

Public Document Pack



Healthy Halton Policy and Performance Board

Tuesday, 7 November 2006 6.30 p.m.
Civic Suite, Town Hall, Runcorn

A handwritten signature in black ink, appearing to read 'David W R', is centered on the page.

Chief Executive

BOARD MEMBERSHIP

Councillor Ellen Cargill (Chairman)	Labour
Councillor Kath Loftus (Vice-Chairman)	Labour
Councillor Sue Blackmore	Liberal Democrat
Councillor Mike Hodgkinson	Liberal Democrat
Councillor Margaret Horabin	Labour
Councillor Diane Inch	Liberal Democrat
Councillor Harry Howard	Labour
Councillor Eddie Jones	Labour
Councillor Martha Lloyd-Jones	Labour
Councillor Geoffrey Swift	Conservative
Councillor Pamela Wallace	Labour
Mr Bob Bryant	

Please contact Caroline Halpin on 0151 471 7394 or e-mail caroline.halpin@halton.gov.uk for further information.

The next meeting of the Board is on Tuesday, 16 January 2007

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

Part I

Item No.	Page No.
1. MINUTES	
2. DECLARATION OF INTERESTS (INCLUDING PART WHIP DECLARATIONS)	
Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda, no later than when that item is reached and (subject to certain exceptions in the Code of Conduct for Members) to leave the meeting prior to discussion and voting on the item.	
3. PUBLIC QUESTION TIME	1 - 2
4. EXECUTIVE BOARD MINUTES	3 - 8
5. PROGRESS REPORTS AND POLICY UPDATES	
(a) Update on the Reconfiguration of North Cheshire Hospital NHS Trust	9 - 12
(b) Performance Monitoring Reports for the 2nd quarter (2006/07)	13 - 17
(c) Provision of short-term residential respite care for adults with learning disabilities	18 - 22
6. REPORTS FOR ACTION	
(a) Comments, Complaints and Compliments relating to Social Care (Services for Adults of Working Age and Older People/Physical Sensory Disabilities)	23 - 30
(b) Health of Looked After Children Scrutiny Topic	31 - 41
(c) Training needs and requirements	
Oral update from Service Development Officer (Health) on training needs and requirements of the Board.	

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

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 7 November 2006

REPORTING OFFICER: Strategic Director, Corporate and Policy

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

- 1.1 To consider any questions submitted by the Public in accordance with Standing Order 33(5).
- 1.2 Details of any questions received will be circulated at the meeting.

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

- 3.1 Standing Order 34(11) states that Public Questions shall be dealt with as follows:-
 - (i) A total of 30 minutes will be allocated for members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.
 - (ii) Members of the public can ask questions on any matter relating to the agenda.
 - (iii) Members of the public can ask questions. Written notice of questions must be submitted by 4.00 pm on the day prior to the meeting. At any meeting no person/organisation may submit more than one question.
 - (iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.
 - (v) The Chair or proper officer may reject a question if it:-
 - Is not about a matter for which the local authority has a responsibility or which affects the Borough;
 - Is defamatory, frivolous, offensive, abusive or racist;
 - Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or
 - Requires the disclosure of confidential or exempt information.

- (vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter, which is not dealt with in the public part of a meeting.
- (vii) The Chairperson will ask for people to indicate that they wish to ask a question.
- (viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.
- (ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

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

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

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

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

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

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 7 November 2006

REPORTING OFFICER: Strategic Director, Corporate and Policy

SUBJECT: Executive Board Minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

- 1.1 The Minutes relating to the Health Portfolio which have been considered by the Executive Board and Executive Board Sub since 20th July 2006 are attached at Appendix 1 for information.
- 1.2 The Minutes are submitted to inform the Policy and Performance Board of decisions taken in their area.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

None.

4.0 OTHER IMPLICATIONS

None.

6.0 RISK ANALYSIS

None.

7.0 EQUALITY AND DIVERSITY ISSUES

None.

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

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

APPENDIX 1

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

EXECUTIVE BOARD MEETING HELD ON 21ST SEPTEMBER 2006

EXB34 HEALTHY EATING

The Board considered a report which outlined the findings of the Healthy Eating Topic Team and sought adoption of and action upon a number of recommendations. The Topic Team was jointly chaired by the Chairs of the Health and Life Chances Policy and Performance Boards.

The aim of the Topic Team was to draw on evidence and advice from experts consulted by the Team and to concentrate on children and their families, and as a special case to include young people about to set up their own home for the first time.

The report set out a description of the Topic Team and other contributors, the approach taken and a list of recommendations.

Although there was a significant amount of information made available to the Team it became clear that there was no one overview or perspective on the current state of healthy eating in Halton. Many agencies, individuals and groups were involved in work to improve the diet of the Borough, particularly in relation to young people. However, no one group appeared to have the whole picture. As a result what should have been fairly easy questions to formulate answers to often proved more complex.

RESOLVED: That the recommendations be agreed and that progress with implementing the plan and its impact be monitored periodically by the Health PPB subject to funding being identified from the Council's budget setting process.

(N.B Councillor Mcdermott declared a personal and prejudicial interest in the following item as a member of the 5 Borough Partnership Trust and left the room during its consideration)

EXB35 5 BOROUGH PARTNERSHIP NHS TRUST MODEL

At its meeting held on 20th July 2006 the Board considered a report which examined the model of care proposed and the early analysis undertaken by the Council and Halton PCT.

In general terms the view was that the model provided a sound platform to modernise mental health services based upon the model. However, the report highlighted significant concerns about the lack of information, quality of data supplied and uncertainties about the funding issues and invited the 5 Boroughs to respond to these issues. In addition, the Council agreed to commission an independent analysis of the proposals.

It was reported that Halton, Warrington and St. Helens Councils agreed to form a Statutory Joint Scrutiny Committee to scrutinise the proposals and had met on three occasions listening to the views of the 5 Boroughs and the 3 PCTs. A copy of the draft findings of the Joint Scrutiny Committee was circulated to Members of the Board. The concerns raised by the Joint Scrutiny Committee in essence were similar to those contained in the report undertaken by the independent consultant.

Since the report was presented, the 5 Boroughs had continued with their public consultation but at the same time extended the deadline for responses from key stakeholders to the 15th September 2006. The Chief Executive from the 5 Boroughs had agreed that Halton could formally respond after the meeting of the Executive Board on 21st September 2006. During the last two months a number of meetings had occurred with officers from the Council, representatives from Halton and St. Helens PCT and the 5 Boroughs Partnership. The report highlighted the processes and identified the responses to the Council's issues and concerns. In addition, a visit to Norfolk was undertaken by officers and PCT staff to compare the services.

Whilst the Council believed that the principles behind the proposed Model of Care were consistent with the commissioning strategies for Adults and Older People, which were agreed by the Council earlier in the year, there were some substantial risks in the transition from the current model to the new model proposed. The consultant recommended that the Council supported the proposal on a conditional approval basis and explained why the alternative options were not supported.

In addition, the Joint Scrutiny Commission had made three recommendations, the key one being the model, in its present form, was not in the interest of health services in Halton, St. Helens, and Warrington. Also the Joint Scrutiny Committee had identified 12 factors which required addressing and invited the 5 Boroughs to respond to the issues raised in the report. The guidance on Joint Scrutiny required a response from the 5 Boroughs Partnership Trust within 28 days, a further meeting was therefore scheduled for 19th October.

Subsequently, it was reported that the 5 Boroughs had made some concessions during the consultation process and had now written to the Council's Chief Executive committing to a variety of issues, details of which were set out in the report. These concessions and commitments did move the partners closer together, however, the whole systems review may throw up a range of finer issues which would need to be resolved. St. Helens Council Executive Board had also discussed the proposals and their response was detailed in the report.

It was clear that the Trust needed to identify £7m to balance their budget and avoid over-trading in future years. As the whole system's review had not been undertaken, it was not possible to be entirely explicit of financial impact upon the Council. However, based upon our own analysis and through further clarification, the following financial implications were confirmed:

- Housing and Flotation Support – Halton currently had 35 supported placements to meet the minimum supporting people requirements require an additional 10 units was required at an estimated cost of £210,000 per annum; and
- Community Teams – to meet the NHS policy guidance the assertive outreach team would need to fund two additional social workers at an estimated cost of £70,000 per year.

It was not possible to estimate anticipated costs upon:

- (i) residential and nursing care costs;
- (ii) out of area placements;
- (iii) rehabilitation placements;
- (iv) respite care;
- (v) crisis houses (there were none in Halton);

(vi) other community care costs.

The conclusion, therefore, was that there would be significant financial implications for the Council, some of which were known, others which would require a more detailed financial analysis.

RESOLVED: That the Executive Board:

In principle, conditionally support the model subject to the recommendations made within the Council's Independent Consultant Report and the Joint Scrutiny Committee report being fully met and implemented.

EXECUTIVE BOARD SUB COMMITTEE HELD ON 21ST SEPTEMBER 2006

ES28 APPOINTEE & RECEIVERSHIP POLICY

The Appointee and Receivership Service was set up to assist those Council Service users who were unable or found it difficult to manage their own finances on a day to day basis, and those who had been assessed under the Vulnerable Adults criteria. It was believed that by removing the worry of dealing with their own finances, this would aid the recovery of the service user.

It was noted that at present the Council applied a 50% charge against interest to off set the running of the service. The existing arrangements within the Appointee and Receivership Policy had been formally reviewed, to include an increase in fee income to 100% of interest receivable.

In order to promote independence, as outlined in the White Paper, Our Health, Our Care, Our Say, the Appointee and Receivership Section was currently undertaking a research exercise to identify alternative ways for service users to be assisted with financial management through benchmarking against other neighbouring local authorities and incorporating the principles of activities across other North West support services.

It was recommended that a further report be brought back to the Sub-Committee in February 2007 for approval of any revisions to the policy for 2007/08 in the light of changes as outlined in the review, White Paper and Office of Public Guardian.

RESOLVED: That

- (1) the revision of charges against interest within the Appointee and Receivership policy be approved; and
- (2) a further report be submitted to the Sub-Committee in February 2007.

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 7 November 2005

REPORTING OFFICER: Strategic Director, Health and Community

SUBJECT: Update on reconfiguration of North Cheshire Hospitals NHS Trust

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 To receive an update from Mark Ogden-Meade and Kath Holburn on the reconfiguration of North Cheshire Hospitals NHS Trust.

2.0 RECOMMENDATION: That

- (1) **the update be noted; and**
- (2) **Members consider and comment on the update on the reconfiguration of North Cheshire Hospitals NHS Trust.**

3.0 SUPPORTING INFORMATION

3.1 Please see the attached letter at Appendix 1 from Catherine Beardshaw, Chief Executive of North Cheshire Hospitals NHS Trust, regarding improving services at Halton General and Warrington Hospitals.

4.0 POLICY IMPLICATIONS

4.1 None.

5.0 OTHER IMPLICATIONS

5.1 None.

6.0 RISK ANALYSIS

6.1 None associated with this report.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None associated with this report.

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

8.1 None under the meaning of the Act.

North Cheshire Hospitals

NHS Trust

October 25 2006

Dear Colleague

Ref: Improving Services at Halton General and Warrington Hospitals

I am writing to inform you that changes aimed at improving care to our patients are now underway at Halton General and Warrington Hospitals.

The moves, which are very much in line with national policies, are part of the first phase of a £15m package of investments in hospital services. These were approved by the Trust Board in July, following the **Better care, sustainable services** public consultation. As you will recall, the consultation sought the views of local people on a range of proposed changes to services at our hospitals, both of which currently deliver emergency medical care as well as planned surgery.

All too often planned operations have to be cancelled owing to the pressure on beds and/or theatres, which naturally causes unnecessary distress and inconvenience to patients and their families.

The changes that are now taking place across the Trust to separate planned surgery from emergency medical care are aimed at meeting patients' needs and ensuring safe, high quality, affordable care that will last for the next 10 years and beyond. They are also about improving care particularly for emergency medical, cancer, heart and stroke patients and ensuring that everyone receives the right level of specialist care, treatment and support.

Central to the changes is the development of Halton General Hospital as a centre of excellence for planned inpatient and daycase operations and Warrington Hospital as a centre of excellence for emergency medical care.

Between now and the end of December, Halton is gradually phasing out emergency medical care and transferring its five medical wards to Warrington Hospital. By the end of December all patients with chest pain or other serious medical conditions will be treated at Warrington, which will require the reorganisation of a number of wards and a theatre

In addition, we are developing a pioneering, 64 bedded Emergency Management Unit at Warrington, designed to speed up diagnosis and treatment by enabling patients to be seen at an early stage by a consultant.

Page 11

Halton will concentrate on treating patients who have been seen by a doctor in an outpatient clinic and have been assessed as needing a planned, urgent or routine operation.

A new modular theatre will be opened at Halton for the increased number of patients undergoing planned surgery there and a ward, which has been closed for some time, will be re-opened to support the theatre.

The majority of Halton patients will not be affected by these changes as nine out of 10 visits to the hospital are for minor injuries, outpatients or daycase surgery.

The Minor Injuries Unit at Halton is being retained and will continue to be available between 9am and 10pm, Monday to Sunday.

Halton General Hospital will continue to admit patients with an urgent medical problem **but only if they have been referred by a GP first – and only until December.**

An Urgent Access Unit will be opened in December for GPs wanting an urgent medical opinion between 9am and 5pm, Monday to Friday.

We are also setting up a Programmed Investigation Unit at Halton for routine, but vital diagnostic tests (e.g. x-rays to take pictures of the bowel), which will assist in determining treatment. Patients may need to be admitted to a bed before and/or afterwards. These diagnostic services are currently provided at Warrington and Halton. Patients who need a bed recover on general wards, spread across both hospitals. The new service will help ensure that routine tests are no longer cancelled because of pressure from emergency admissions.

We appreciate that transport issues have been a major concern for many people, which is why we have been working closely with colleagues from Halton and Warrington Borough Councils, local bus providers and staff, patient and community representatives on these important matters.

I am pleased to report that a shuttle bus for patients, visitors and staff will be up and running between Halton and Warrington Hospitals by mid-November. It will drop off and pick up from a designated point at both hospitals and will operate from 6.40 am to 21.15 pm with 11 journeys each way in between these times. This will ensure coverage of all the key shift changes and visiting times. We are making every effort to ensure the service will be accessible to all, regardless of any physical disability.

A co-ordinated publicity campaign is planned to advertise the availability of the new shuttle bus service and to raise awareness of existing public and community transport links between the two hospitals. The possibility of providing real time bus information in the front entrances to both hospitals is also being investigated with borough council colleagues.

Page 12

In addition, we are working collaboratively with borough council colleagues and local bus providers to examine the feasibility of an interchangeable 'hospital bus ticket'.

Finally, for your information, 50,000 information flyers, outlining the key changes currently taking place at both hospitals, are currently being distributed through voluntary organisations and condition specific groups to their members. Flyers are also being made available in hospital and community clinics and reception areas, GP surgeries, libraries and local authority information points.

I should like to record my thanks, on behalf of the Trust, to everyone who has kindly agreed to assist in the distribution of this important information for patients.

If you would like further information of any of the changes outlined in this letter may I suggest that you:

visit: www.northcheshirehospitals.nhs.uk
e-mail: project.director@nch.nhs.uk
call: comments line (for non-urgent comments) on
01925 662139 (regularly monitored answerphone)
write to: Mark Ogden-Meade, Project Director,
North Cheshire Hospitals NHS Trust, Lovely Lane,
Warrington WA5 1QG

Yours sincerely

Catherine Beardshaw
Chief Executive

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 7 November 2006

REPORTING OFFICER: Operational Director-Policy & Performance

SUBJECT: Performance Monitoring Reports for the 2nd quarter (2006/07)

WARDS: Boroughwide

1. PURPOSE OF REPORT

- 1.1 The departmental service plans set out what the services are planning to achieve and demonstrate how they contribute to the Council's strategic priorities. The service plans are central to the Council's performance management arrangements and the Policy and Performance Board has a key role in monitoring performance and strengthening accountability.
- 1.2 The 2nd quarter monitoring reports for the services that come within the remit of this Policy & Performance Board are available in both electronic and hard copy formats. These reports enable Board Members to scrutinise progress towards achieving the service objectives, milestones and performance targets contained in the 2006/07-service plans for the following:

Health & Community Directorate

1. Older Peoples and Physical & Sensory Impairment Services
2. Adults of Working Age
3. Health & Partnerships

2. RECOMMENDED: That the Policy & Performance Board

- 1) Scrutinise service performance and progress towards achieving objectives and targets and raise any questions or points for clarification in respect of the information contained in the quarterly monitoring reports; and**
- 2) Highlight areas of interest and/or concern that require further information or action to be reported at a future meeting of the Policy and Performance Board where appropriate.**

3. SUPPORTING INFORMATION

- 3.1 At the last meeting the Board received a performance briefing paper that was intended to highlight aspects contained in the full versions of the monitoring reports (that were available electronically) that Members might wish to consider further. (See *Appendix 1*) Although performance briefing papers will continue to be provided, the Chair has asked that hard copies of the quarterly monitoring reports be made available to Members of the Board prior to the meeting.

4. POLICY IMPLICATIONS

4.1 Any policy implications arising from emerging issues or key developments that will impact upon the service or any action required to address performance issues, will be identified in the respective quarterly monitoring report.

5. OTHER IMPLICATIONS

5.1 Any other implications associated with issues connected with the service will be identified in the respective quarterly monitoring report.

6. RISK ANALYSIS

6.1 The risk control measures associated with the service objectives that were initially assessed as having 'HIGH' risks are summarised in the quarterly monitoring reports to monitor their implementation.

7. EQUALITY AND DIVERSITY ISSUES

7.1 The actions identified arising from the Equality impact/needs assessments that are regarded as 'HIGH' priority for each service are in the Equality Action Plans and progress on their implementation is included in the respective quarterly monitoring reports.

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

Document	Place of Inspection	Contact Officer
Quarterly monitoring reports for:		
1. Older Peoples Services	Municipal Building 2 nd floor	Richard Rout-Performance Management Officer
2. Adults of Working Age		
3. Health & Partnerships		

PERFORMANCE CONSIDERATIONS

(2nd Quarter 2006/07)

SERVICE: Older Peoples and Physical & Sensory Impairment Services

Overview

This half-yearly report comments on the progress towards achieving the full set of objectives, milestones targets set out in the service plan. 36 of the 38 objectives are on course to achieving their targets and therefore, the forecast for the year at this stage looks promising. As reported in the 1st quarter, there are a range of key developments and emerging issues that will continue to have significant implications for the service in one way or another and therefore, a greater focus on these through separate reporting and/or, as part of the quarterly monitoring reports will be necessary.

***NB.** The full set of performance indicator data was not available at the time of writing this paper but will be included as soon as an analysis of performance has been completed*

Areas of Further Consideration

- Although a proposal to the Dept. of Health for a pilot project for self/mediated assessment for equipment was unsuccessful, the scheme will still be implemented. However, it might be appropriate for the Board to know why the proposal was unsuccessful and whether there is anything that can be learned from the experience.
- The report comments about the delay with the Integrated Community Equipment Service computer system going live due to capacity issues in the Halton PCT ICT team. The system is should have gone live on 14 August 2006 but is now expected to go live in October. Therefore, the Board may wish to explore whether the 2 months delay presents any risks or implications for service delivery.
- The external review of care management capacity is scheduled to start in September 2006. Although the report does not state when the review is to end, the Board might welcome an indication on when it is expected to be concluded.
- A review of the Physical and Sensory Disability Local Implementation Team is underway and therefore, the Board might wish to clarify whether a deadline date for the review has been set.
- 2006/07 targets have been set for the cost of intensive social care for adults and older people and the unit cost of home care for adults and older people (*Cost & Efficiency indicators BV 52 and PAF B17*) However, the monitoring report comments that the actual figures for 2006/07 will not be available until the completion of accounts in June/July 2007. Therefore, the Board might wish to have an earlier indication on whether the targets at the half yearly stage are on course to be achieved.

SERVICE: Adults of Working Age

Overview

This half-yearly report comments on the progress towards achieving the full set of objectives, milestones and performance targets set out in the service plan. 13 of the 14 objectives are on course to achieving their targets and therefore, the forecast for the year is very good. This service will be significantly affected by some major key developments and emerging issues e.g. 5Boroughs Partnership proposals for service redesign. Therefore as events unfold the Board will be kept fully informed of developments.

***NB.** The full set of performance indicator data was not available at the time of writing this paper but will be included as soon as an analysis of performance has been completed*

Areas of Further Consideration

- The monitoring report indicates that it has been agreed that the Independent Living Centre (ILC) and the Hough Green Project should return to the Health & Community directorate. Therefore, it might be appropriate for the Board to have an understanding of why the change was necessary and the benefits it will bring.
- Halton has signed up to the 'In Control' programme, which promotes care packages being owned and controlled by people with learning difficulties. A Project Group is to set up the process to offer Individualised Budgets. This Project Group is still to be established and therefore, the Board may wish to clarify whether any dates (provisional or otherwise) have been identified for when this will happen.
- Work to advance the Service Level Agreements with in-house provider services is scheduled to start in October 2006. Although the report does not state when this work is to end, the Board might welcome an indication on when the work is expected to be concluded.
- A national improvement review of community mental health teams has published its results and assessed Halton as "fair". Some of the review findings have been challenged but the report does not elaborate further. Therefore, it may be appropriate for the Board to understand what has been challenged and why.
- The Adult Learning Disability Specialist Team is now situated within one base and a review of the integrated service is to take place. Therefore, the Board might wish to clarify if a timescale for the review (provisional or otherwise) has been set.
- The 2006/07 target of £473 for the cost of intensive social care for adults and older people (*Cost & Efficiency indicator BV 52*) is significantly lower than the 2005/06 actual figure of £527. However, the monitoring reports comments that the actual figure for 2006/07 will not be available until the completion of accounts in June/July 2007. This is one of two cost and efficiency indicators relating to this service and therefore, the Board might welcome a much earlier indication on whether the target is on course to be achieved.

SERVICE: Health & Partnerships (*excludes the Registration Service, Consumer Protection and Bereavement Services*)

Overview

This half-yearly report comments on the progress towards achieving the full set of objectives, milestones and performance targets set out in the service plan. All 23 objectives are reported to be on course to achieve their targets and therefore, the prospects for the year are very good. There are a range of key developments and emerging issues that will affect the service and have aspects that the Board may wish to follow up on. (See box below)

NB. The full set of performance indicator data was not available at the time of writing this paper but will be included as soon as an analysis of performance has been completed

Areas of Further Consideration

- The piloting of individualised Budget Schemes by the Government could have an impact on how Direct Payments are managed and distributed to service users. The Board will be kept informed of any developments but an indication on when the pilot will be concluded and the findings produced would be appropriate for the Board to know.
- The delivery of Individualised Budgets (*Key Objective: HP 2*) is to be explored in detail when the new establishment within the Finance Department is implemented. Therefore, an indication on when the implementation will be completed would be of interest.
- The 1st phase of the electronic social care record system (*Key Objective: HP 3*) was to be implemented in 2006 but the IT solution from the supplier will not now be available until Spring/Summer 2007 at the earliest. Therefore, the Board explore may want to explore whether this delay has any implications for the service and/or poses a risk in meeting the 2008 e-government requirements.
- Work to develop a performance management framework (*Objective: HP 7*) is reported to be on course for completion and has a green traffic light assigned to it. However, the monitoring report does not indicate the date or period when the framework is scheduled to be implemented.
- Similarly, work is proceeding on implementing the procedures associated with an effective user involvement strategy (*Objective: HP 9*) but there is no indication of a planned end date in the monitoring report.
- The 1st quarter report commented on the uncertainty about the development and implementation of Halton's 5-year Supporting People Strategy (*Objective: HP 6*) being completed by the target date. Since then good progress has been made and the service has reported that the development of the financial plan for 2007/08 is now on course to be achieved.

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 7 November 2006

REPORTING OFFICER: Strategic Director, Health and Community

SUBJECT: Provision of short-term residential respite care for adults with learning disabilities

WARD(s): Borough wide

1.0 PURPOSE OF REPORT

1.1 To inform Policy and Performance Board of the proposal to transfer the delivery of care and support in Bredon short-term residential unit through an open tender process. This proposal will secure the best value for money for delivery of respite services for Adults with learning disability.

2.0 RECOMMENDATION: That the Policy and Performance Board notes and comments on the report and proposals.

3.0 SUPPORTING INFORMATION

3.1 This report was presented to Executive Sub on 12th October 2006 and the following three recommendations were agreed:

- (1) The Board accepts the proposal to tender a 4 bedded short stay unit based at Bredon.
- (2) The Board accepts the proposal to close the four bedded unit at Moorfield.
- (3) The Board notes that further work will be undertaken in partnership with the Primary Care Trust (PCT) to seek further investment in more innovative respite services rather than traditional bed based services.

4.0 POLICY IMPLICATIONS

4.1 The PCT and Halton Council have a pooled budget for services for Adults with Learning Disabilities (ALD). The Executive Commissioning Board (ECB) is responsible for the oversight of the pooled budget and, in view of the overspend of 2005/06 and the projected overspend of 2006/07, requested a Recovery Plan to be drawn up by the Manager of the pooled budget and the principal financial officer for the council to achieve a balanced budget. This Recovery Plan was discussed and approved at the ECB meeting of 18th July 2006. It has challenging targets and requires some reconfiguration of services.

- 4.2 The proposals link to the departmental and corporate objectives by modernising services and promoting independence. The Joint Commissioning Strategy and the Recovery Plan is underpinned by the principles contained within both “Valuing People” and the Health and Social Care White Paper “Your Health, Your Care, Your Say.”

5.0 OTHER IMPLICATIONS

5.1 The need for respite

Learning Disability Services are performing well within Halton in supporting people to live in the community, either in their family homes or independently. For those living with family it is recognised that the burden on carers is growing, as individual’s needs are more complex as they survive childhood and carers themselves are aging and becoming frailer. The provision of respite services is widely believed to be crucial to enabling people with learning disability to remain at home.

Mencap estimates that at least 60% of family carers of people with learning disabilities do not get a break. (Family Matters). Within Halton, in partnership with Halton PCT, ALD services must ensure that it can provide both existing and future demand for respite in a way that meets the needs of the carers and the person they support. Traditionally, residential short break services have been offered. Whilst Direct Payments enable families to choose more innovative forms of respite, some still prefer the short-term residential breaks.

The need for short-term residential respite care is met through an in-house resource at Moorfield Road in Widnes. Halton PCT also has a residential resource that is accessed through the partnership working arrangements.

Currently the Bredon resource is closed whilst capital work is undertaken to enable reconfigured services to be delivered at this facility. Work should be completed by the end of this year and will include four fully accessible respite beds to meet the needs of those with severe physical disabilities as well as challenging behaviour. Since Bredon closed in early summer, the residential staff team have been temporarily redeployed to provide care and support within the Halton Supported Housing Network.

It is proposed that the service based at Moorfield is closed and the new service based at Bredon is tendered out.

5.2 Financial Implications

In line with national trends, services for ALD have experienced severe budgetary pressure. In 2005/06 the outturn on the pooled budget was £1.5m overspend. Subsequent activity has reduced the overspend by nearly £600k, but there remains a projected overspend of £914k for this financial year. As a result the ECB

agreed a Recovery Plan should be developed, recognising that it would be a challenge to balance the budget by the end of this financial year. The Recovery Plan seeks to address this, without further action services will not be financially sustainable.

5.3 Unit costs

The unit cost of in-house residential care for Adults with learning disability is summarised below and compared to independent sector provision within Halton and English averages. The significant increase in 2005/06 in-house weekly costs is as a result of the phased closure of residential beds at Bredon prior to building work commencing.

5.4 Weekly cost of residential care for adults with learning disability

Source: 2004/05 and 2005/06 Personal Social Services Expenditure returns to Department of Health. (PSSEX1)

	2004/2005	2005/2006
Local authority provision		
Halton	£1,588	£2,557
English Average	£1,107	Not available
Independent sector		
Halton	£314	£456
English Average	£789	Not available

It can be seen from the table that in-house services are high cost compared to both the independent sector within Halton and English Averages.

In view of the significant budget pressures, the high cost of in-house provision and the Council's duty to ensure value for money in service delivery, it is proposed to transfer provision of care and support at Bredon to the independent sector through a process of competitive tendering.

The estimated budget for delivering the respite service when Bredon re-opens is £457,000 per year. This is all met from HBC base budget contribution to the ALD pooled budget.

The tender process will be conducted in accordance with Procurement Standing Orders Part 2 - Contracts Exceeding £1,000,000. The proposed contract period is three years and the estimated value over this term, based on the Independent sector English Average unit cost; uplifted to 2006/07 prices is £1.03m. This represents a potential saving of £340,000 over the term of the contract.

The Bredon respite service will be open in January 2007 and it is proposed to complete a tendering exercise and award a contract effective from this date.

5.5 Personnel Implications

Staff will be eligible for transfer to the new providers of the respite service but currently there are sufficient vacancies within the Supported Housing Network service to offer redeployment and it is likely this will be an attractive alternative.

6.0 RISK ANALYSIS

- 6.1 There have been increased demands on the pooled budget for a number of reasons, including growing numbers of older people with disabilities, young people with complex needs moving into services through transition and rising expectations and aspirations of service users and their carers. In addition, historically both the PCT and Halton Council benefited from Supporting People funding for ALD services. Following an inspection and subsequent review of Supporting People a further loss of £1.5m in 2007/08 to the ALD pooled budget was identified.

To begin to address these pressures the Council has provided a resource of £130k to fund additional staff to assess all individual service users with a view to both assessing need and re-tendering or renegotiating existing contracts. There has been some early success as a result of this work leading to savings of £200k on one contract within this budgetary year. These activities, in spite of some success are still insufficient to achieve a balanced budget and a detailed Recovery Plan has been drawn up. One key action contained within the plan following an options appraisal exercise is:-

Reconfiguration of respite/short breaks services through tendering out of a four bedded unit based at Bredon. Should there be any unforeseeable problems or delays in the tendering process the service would be continued within existing resources.

- 6.2 The council is committed to ensuring that those service users currently receiving services from Moorfield will in the future receive a similar service from Bredon to meet their assessed need. This transition will need to be carried out with sensitivity and close communication with carers and service users. The release of Moorfield may offer an opportunity to further develop day services for older people with learning disabilities. The current provision is based next to the residential unit and is oversubscribed.

7.0 EQUALITY AND DIVERSITY ISSUES

- 7.1 The proposals ensure equity and fairness to people accessing the services.

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

8.1

Document	Place of Inspection	Contact Officer
PSS EX 1	John Briggs House	Marie Mahmood, Divisional Manager
Our Health, Our Care, Our Say: A new direction for Community Services. DOH January 2006	John Briggs House	Marie Mahmood, Divisional Manager
Independence, Well Being and Choice, Green paper, DOH March 2005	John Briggs House	Marie Mahmood, Divisional Manager
Valuing People A new Strategy for the 21 st Century DOH 2001	John Briggs House	Marie Mahmood, Divisional Manager
Recovery Plan	John Briggs House	Marie Mahmood, Divisional Manager

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 7 November 2006

REPORTING OFFICERS: Strategic Director, Health and Community

SUBJECT: Comments, Complaints and Compliments relating to Social Care (Services for Adults of Working Age and Older People/PSD)

WARDS: Borough-wide

1.0 PURPOSE OF REPORT

1.1 To provide an update on the Directorate's process for managing comments, complaints and compliments during 2004/5 and 2005/6.

2.0 RECOMMENDATION: That

- (1) the joint report for 2004/5 & 2005/06 be accepted, and it be noted that reports for future years will be delivered within 6 months of year end;
- (2) the proposals (subject to the availability of resources) for directorate/corporate action to promote and improve borough-wide the receipt of all complaints/ compliments, their recording and analysis be noted; and
- (3) the national changes in complaints procedures to be implemented with effect from September 2006 be noted.

3.0 SUPPORTING INFORMATION

Statistical Information

- 3.1 In recent years, the Health Policy & Performance Board has been presented with a report on the number of representations (complaints and compliments) relating to Social Care issues.
- 3.2 A report needs to be presented to the Board to report on Customer Care issues in 2004/5 and 2005/6.
- 3.3 The service areas to which comments and complaints related in 2004/5 and 2005/6 are as follows:-

Service Area Complaints resolved in:-	2004-2005			2005-2006		
	28 days or less	More than 28	Total	28 days or less	More than 28	Total
Older People, including Services for People with Physical Sensory Disabilities	30	22	52	26	13	39

People with Learning Disabilities	3	6	9	11	4	15
People with Mental Health Problems	2	1	3		2	2
Health & Partnerships	9	7	16	1	2	3
Total	44	36	80	38	21	59
%	55	45		64	36	

3.4 Reasons for complaints taking longer than 28 days to resolve include:-

Action taken to minimise delays

- To ensure there is no delay in responding to a complainant and to cover for situations where Principal Managers are absent through sickness or are on leave, copies of information about complaints are now passed to Divisional Managers/Practice Managers

Operational matters

- The complexity of issues highlighted by complaints may require communication with other departments or agencies and/or where some degree of investigation has been necessary
- Delays can arise where precedence needs to be given to a criminal or disciplinary investigation or the application of Vulnerable Adult Abuse (VAA) procedures
- Difficulties arranging a meeting with a complainant to explain matters, or to try and avoid escalation of the complaint

3.5 In 2004/5 the part-time post of Assistant Customer Care Officer was established with a key task to “progress-chase” complaints. This seemed to result in some improvement in 2005/6 but there is room for further improvement. Overall, for the two directorates (C&YP, H&C), in 2005/6 67% of all complainants received a response at Stage 1 within 28 days compared with 52% in 2004/5. For Services for Adults and Older People, the respective percentages were 64% and 55% - see the table in para. 3.3.

3.6 Complaints have a 3-stage process (please see Appendix 1). Illustration of the range of complaints received includes:-

- **Training issues** - incorrect use of lifting equipment used to transfer people from bed to chair (highlighting a training issue taken up with the service provider)
- **Procedures** - change of procedure regarding the booking of respite placements (the complaint resulted in some modification to the procedure)
- **Respect and courtesy** - staff member entering a resident’s room without first knocking (a reminder that a resident’s room is also their home)
- **Errors** - alleged in respect of charging for services
- **The withdrawal of a package of care** - in whole or in part

3.7 **Complaints progressing to Stage 2:-**

Where complaints cannot be resolved at Stage 1, people have a right to have the complaint investigated by an independent person. Complaints which went to Stage 2:-

3.7.1 2004/5 – 3

3.7.2 2005/6 – 1. The independent investigation of this complaint had to be deferred until the completion of another investigation by an external agency. The Social Services independent investigation is now proceeding.

3.8 Complaints progressing to Stage 3:-

Where complaints at Stage 2 remain unresolved, people have the right to ask for the matter to be referred to a review board. Complaints which went to Stage 3:-

3.8.1 2004/5 – one Review Panel was held which related to a complaint that had originated at Stage 1 in 2003/4.

3.8.2 2005/6 – as for 2004/5, 1 relating to a complaint originating in the previous year.

3.9 Complaints progressing to the Ombudsman:-

3.9.1 2004/5 – None relating to services for adults aged under 65 and older people.

3.9.2 2005/6 – 2 (see para. 3.8).

3.9.2.1 The first complaint was in respect of Intermediate Care issues for the care of an elderly person. As part of the Local Settlement, further information relating to the Stage 2 investigation was released to the family and an independent audit of the case file was carried out. The file reviewer found that the information recorded on the case file met required standards and concluded that the social worker did not have final determination of eligibility for Intermediate Care. Officers of the Council met with Health professionals to take on board all issues arising from the investigation. We believe that the Healthcare Commission is undertaking a separate investigation relating to an associated complaint made to the NHS. As a result of this complaint a quality control check was introduced to ensure that Stage 2 reports meet standards in terms of depth of information about the investigation process, outcomes and conclusions.

3.9.2.2 The second complaint was made under the Vulnerable Adult Abuse Procedures and related to actions taken by social work staff. The Ombudsman did not consider any evidence of maladministration by the council and the investigation was discontinued.

3.10 **Compliments** received in 2004/5, 2005/6:-

Service Area	2004/5	2005/6
Older People, including Services for People with Physical Sensory Disabilities	39	34
Services for People with Learning Disabilities	9	1
Services for People with Mental Health Problems	6	7
Health & Partnerships	8	2
Total	62	44

Examples of the range of compliments received include:-

- **help and advice** provided by Mental Health Carers' Support Group
- **respite services** provided by volunteers under the Adult Placement Scheme
- help given to improve a person's **quality of life** in their final years of life
- **quality of Social Worker's paperwork** assisting with a resident's case review
- providing **access** and a **welcome** to carers' centres in Runcorn and Widnes and for the support given in terms of **carers' breaks** and advice
- **help given** to cope with depression, giving confidence to go out

Improvements and Promotion

- 3.11 **Fewer complaints** have been logged following a review of the internal procedure for monitoring external care agencies' services. Care managers are being more proactive in confronting issues before they develop into complaints. The revised procedure has led to more issues being dealt with appropriately under the Vulnerable Adults Procedures. Unresolved problems have been taken forward as complaints.
- 3.12 **Comments** about the performance of service providers are recorded and details held by the Contracts Monitoring Team to help identify action required in service delivery.
- 3.13 In 2004/5, a dedicated mobile phone number was set up to offer people (with children mainly in mind) the facility of complaining by **text messaging**.
- 3.14 A process to record **feedback** about how complaints were handled will be developed and monitored.
- 3.15 There is an intention to develop a more robust database to enable better collection and processing of **management information**. A business case has been prepared and is awaiting the identification of corporate resources to develop further.
- 3.16 During 2005/6 a series of **training** sessions on the Social Services Complaints Procedure was held for staff generally and for managers involved with Stage 1 and Stage 2 investigations.
- 3.17 **National Changes** - in 2004/5 the Commission for Social Care Inspection, the Department of Health and the Department for Education and Skills invited local

authorities and interested parties to comment on proposals for changes to the Social Services Complaints Procedure in England. A Statutory Instrument was laid before Parliament on 29 June with implementation on 1 September 2006. A summary of the changes is provided in Appendix 2.

4.0 POLICY IMPLICATIONS

- 4.1 Complaints and compliments provide the Council with practical guidance on the effectiveness of policies.
- 4.2 Practice and procedure may be changed as a result of the outcome of a complaint investigation.

5.0 OTHER IMPLICATIONS

- 5.1 The revised regulations and procedures will be implemented in concert with similar action being taken within the Children & Young People’s Directorate, who also will be implementing new regulations and procedures relating to complaints about the care of children and young people.

6.0 RISK ANALYSIS

- 6.1 Listening to what people say about our services is a valuable form of performance monitoring. Failure to process and respond to such information could result in the Council failing to carry out its duties in a positive and professional manner.
- 6.2 Monitoring of response times is important, as deadlines are embodied in statutory regulation. The Customer Care Team monitor managers’ responses and encourages them to meet regulatory timescales. Reports on complaints and compliments will be provided quarterly to Directorate Management and annually to Senior Management.

7.0 EQUALITY AND DIVERSITY ISSUES

- 7.1 Since 2004/05, people completing complaint forms have been invited to return a form declaring ethnic origins and age group. The following information has been gathered:-

	2004/5			2005/6		
Age grouping/Ethnic grouping	31-64	65+	Total	31-64	65+	Total
White British	4	6	10	12	8	20
Asian/Asian British					1	1
Total	4	6	10	12	9	21

Appendix 1

Complaints – The 3 stage process

Stage 1

We aim to resolve most complaints as soon as possible from when the problem first arose. Teams and centres are responsible for responding to problems as quickly as possible. Sometimes, people will go direct to the team or unit to ask for their problem to be looked at or they may ask the Customer Service Officer or a senior manager. Regardless of the method of entry, the Principal Manager of the team which the complaint concerns will be asked to investigate the concerns and provide the complainant an explanation of what has happened and why, and what needs to be done to put matters right. We aim to answer complaints at this stage within 28 calendar days or within 14 days if the complainant is a child or young person.

Registering comments and complaints with the Customer Service Team is important because it ensures we can oversee the management of the complaint investigation, ensure lessons are learned, where needed, and make sure the complainant is aware of their rights to move to the next stage of the process if they are unhappy with the outcome.

Stage 2

If someone is unhappy with the response at Stage 1 they have the right to ask for their complaint to be formally investigated at Stage 2. People also have the right to request an investigation at Stage 2 without working through Stage 1, if they prefer. Sometimes the nature or complexity of the complaint means that we recommend that the complaint is looked into at Stage 2 immediately.

Stage 2 complaints are investigated by a nominated Investigating Officer, who is independent of the team or unit where the problem arose; they may even be independent of the Council. We aim to send a report of the investigation to the complainant within 28 days or agree a different completion date (up to six months) with them, if necessary. The relevant Divisional Manager is responsible for responding to the complainant and outlining what action, if any, will be taken in relation to the recommendations.

Stage 3

If a complainant remains dissatisfied with the outcome and recommendations at Stage 2, they have the right to request an independent Review Panel. They will be invited to make a submission to the Panel, which usually comprises two Members and/or senior managers from other directorates and an independent person in the chair who has no connection with the Council. The Panel will consider the complaint, whether it has been properly investigated, and why the complainant is dissatisfied with the outcome. The Panel will make recommendations for resolution to the Operational Director who has responsibility for responding to the complainant.

NOTE: Beyond Stage 3 the complainant has the right, if still dissatisfied, to ask the Ombudsman to review the local authority's actions for evidence of maladministration. A further option is judicial review.

Appendix 2

The Local Authority Social Services Complaints (England) Regulations 2006

These regulations came into effect on 1 September 2006.

The basic principles of the Social Services Complaints Procedure remain in force and the regulations clarify a number of issues:-

- All references to timescales are defined in working days;
- Clarification of who can make a complaint, particularly where a person claims s/he is acting in the best interests of a service user;
- LAs may refuse to consider a complaint where the complaint is seen as being
 - Unclear
 - Frivolous or vexatious
 - *Guidance will be needed to ensure LAs apply such conditions fairly and uniformly.*
 - Where proceedings are already under way under s59 Care Standards Act.
- A time limitation of 12 months on a matter being brought to the LA's attention, subject to reasonableness in the matter not being raised earlier and to it still being possible to consider the complaint effectively and fairly.
- Processing arrangements are clarified where a complaint relates in part to "relevant functions" considered under the SS Complaints Procedure and in part to Care Standards.
- Stage 1 is referred to as "Local Resolution". Same timescale, but now referred to as 20 working days from date of receipt.
- After receipt of a letter from the LA giving an explanation of findings at the Local Resolution stage, the complainant has 20 days to ask for the complaint to progress to the "Investigation Stage" (Stage 2).
- If the 20-day period provided for Local Resolution has expired without the complainant having received any explanation the complainant may ask for the complaint to move to the Investigation Stage. *This is a significant change.*
- The timescale for the Investigation Stage is 65 days from the date the complainant requested progression. However, if the LA has not sent a report summarising the outcome of the investigation to the complainant within 25 days, the complainant must be notified of the date it expects to send the report. *This is a more reasonable timescale.*
- A complainant will have 20 days in which to ask for a Review Panel, that is 20 days from receipt of the Investigation Report and Action Plan or after the expiry of the 65 days, whichever is the sooner.
- The LA will have 30 days in which to set up the Panel and for the Panel to meet.
- Membership of a Panel. *A change here.* The Panel to comprise three people two of whom must be independent of HBC, including the Chair.
- Within 5 days of the Panel hearing, the Panel must:
 - Decide whether the LA dealt adequately with the complaint. *A change here. It will be interesting to see whether the guidance elaborates on this.*
 - Notify the complainant and the LA of its decision. *Further change here – The Panel decision has been communicated either by the Operational Director or a senior Legal Officer attending the Panel.*
- Processes for dealing jointly with complaints that are part NHS and part Social Services are also clarified.

- A LA should appoint a Complaints Manager whose role would be to coordinate all aspects of its consideration of complaints under these Regulations.

Transitional arrangements are detailed for those complaints in process at 1 September. Complainants may have option to transfer to the new Regulations e.g. where there is an unexplained delay and the new Regulations may give the complainant some redress.

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 7 November 2006

REPORTING OFFICER: Strategic Director – Children and Young People

SUBJECT: Health Of Looked After Children Scrutiny Topic

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 To present an update on the progress of the action plan.

2.0 RECOMMENDATIONS: That

2.1 The progress of the action plan is noted.

2.2 That continued progress of this action plan is accountable to the Looked After Children's Mini Trust.

2.3 The action plan is presented to the Children and Young People Policy and Performance Board.

3.0 BACKGROUND

3.1 In March 2006 the Health Policy and Performance board was presented with the findings of the health of looked after children scrutiny group. An in depth audit of 90 LAC case files was carried out resulting in the action plan.

3.1 The board agreed that the action plan be adopted and its implementation be monitored by the board. It notes Halton's performance in relation to the completion of health assessments is 91.2% compared to 77.3% national average which continues to be excellent performance.

4.0 POLICY IMPLICATIONS

4.1 None.

5.0 OTHER IMPLICATIONS

5.1 None.

6.0 RISK ANALYSIS

6.1 Improving the health and well being of Looked after Children is central to the government's integration agenda and implementation of the

action plan and subsequent monitoring will ensure that the council and health partners are addressing the requirements of the legislation.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 Equality and diversity issues are fully addressed in the implementation of this plan.

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

<u>Document</u>	<u>Place of Inspection</u>	<u>Contract Officer</u>
Children Act 2004	Ria Bannigan's Office, Grosvenor House	Ria Bannigan
Every Child Matters Change for Children	Ria Bannigan's Office, Grosvenor House	Ria Bannigan
Promoting the Health of Looked After Children	Ria Bannigan's Office, Grosvenor House	Ria Bannigan
Healthy Care Programme Handbook	Ria Bannigan's Office, Grosvenor House	Ria Bannigan

LAC Health Audit Action Plan

Recommendations and Actions

Recommendation	Action	Lead Responsibility	By When	Progress
1. Primary Care Trust to inform the Safeguarding unit (SGU) of the dates Health Assessments have been arranged and that a system is established within the Unit for informing the child's Social Worker also to check weekly whether they have taken place. Safeguarding unit will then establish reasons why Assessments have not taken place.	System set up to inform SGU of Health Assessment dates SGU to establish reasons why Assessments have not happened and report quarterly to Divisional Management team.	Primary Care Trust- Dr Bhattacharya Safeguarding unit	April '06 Ongoing	Systems now in place
2. The date the Assessment document arrives in the Safeguarding unit should also be logged and timescales for implementation of the planned actions to start from that date. Social workers to ensure there is no drift in actions identified.	SGU to log date Assessment document arrives. Social Worker to manage actions identified in Assessment Plan.	Safeguarding unit DM LAC/ DM CIN	Ongoing Ongoing	System in place to log and report on in SGU quarterly reports Social work reports for children's review have been revised to include identified health need person responsible and timescale to meet need.
3. Primary Care Trust to ensure Annexe forms (pen picture of child completed by carer) are sent to SGU with the completed Health Assessment.	All annexe forms completed are sent to SGU with the Health Assessment	Primary Care Trust	Ongoing	System in place.

Recommendation	Action	Lead Responsibility	By When	Progress
4. Supervising Social Worker to be notified by SGU and follow up with Carers when Annex form is not completed prior to Health Assessment.	System to be set up for notifying Supervising Social Worker Supervising social worker to follow up with Carers if Annexe form not completed	Safeguarding unit Adoption & Fostering Service	April '06 Ongoing	There is a system in place
5. Adoption & Fostering Service to undertake training with Carers promoting the health of LAC and covering their responsibilities in ensuring the health needs of the children placed with them are met.	Training for Carers to be developed by AFS Training delivered to Carers on a regular basis	Adoption & Fostering Service- principal manager Adoption & Fostering Service- Principal manager	Dec 06 Ongoing from Oct '06	Training officer has been appointed to progress this. LAC Nurse will make links with training officer to co ordinate training
6. All Health Assessments documents for Looked After Children to be typed.	All Health Assessments typed	Primary Care Trust- Dr B	October '06	PCT are unable to agree to health assessments being typed. All doctors have been advised to print clearly. Training regarding record keeping is to be delivered to doctors
7. All Health Assessments should be thorough, complete and identify Lead Professionals and Timescales.	PCT to ensure all Health Assessments are complete SGU set up system to monitor	Primary Care Trust- Dr B Safeguarding unit -Paula St.Aubyn	Ongoing April '06	This will be monitored via care planning and review meetings any

				issues to feed back via Paula St Aubyn to DR B who in turn will raise with the individual doctor.
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Recommendation	Action	Lead Responsibility	By When	Progress
8. A Summary Sheet is designed for the child's file identifying and tracking the progress of specialist health services which are involved in providing services to the child.	Design template to go on Child's File Complete and keep up to date information on file	Safeguarding unit DM LAC/ DM CIN	Completed Going 'live' on electronic form Jan 2007	This has been incorporated into a revised care plan and Lac review doc which social workers complete.
9. PCT to review arrangements for speech therapy services.	Speech therapy service to be reviewed.	PCT-Dr B	October 2006	This service will offer LAC an initial assessment within 1 month and if therapy is required this is offered within 3 months.
10. Primary Care Trust in conjunction with the Nurse Specialist for Looked After Children to ensure that Health Reports are returned to the Safeguarding unit prior to the Review.	PCT to ensure Health Reports returned to SGU Set up system to monitor the completion of reports	Primary Care Trust LAC Nurse Specialist	Ongoing April '06	System in place and this is reported on in SGU quarterly report.
11. Social Worker to inform relevant Health professionals of additional health needs identified during the care planning process or the course of the child/young person's LAC Review.	System developed for SW to feedback issues to Health	DM LAC/ DM CIN	June '06	Completed Social workers must record in updated care plans and review documents Overseen by line manager who chairs the care-planning meeting.
12. A system is established for ensuring that the Safeguarding unit	System developed to track young people opting out	Safeguarding unit	April '06	System now in place

identifies all young people who have chosen to opt out of a Health Assessment. This will ensure that they are all offered alternative Health Assessments.	All opt-outs to be offered alternative assessment	LAC Nurse Specialist	Ongoing	
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Recommendation	Action	Lead Responsibility	By When	Progress
13. The Child's Social Worker to ensure that young people sign the "opt out" form when they choose not to attend a Health Assessment	All opt out forms to be signed and on child's file Copies to be sent by s/w to SGU and LAC nurse who will copy to DR B	DM LAC/ DM CIN	Completed	Completed Monitored by reviewing managers at LAC review.
14. All health assessments for secondary school aged children should include a confidential discussion without the carer present to give the opportunity to raise personal or sensitive issues with the person completing the assessment.	Assessment to include confidential discussion without carer parent	Primary Care Trust- Dr B	October '06	Doctors unable to see child on their own as policy of pct for child to be accompanied by an adult. School health nurses will be able to offer a confidential discussion
15. The venue for health assessments is carefully considered and the views of the child/ young person taken into account when deciding on a venue.	Child's views to be taken into account when setting a venue for Health Assessment	Primary Care Trust	Ongoing	Young people are asked where they wish to meet when having alternative health assessment
16. Whenever possible Health Assessment and Review should be held outside school hours.	Health Assessments outside school hours	Primary Care Trust	Ongoing	Issues re capacity of school health nurses (do not work during school hols or outside school hours).

Recommendation	Action	Lead Responsibility	By When	Progress
18. Health professionals completing the assessment or review should write a brief summary in the child/young person's Personal Health Record.	Summary of Health Assessment to be written in Personal Health Record Booklet held by carer	Primary Care Trust AFS training officer	DEC '06 then ongoing	In training with foster carers this must be emphasised. LAC nurse will liaise with training officer to co ordinate training.
19. Personal invitations to be sent to children and young people with a tear off slip to return in a pre-paid enveloped on which they can list issues they wish to discuss during the assessment. This will be linked to the proposed one-to-one discussions in Recommendation 17.	Standard letter devised with tear off slip to be sent personally to child/young person Issues raised to be discussed in confidential part of Health Assessment	School health nurse team leader Primary Care Trust	October '06 October '06	Completed by School health nurse team leader. Responsibility of school health nurses to send letter.
20. Children's Rights Service to encourage children and young people to contribute articles to the newsletter dealing with health issues.	Articles by young people dealing with health issues to be included in newsletter	Childrens Rights Service	Ongoing	Regular features re health in Lac newsletter Drawing competition during August 2006 to design a poster 'what makes me healthy'
21. Children's Rights service to consult more widely with Looked After Young People regarding health information available in schools.	Wider consultation with Looked After Children	Children's Rights Service	June 2006	This is taken forward on a wider basis for all children in schools by use of Healthy Information points based in schools

Recommendation	Action	Lead Responsibility	By When	Progress
22. School Nurses are now expected to complete all Health Assessments after the initial assessment, resources in this area need to be reviewed to ensure there is no slippage in timescales for completion of Assessments.	Review of School Health Nurse resource to meet requirement to complete Health Assessment	Primary Care Trust	October '06	Divisional manager has met with health colleagues to emphasise timescales must be adhered to. PCT have agreed Doctors will complete health assessments if required during school holidays.
23. Social Worker should scrutinise the progress of all actions identified as part of the Health Assessment and ensure there is no drift in their implementation.	Social Worker to oversee the progress of all identified actions	DM LAC/ DM CIN	Ongoing	Independently reviewed and monitored at child's statutory review.
24. to Improve the mental health of LAC To ensure 100% of LAC entering the system have a mental health assessment	To consider appropriate tools for this baseline assessment	CAMHS EDUCATIONAL PSYCHOLOGIST	Jan 07	Ongoing
25. To have clarity regarding delegated consent	S/W to ensure those with p/r have signed delegated consent on appropriate form.	DM LAC DM CIN	Sept 06	Monitored via SGU when requests made for health assessments
26. When consent unobtainable from those with parental responsibility, timely delegated consent required with a clear process.	Pro forma devised to evidence why consent unobtainable.	Marie Fairbrother	Oct 06	Pro forma form agreed and to be briefed to social workers with implementation Oct 06

27. LAC to have timely access to Preventative Dental Service.	Preventative Dental Service to agree a fast tracking system.	Preventative Dental Service	Completed	All LAC children now have access to timely dental services.
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