTIVE:

Lead and deliver communications for the Collaborative and its priorities

ACTIONS:	OUTCOMES:
• Build awareness and understanding of the vision and purpose of the Collaborative with all key stakeholders to increase engagement, focusing on the high priority targets	• Stakeholders well informed of role of Champs and its priorities
• Ensure all local teams are kept up to date on progress on the key priorities	• Local teams well informed of Board decisions and work on key priorities
• Continue to communicate examples of effective collaborative working within priorities and acknowledge the contribution of individual areas	• Stakeholders are aware of successful projects and individuals that have contributed
• Highlight improvements in health outcomes, quality and cost savings within priorities	• Stakeholders are aware of improvements made by the Collaborative
• Maintain the profile of the Cheshire & Merseyside Directors of Public Health as effective system leaders in their regional and national roles	• Stakeholders aware of DPH role in leading the PH system in C&M
• Build upon and maximise the excellent national reputation of the Cheshire & Merseyside Public Health Collaborative	• Stakeholders aware of innovative work of the collaborative and its way of working
• To pilot a trauma informed recovery toolkit, developed by Rockpool, for practitioners working with families impacted by Adverse Childhood Experiences (ACEs)	• Parents have tools to mitigate negative impact of ACEs • Roll out of intervention

OBJECTIVE:

Maximise national and regional campaigns / facilitate C&M social marketing leads group

ACTIONS:	OUTCOMES:
• Promote and support priority awareness campaigns for blood pressure, suicide prevention and children's mental health, share best practice via social marketing leads group meetings	• Campaigns are amplified and greater public awareness raised, information shared across local authority teams and partners

Programme Objectives 2018/19

CPD

Director of Public Health: **Fiona Reynolds**
Responsible Officer: **Tracey Lambert**

OBJECTIVE:

Support local authorities with their statutory requirements to provide professional public health learning and development ensuring local authorities have a highly trained and competent workforce

ACTIONS:	OUTCOMES:
• **Develop and deliver a maximum of 6 half day learning events based on learning needs and around key priorities, blood pressure, suicide prevention and mental wellbeing for children and young people**	• Increased knowledge and understanding of public health and competency of staff working in or with public health teams • Contribution towards statutory requirement for public health professionals to maintain their CPD learning • Contribution towards personal development plans

Health Protection

Director of Public Health: **Eileen O'Meara**

OBJECTIVE:

Work collaboratively with key stakeholders to achieve reductions in air pollution

ACTIONS:	OUTCOMES:
• Establish Task and Finish Group for Air Quality • Develop implementation plan on Air Quality with key partners	• Raised public awareness on Air Quality • Enhanced engagement of local community on Air Quality and making it a local issue • Empowered local community to take action on AQ

OBJECTIVE:

Anti-microbial resistance. Lead the delivery of the Health and Care Partnership Anti-Microbial Resistance (AMR) Strategy

ACTIONS:	OUTCOMES:
• Lead the implementation of the AMR Strategy for Cheshire and Merseyside through the AMR Board by: - Strengthening AMR stewardship in Primary Care - Developing dedicated community microbiologist functions - Strengthening monitoring, audit and assurance of appropriate prescribing for AMR	• Reduction in inappropriate antibiotic prescribing in all relevant healthcare settings across C&M • Reduction in infections caused by antimicrobial resistant microorganisms and improve infection prevention control practices across C&M

High Blood Pressure

Director of Public Health: **Dr. Muna Abdel Aziz**
Responsible Officer: **Dr. Melanie Roche**

OBJECTIVE:

Continue to implement, monitor and evaluate the five year Cheshire and Merseyside Cross Sector Blood Pressure Strategy " Reducing the Pressure"

ACTIONS:	OUTCOMES:
Deliver and evaluate the following externally funded projects: • British Heart Foundation Innovation Award Programme - Round One • British Heart Foundation Innovation Award Programme - Round two with a focus on "wellbeing at work" across nine local authority areas (subject to being successful) • **General Practice Quality Improvement Programme**	**Contribution towards:** • Health Care Partnership Key Performance Indicator 3. A reduction in Observed/Expected high blood pressure (BP) prevalence gap (equivalent to ~ an additional 11,000 on Quality and Outcome hypertension registers across C&M per annum) • Health and Care Partnership Key Performance Indicator 4 (HCP KPI4) • For participating practices aim: 1% increase p.a. in patients treated to <150/90mmHg • C&M Baseline 307, 484 treated to target, aim 2021/11= 322,736 • HCP KPI 4. 10% reduction per annum. in practice-level variation
Optimise levers for change by: • **Supporting cross-sector delivery of high BP priority deliverables as agreed by the Health and Care Partnership Prevention Board (STP) with a key focus on:** - Making every contact count (MECC) - BP testing in community pharmacies - Quality improvement in general practice	• Cross-sector system partners aligned and taking action to progress the BP agenda in a focused and coordinated way • Greater BP awareness and empowerment to self-care • Increased no. Healthy Living Pharmacies • Increased Know Your Numbers campaign activity by HLPs • Increase in BP checks undertaken in community pharmacies • Increase in the uptake of New Medicines Service for BP medicines • Increase in uptake of Medicines Use Reviews for CVD medicines • Local evidence base for the role of community pharmacies in tackling high BP strengthened

Programme Objectives 2018/19

Engage with and empower communities by:	Contribution towards:-
• Amplifying awareness-raising campaigns including Blood Pressure UK's Know Your Numbers awareness raising campaign	• Increased Quality and Outcome Framework (QoF) hypertension registers and reduced Observed/ Expected prevalence gap • Increased public ' BP awareness' • Patients and public perspective informs developments to ensure it meets the needs of target audience
Scale up local successes by: • **Accelerating achievements in outcomes using a Sector Led Improvement approach by sharing best practice and learning** • Supporting an application to NHS England/ Innovate UK Test Bed Round 2 to develop and scale up the use of digital innovations to tackle high BP	• Peer to peer learning supports the wider adoption of successful initiatives. The BP strategy indicator dashboard demonstrates an increase in activity across C&M from baseline • Additional investment to support the development and scaling up of digital innovations and BP pathways across C&M • Increase in digital solutions to tackle high BP being utilised
Demonstrate impact by: • Updating strategy indicator dashboard annually • Producing an Annual report 2018 • Progress report of 4 KPIS to Health and Care Partnership Prevention Board	• Progress against key strategic objectives available

Making Every Contact Count

Director of Public Health: **Eileen O'Meara**
Responsible Officer: **Louise Vernon**

OBJECTIVE:

Delivery of "Making Every Contact Count" (MECC) at Scale in Cheshire and Merseyside

ACTIONS:	OUTCOMES:
System leadership and influence • Establish a C&M MECC Partnership Board to oversee and drive implementation of the MECC programme **Changing organisational culture** • Embed MECC into organisational strategies as part of a wider focus on prevention and enabling sustainable delivery by: - Identifying a Champion to lead in every organisation - Raising the profile of prevention - Maximising NHS as health improvement organisation through Commissioning for Quality and Innovation (CQUIN) **Training** • **Implement effective consistent high quality accredited MECC training, creating a network of accredited/leaders and champions** **Comprehensive Communications and Engagement** • **Create a consistent approach to branding across Cheshire and Merseyside which staff embrace and signpost the public to healthy lifestyle advice** • **Develop a MECC Communications and Engagement Campaign aimed at frontline professionals in health, local authority and third sectors** • **Develop a communications tool kit for local communications teams to utilise to ensure understanding and engagement of MECC with access to resources** • **Development of a branded web based learning hub to host shared resources** **Evaluation** • Develop and implement an evaluation framework with a consistent approach to measure impact	• Cross sector partnership approach to embedding MECC • Increase in number of new staff inductions that include mandatory MECC training at a basic competency level • Increase in senior leadership commitment and in number of designated MECC leads or behaviour change leads within the organisation • Increase in the number of staff who have received accredited and consistent training • Increase in the number of trained staff delivering a brief intervention and increase in number of patient referrals to specialist services • Increased knowledge and understanding of self-care e.g. healthy lifestyle messages • Increase in understanding of behaviour change • Increase in confidence to undertake a very brief/ brief intervention

North West Practitioner Registration Scheme

Director of Public Health: **Martin Smith** - Consultant in Public Health – Liverpool City Council (on behalf of CM DsPH)
Responsible Officer: **Helen Cartwright**

OBJECTIVE:

As host organisation for the North West Practitioner Registration Scheme, support Public Health England and Health Education England in the implementation of the public health practitioner registration programme

ACTIONS:	OUTCOMES:
• Recruit Programme Coordinator • Establish North West Practitioner Scheme Working Group • Develop Communications Plan • Recruit assessors and verifier • Formulate Risk Register • Provide appropriate training for assessors • Recruit mentors • Provide appropriate training for mentors • Deliver Learning sets • Obtain E-Portfolio Licenses • Recruit practitioners from across North West Workforce	• Increased number of professionals achieving public health practitioner accreditation • Competent and quality assured workforce

Strategic Intelligence and Partnership

Director of Public Health: **Matthew Ashton**
Responsible Officer: **Helen Bromley/Sharon McAteer**

OBJECTIVE:

Manage collaborative intelligence across Cheshire & Merseyside, and support priority work areas as identified by the Directors of Public Health, with particular support for the needs of the devolved areas

ACTIONS:	OUTCOMES:
Provide specialist intelligence support to PHC aligned to the key current and emerging priorities by: • Production of Cheshire and Merseyside suicide audit report • Continue to disseminate real time surveillance data and evaluate its usefulness • Conduct quantitative and qualitative evaluation of High Blood Pressure Programme • Provide support for other Champs priorities e.g. alcohol as required	Greater understanding across C&M to impact on the priority areas. Also devolved areas are better able to plan effective interventions and service provision.
To performance manage and plan the work of the Commissioned Intelligence Service until the end of current contract in March 2019	Better intelligence in relevant areas of public health and its determinants across Cheshire and Merseyside. Improved identification of health needs and inequalities, and therefore improved service commissioning.

Programme Objectives 2018/19

Suicide Prevention

Director of Public Health: **Sue Forster**
Responsible Officer: **Pat Nicholl**

OBJECTIVE:

The Cheshire and Merseyside Suicide Prevention Board continues to implement the delivery of the NO MORE suicide strategy

ACTIONS:	OUTCOMES:
Leadership • **Implement a Sector Led Improvement programme to drive improvement against NO MORE Suicide Action Plan & Public Health England Local Authority Guidance** • **Deliver a summit to present latest evidence and best practice of suicide prevention**	• An effective Suicide Prevention Partnership • Strategic action and resources to create suicide safer communities and achieve suicide safer community accreditation • Reduction in suicide rates and variation between the local authority areas
Prevention Improve community attitudes and public dialogue on suicide by: • Implementation of the "Time to Talk" awareness campaign across C&M • Implementation of awareness campaigns on World Suicide Prevention Day (10th September) and World Mental Health Day (10th October) Implementation of **Suicide Prevention Training** that impacts on the ability to intervene and support those with suicidal experiences as follows: • Implementation of Zero Suicide Alliance Prevention E learning Training in Public sector organisations • Continued implementation of "Community Gatekeeper" training with the aim to increase learners' understanding and knowledge of practical suicide prevention techniques, to enable them to confidently make appropriate and timely interventions if they think someone is feeling suicidal	• Increased awareness of suicide risks and suicide prevention • Improved mental health, wellness, resilience and recovery • Improved suicide prevention skills and knowledge
Safer Care • Implementation of readily available community based care for people at risk of suicide • **Development of an offender Mental Health pathway post release into community** • Collaborate with strategic partners to implement safer care standards across C&M	• Accessible community choices for people in crisis as an alternative to A&E • Improved support during transition period with reduced risk of suicide • Reduced risk of suicide with 24 hour access to community crisis care & improved access to psychological therapies • Zero in-patient suicide • Improved patient care and early detection of potential suicide risk & intervention

Support After Suicide Resources and support are available to people bereaved and affected by suicide by: • Recommissioning the Suicide Liaison Service for 7 Local Authorities • Co-ordination of the C&M support after suicide task group to regularly review activity and provide reports to the Board **Ensuring a timely community response following potential suicide cluster/ risk of contagion by:** • Ensuring the nine Local Authorities have a Community Response Plan (CRP) procedure in place and is activated as necessary for clusters and potential contagion • CRP activity reported to the C&M support after suicide surveillance group	• Alleviation of the distress of those exposed to or bereaved by suicide • Reduced economic costs of suicide in Cheshire & Merseyside • Reduced risk of suicide contagion/ clusters occurring after a notable death by suicide • Reduction in anxiety and potential for vicarious trauma • Early detection of clusters
Intelligence **Track progress across all interventions through systematic data collection and evaluation, system by:** • Establishing a multi-agency suicide surveillance group • Developing an evaluation and monitoring system to track progress of the NO MORE Suicide Strategy • Conducting a Cheshire and Merseyside Suicide Audit • Maintaining Real Time Surveillance to provide an instant alert to each of the 9 Local Authorities • Gathering multi-agency information on suspected suicide deaths or attempts in public places	• The NO MORE Suicide Board have accurate and current information to drive strategic action planning • Data collection and evaluation system to track strategy in place • Better understanding of the needs of different populations at risk of suicide • Reduction in access to means and respond effectively to suicide in public places utilising robust and current intelligence

System Leadership

Director of Public Health: **Dr Sandra Davies**
Responsible Officer: **Dawn Leicester**

OBJECTIVE:

Enabling and delivering strong public health leadership focusing on prevention, population need, a strong evidence base, good quality data and working across organisational boundaries

ACTIONS:	OUTCOMES:
• Maximise the profile of the C&M Directors of Public Health and their teams as effective public health system leaders • Maximise engagement and leadership of the public health system and key partners to deliver the priorities of the Collaborative • Actively seek opportunities for external financial and human resources • Influence Liverpool City Region devolution programme in matters relating to Public Health comm presenting regular updates at the portfolio holder meetings and new Health and Wellbeing Forum • Collaborate with PHE to develop Wellbeing and Health Programme • Support the delivery of the Cheshire and Warrington Public Sector Transformation Programme and Board • Support and influence the Health and Care Partnership to implement the “Prevention at Scale” work stream • Influence and respond to national and regional policy development including minimising the impact of business rates retention and removal of the ring fenced grant	• Health and wellbeing outcomes improved by collective strategic action • DsPH recognised as collaborative system leaders with a place at top level discussions and decision making

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Cheshire & Warrington
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Appendix B

British Heart Foundation Blood Pressure Innovation Award Round 2 Briefing

Blood pressure checks included in workplace health programmes across Cheshire & Warrington

1. Introduction

Champs Public Health Collaborative has been successful in its latest partnership bid to the British Heart Foundation (BHF). The new programme will enable further detection of high blood pressure at "***scale and pace"*** by embedding blood pressure checks within wellbeing at work programmes. All nine Cheshire and Merseyside (C&M) areas are taking part in this innovative programme in addition to Merseyside fire authority.

If untreated, high blood pressure, known as the "silent killer", can increase the risk of heart attacks, stroke and dementia. It is however largely preventable and easily treated. By focusing on workplaces, staff health and wellbeing will be increased, improving productivity and sickness absence. The programme will detect new high blood pressure cases to ensure they are optimally managed and so contribute towards reducing the demand on health and care systems.

This is the second time the Collaborative has secured funding from the BHF (and the only area nationally to do so), making a total of £200,000 achieved to accelerate its work on reducing high blood pressure. The first round of funding has seen 3,586 new blood pressure checks so far and 225 people trained to undertake blood pressure checks. Fire and rescue services have been trained to take blood pressure measurements as part of their Safe & Well visits as well as pharmacy staff in 120 healthy living pharmacies.

This work supports the implementation of the C&M five year cross sector strategy "Saving Lives: Reducing the Pressure" found here. The nationally and internationally recognised strategy sets out the vision, aims, objectives and high level action plan for prevention, detection and management of high BP.

2. What will happen?

A number of approaches will be taken to embed blood pressure checks, advice and signposting in Cheshire East, Warrington and Cheshire West and Chester's wellbeing at work programmes. This approach will include both local authority employees and outreach into local businesses and organisations and the funding will be used in the following ways:-

- Provision of equipment and accredited training to enable over ***100 health and wellbeing champions/workplace champions*** to undertake blood pressure checks. The training is City and Guilds Level 3 Diploma Health and Social Care accredited and will be delivered by Halton Borough Council's Health Improvement Team.
- Provision of a state of the art touch screen health kiosk for use in Warrington. The kiosk not only calculates blood pressure but also calculates a person's Body Mass Index, Body Fat, Heart Rate and Heart Age using the Heart Age Tool.
- In addition to this a further 120 Healthy Living Pharmacies will be trained to undertake blood pressure checks building upon the success from Round 1 of the BHF funding, bringing the total trained to 240.

Prepared by Helen Cartwright – 2nd October 2018.

3. When will the Blood Pressure checks for the BHF project start?

Blood pressure checks have already been embedded within the Working Well programme in Knowsley and the remaining local areas will mobilise over the forthcoming months.

For further information please contact BHF project lead helencartwright@wirral.gov.uk