



**Healthy Halton Policy and Performance Board**

**Tuesday, 13 March 2007 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**

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

*Please contact Caroline Halpin on 0151 471 7394 or e-mail [caroline.halpin@halton.gov.uk](mailto:caroline.halpin@halton.gov.uk) for further information.  
The next meeting of the Board to be confirmed*

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

**Part I**

<b>Item No.</b>	<b>Page No.</b>
<b>1. MINUTES</b>	
<b>2. DECLARATION OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS)</b>	
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.	
<b>3. PUBLIC QUESTION TIME</b>	<b>1 - 2</b>
<b>4. EXECUTIVE BOARD MINUTES</b>	<b>3 - 5</b>
<b>5. DEVELOPMENT OF POLICY ISSUES</b>	
(a) The Healthcare Commission Annual Health Check 2007: 5 Borough's Partnership NHS Trust	<b>6 - 11</b>
(b) Update on Implementation of 'Change for the Better' in Halton	<b>12 - 16</b>
(c) The Healthcare Commission Annual Health Check 2007: North Cheshire Hospitals NHS Trust	<b>17 - 27</b>
(d) The Healthcare Commission Annual Health Check 2007: Halton and St. Helen's Primary Care Trust	<b>28</b>
(e) Travel Policy and Procedure	<b>29 - 44</b>
<b>6. PERFORMANCE MONITORING</b>	
(a) Performance Monitoring Reports for the 3rd quarter (2006/07)	<b>45 - 49</b>

*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:** 13 March 2007

**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:** 13 March 2007

**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 12 September 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 SUB COMMITTEE MEETING HELD ON 7 DECEMBER 2006**

**HEALTH AND SOCIAL CARE PORTFOLIO**

**ES60 Intermediate Care Crisis Beds**

The Sub-Committee considered a report which sought authority to continue with the contract for two residential intermediate care crisis beds with Southern Cross/Highfield Health Care (Beechcroft Care Home), for up to six months, to suspend Contract Standing Orders, and approve delegated powers to enter into a contract without going out to competitive tender.

The Beechcroft Crisis beds were opened on 12<sup>th</sup> August 2005, these beds were an essential part of the service, and enabled the authority to manage more complex risk issues, negating the need to admit unnecessarily to more intensive services. The occupancy rate of these beds was 95%.

It was reported that compliance with Standing Orders was not practicable for reasons of no expressions of interest returned within timescales for the provision of this service. Expressions of interest had been requested twice. The existing contractor did express an interest verbally, however, due to administrative difficulties did not return a written expression of interest.

The request for waiver of Standing Orders was made to sustain this essential operational service, particularly over the winter period. The waiver was requested for a period of six months, to allow the time to again explore the market for the provision of these beds. Following the six month period, delegated authority was requested for the Operational Director (Older People) to award the contract, within the framework of Standing Orders, to 31<sup>st</sup> March 2008. If the waiver was not agreed, this could result in a decrease in service provision, particularly in Runcorn. This could result in an increase in admissions both to long term care and hospital, due to the lack of services in the community.

RESOLVED: That for the purposes of Standing Order 1.6c, that is if compliance is not practicable for the reason of the level of training support that has been provided within this environment and the need to continue to operate the service of two intermediate care crises beds in Runcorn, Procurement Standing Orders be waived in respect of the extension of the present contract with Southern Cross/Highfield Health Care (Beechcroft Care Home) for a period of up to six months from 31<sup>st</sup> December 2006.

**REPORT TO:** Healthy Halton Policy and Performance Board

**DATE:** 13 March 2007

**REPORTING OFFICER:** Strategic Director, Health and Community

**SUBJECT:** The Healthcare Commission Annual Health Check 2007

**WARDS:** Boroughwide

## **1.0 PURPOSE OF THE REPORT**

1.1 To update the Policy and Performance Board of progress made in 5 Borough's self assessment against The Standards for Better Health during the period April 2006-March 2007.

**2.0 RECOMMENDATION: That the Board make a 3<sup>rd</sup> party commentary from the Policy and Performance to accompany the submission of the Annual Health Check declaration to the 5 Borough's Partnership NHS Trust Board – March 29<sup>th</sup> 2007 and to be made public on the Trust's website from April 2007**

## **3.0 SUPPORTING INFORMATION**

3.1 Please see our self assessment against the Standards which have been nominated by The Healthy Halton Policy and Performance Board in February 2007.

## **4.0 POLICY IMPLICATIONS**

4.1 None applicable

## **5.0 OTHER IMPLICATIONS**

5.1 None applicable

## **6.0 RISK ANALYSIS**

6.1 A Key opportunity is provided to demonstrate to the Board compliance with the nominated Standards for Better Health and the evidence base that can be provided as assurance to the Board.

6.2 It is also proposed that further ongoing opportunities be made available to the partners to be able to review progress at regular intervals throughout 2007/2008 cycle of meetings.



**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 The selected Standards for self assessment focus upon Equality and Diversity issues

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

8.1 There are no background documents under the meaning of this Act.

## APPENDIX 1

<p>C14a Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.</p>	<p>Compliant Actively support the local Halton Mental Health Forum, promoting open dialogue about complaints</p> <p>Staff from 5B's actively support Carers' Centres (Widnes and Runcorn) With minuted discussions about communications, complaints, getting the right message across etc</p> <p>Trust PALS officer supports individuals and families in constructive communication, feedback to staff and complaints etc</p> <p>Regular meetings of the Joint Service User/ Carer Forum (JSUCF) with regular meetings with senior staff</p>
<p>C14b Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made</p>	<p>Compliant Currently undertaking survey with JSUCF on this standard</p> <p>Issue addressed in the Trust Equality &amp; Diversity scheme &amp; action plan (jointly written with service users and carers)</p> <p>Discrimination covered in the Trust Complaints Policy</p> <p>Service User and Carer sit on the Trust Services and Standards Committee, which receives all complaints</p> <p>Service User and Carer representation on the Trust Board</p>
<p>C14c Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.</p>	<p>Compliant Service User/Carer sits on the Change for the Better (Service Redesign) Board.</p> <p>Service User &amp; Carers involved in determining the Trust's strategic direction</p> <p>Service User/Carers sit on local delivery teams for Change for the Better</p> <p>Service Users and Carers involved in local Mental Health Partnership Board</p> <p>Full involvement with PPIF</p>
<p>C16 Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information</p>	<p>Compliant Service User &amp; Carer Reader Panel established, which authorises Trust wide information</p> <p>Range of Trust leaflets available in reader friendly formats</p> <p>JSUCF ensures appropriate staff training on the need for a diverse range of communications, including Braille, large</p>

<p>on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care</p>	<p>print, symbols, different languages etc Trust has an internal PPI advisory group which has looked at accessibility of information</p> <p>Standardised interpreter service available across the Trust.</p>
<p>C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services</p>	<p>Compliant Service User/Carer sits on the Change for the Better (Service Redesign) Board.</p> <p>Service User &amp; Carers involved in determining the Trust's strategic direction</p> <p>Service User/Carers sit on local delivery teams for Change for the Better</p> <p>Service Users and Carers involved in local Mental Health Partnership Board</p> <p>Health Care Commission comparisons across North West Partnership Trusts (January 2007) demonstrate effective Service User mechanisms are in place</p>
<p>C18 Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably</p>	<p>Compliant JSCUF promotes and shares best practice Managers work across health and social care boundaries</p> <p>Equitable standards across the 5 Boroughs</p> <p>Busy Equality, Diversity and Inclusion Unit at 5Bs which promotes equality through working with local groups Through induction (all staff receive training) Through ongoing training of Managers &amp; staff Annual programme of Equality &amp; Diversity events/ training linked to the NHS Knowledge &amp; Skills Framework</p>
<p>C22a C22c Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other</p>	<p>Compliant Joint arrangements at Director Level across Trust/Local Authority/PCT partners</p> <p>Locally staff work in integrated teams</p> <p>Partnership Agreements exist outlining responsibilities and agreements about cross boundary services/ shared services</p> <p>Local involvement in mental health Partnership Boards/ LD Partnership Boards and wider forums</p>

<p>organisations and contribution to local partnership arrangements</p> <p>22b By ensuring that the local director of Public Health's Annual Report informs policies and practices.</p>	<p>The Trust is achieving it's NICE, NSF and Local Delivery Plan Targets with regular presentations to the SHA.</p>
<p>D5 Healthcare organisations work together and with social care to meet the changing needs of their population by having</p> <p>a) an appropriately constituted workforce with appropriate skillmix across the community</p> <p>b) ensuring the continuous improvement of services through better ways of working</p>	<p>(No need to self assess against this Developmental Standard in 2007 cycle)</p> <p>Workforce issues consulted on in the Change for the Better Consultation exercise</p> <p>Revised programmes 'Essentials for Managers' and 'Essentials for Clinicians' to ensure knowledge and skills of existing workforce remains up to date</p> <p>Better Ways of Working underpin the Change for the Better Consultation</p> <p>Integrated Service Improvement Programme being agreed with the SHA to insure better and modernised ways of working</p> <p>All staff have completed competence testing 2006/7</p> <p>Business Plan 2007/8</p>
<p>D8 Healthcare organisations continuously improve the patient experience, based on the feedback of patients, carers and relatives</p>	<p>(No need to self assess against this Developmental Standard in 2007 cycle)</p> <p>Service User member of the Change for the Better Programme Board</p> <p>Regular presentations to the JSUCF regarding planned change</p>
<p>D9 Patients, service users and carers receive timely and suitable information on treatment, care, services, health promotion and are encouraged to express their preferences and are supported to make choices about their own health care</p>	<p>(No need to self assess against this Developmental Standard in 2007 cycle)</p> <p>National Patient survey data.</p> <p>Suggestion boxes are available throughout the Trust</p> <p>Service User Forum undertakes audit of Trust services and publish results</p> <p>Programme in place regarding improved physical care for</p>

	<p>patients with mental health problems</p> <p>Full service User/Carer involvement in the Trust no Smoking policy which now operates throughout the Trust</p>
<p>D10 Patients and service users, particularly those with long term conditions are helped to contribute to planning of their care &amp; are provided with opportunities and resources to develop competence in self care.</p>	<p>(No need to self assess against this Developmental Standard in 2007 cycle)</p> <p>The Care Programme Approach involves Patients and Service Users in making decisions about care</p> <p>The Recovery model of Care which is being adopted throughout the Trust is based on health promotion &amp; illness prevention principles</p>

**REPORT TO:** Healthy Halton Policy and Performance Board

**DATE:** 13 March 2007

**REPORTING OFFICER:** Strategic Director, Health and Community

**SUBJECT:** Update on 'Change for the Better' in Halton

**WARDS:** Boroughwide

### **1.0 PURPOSE OF THE REPORT**

1.1 To receive an update on the implementation of 'Change for the Better' in Halton.

**2.0 RECOMMENDATION: That the update be received.**

### **3.0 SUPPORTING INFORMATION**

3.1 At its previous meeting on 10 July 2006 the Board considered the consultation on the modernisation and redesign of Mental Health Services for Adults for people in Halton, Knowsley, St Helens and Warrington.

3.2 The Board concluded that under Regulation 4 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 SI No. 3048 regulations, the proposal was a substantial variation in the provision of mental health services and as such be subject to joint scrutiny by Halton Borough Council (BC), Warrington BC and St. Helens BC.

3.3 In accordance with this a number of joint meetings took place between July and November 2006 and a final meeting has been scheduled for 19 April 2007.

3.4 The attached Appendix 1 gives an update on the successes and achievements to date.

### **4.0 POLICY IMPLICATIONS**

4.1 None applicable.

### **5.0 OTHER IMPLICATIONS**

5.1 None applicable.

### **6.0 RISK ANALYSIS**

6.1 None applicable.

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None applicable.

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

8.1 Appendix 1 attached.

## **HALTON MENTAL HEALTH SERVICES**

Update on Implementation of 'Change for the Better'

### **Successes/Achievements**

**Assertive Outreach Team** - No plans to change this service it will continue to remain at Widnes, Vine Street.

The service has already reached its LDP target of 57 patients.

A Social Worker (0.5wte) needs to be recruited to make this team compliant with the Policy Implementation Guidance.

**Early Intervention Service** - This service is shared with Warrington. Presently it has 1 Halton staff though the 3 vacant posts have all been matched and identified and will hopefully start in March.

As this is a joint service with Warrington, the Warrington staff are currently supporting the Halton staff with regard to referrals.

I am happy to report that though this service reported nil activity prior to its establishment and has only been available from 18<sup>th</sup> December 2006, it currently has 12 patients within its service, which has caught up with Warrington who have been going for over a year.

The Halton worker is based at St John's in Widnes. The current rate of referrals would suggest that Halton may indeed come close to meeting its LDP target by March 31<sup>st</sup> 2007.

### **Crisis Resolution/Home Treatment - CRHT**

The CRHT has expanded since April and now has 14 staff. The service has been operating 24/7 since Monday 12<sup>th</sup> February 2007 and work is underway to launch this externally to our relevant partners.

A Social Worker has been recruited to the vacant post to ensure PIG compliance and they are expected to take up post in June 2007.

Finally, the Occupational Therapist vacancy will be advertised and recruited to.

**Heath Ward** – Heath Ward closed on Monday 26<sup>th</sup> February 2-007 with minimal disruption to immediate service users and carers.

There is a protocol for those patients with a functional illness over the age of 65 and this has been adapted and agreed via the Local Delivery team.



**Resource & Recovery Centre aka Bridge & Weaver Wards** – Work commenced on January 8<sup>th</sup> 2007 to improve the environments of Bridge & Weaver wards and this work is expected to be completed by March 26<sup>th</sup> 2007.

These works include the development of a 'vulnerable area' to meet the needs of a specific client group/individual.

Most importantly on completion of this work Bridge & Weaver will become gender specific wards and not locality based.

That is Bridge will become a male ward and Weaver will become a female ward.

The appointments of a Service Manager and Modern Matron within the last 4 weeks to support the Head of Service and the implementation phase of 'Change for the Better'.

**Challenges – Key areas still requiring delivery.**

Day Hospital Closures. There is a need to improve communication in respect of the day hospital closures of Pine Day Unit and St John's.

At the beginning of February day hospitals contacted every service user who receives either care, treatment or clinic arrangements, a letter was sent informing them of the proposed plans for the day hospitals. Two 'Open Events' were held at Widnes and Runcorn respectively and a total of 91 service users attended both events.

It was agreed that further planned events to keep service users advised of progress would be useful and this will be arranged. Furthermore, a request by service users for an information leaflet on progress at Halton was requested. This too will be facilitated.

The key challenges will be:-

- The transfer of 63 patients on Enhanced CPA to the respective CMHT's of Widnes and Runcorn. This will result in the need for some temporary investment and resource for both teams to accommodate this.
- The CMHT's to run depot clinics to meet the service user population needs in this area.
- The Clozaril resource to plan carefully its services to the borough of Halton given the two distinct communities i.e. Widnes & Runcorn and therefore a split of these would be advised.
- The biggest challenge that lies is within the area of medicines management, which will need carefully considered planning in respect
- of shared care protocols et al. A project manager post at Band 7 has been advertised to lead in this particular piece of work.

- Unfortunately, until this has been achieved it will be necessary to provide certain clinics within the day hospital settings particularly at St John's for the next several months. Again this involves potential resource implications.
- Finally, there is a cross section of service users particularly at Pine Day Unit who access services in a more recreational fashion. It will be necessary to work with our professional partners and stakeholders with regards meeting the need of this particular client group.

**Access & Advice** - Currently Halton adults has an Access & Advice team that provides a screening service for referrals into the team. Unfortunately this is just one person, however, this team will expand to 5 shortly plus admin support.

A Team Manager has been identified and will take up position in March 2007 and a Criminal Justice Liaison nurse will be part of the team.

They will be housed at the Brooker Centre and again careful consideration is being given to communicating the launch of this service.

**Enhanced Day Treatment** - This is an area that still needs some attention and enhanced day treatments as indicated in the title will provide day services, psychotherapy etc. for those patients not requiring or who have been through primary care services. This will essentially be managed by Adult services but treatment will be provided by psychologists, CBT therapists and occupational therapists.

**Estates** An 'Open Event' was held in January. which was attended by service users, carers and staff and feedback was given via the LDT. Essentially the plans for Heath Ward are:-

- Relocation of the Section 136 room
- The relocation of the Crisis Team to Heath Ward on the ground floor to enhance access to the Resource & Recovery wards of Bridge and Weaver.
- Relocation of the Leadership Consultant on Heath ward to support the Crisis Team and the Resource and Recovery wards.
- Relocation of the Modern Matron again on heath ward to support the clinical environment.

Plans are available for consultation regards the first floor of the Brooker Centre which will need to accommodate:-

- Runcorn CMHT
- Access & Advice
- Enhanced Day treatment
- Psychology/Psychotherapy

Availability of a room for non-statutory bodies and the voluntary sector

**REPORT TO:** Healthy Halton Policy and Performance Board

**DATE:** 13<sup>th</sup> March 2007

**REPORTING OFFICER:** Liz Craig, Director of Governance, North Cheshire Hospitals NHS Trust

**SUBJECT:** Health Care Commission, Annual Health Check 2006/07

**WARDS:** All

**1 PURPOSE OF THE REPORT**

To provide accurate information to the Board regarding the North Cheshire Hospitals NHS Trust's position at the end of 2006/07 in relation to the Health Care Commission, Annual Health Check.

**2 RECOMMENDATION:**

**(1) That the Board reviews the content of the report.**

**(2) The Board is invited to comment on the performance of the Trust to the Health Care Commission on or before 1<sup>st</sup> May 2007.**

**3 SUPPORTING INFORMATION**

Presentation and supporting report including a summary of the trust's current position.

**4 POLICY IMPLICATIONS**

None known.

**5 OTHER IMPLICATIONS**

None known.

**6 RISK ANALYSIS**

None known.

**7 EQUALITY AND DIVERSITY ISSUES**

None known.

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

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
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**Report to  
Health Policy and Performance Board  
Halton Council**

**Annual Health Check Declaration  
2006/07**

## **Introduction**

North Cheshire Hospitals NHS Trust is a District General Hospital with services provided across two sites, at Halton and Warrington. The Trust employs approximately 3,500 staff and has recently undergone extensive changes both to its Executive and management structures and its services.

The Trust is currently undergoing a process of financial turnaround and building the future for Foundation Trust status in 2008. Its vision is 'to be the provider of choice for the health care need of the community.'

As part of that vision the Trust is working hard to ensure standards are enhanced and maintained including those targets and standards set by the Health Care Commission through the Annual Health Check.

This report provides a summary of the Trust's current position against the Annual Health Check 2006/07. It will include an overview of the self assessment process requested by the Health Care Commission and those standards to be included within this year's assessment in order for the Health Care Commission to define their final rating for the Trust.

The report will focus on those areas of partnership working across the health economy and those criteria identified as relevant to the Health Policy and Performance Board for Halton Council in order for the Board to provide comment on the Trust's performance against the standards should it wish to do so.

The comments, once submitted to the Health Care Commission will be made public and taken into account in relation to the Trust's final rating, along with other intelligence from numerous sources including the Patient and Public involvement forums, patient and staff surveys and national bodies.

## **Annual Health Check 2006/07**

The annual rating is derived from an assessment of performance and focuses on ensuring that basic standards are being met. The assessment is based on two parts:

- ◆ use of resources
- ◆ quality of services including:
  - The core standards
  - Existing and New national targets.

For 2006/07 the assessment process and the declaration made by Trusts will continue to assess organisations against the current core standards to ensure Trusts are 'getting the basics' right and meeting the existing and new national targets.

In addition, the assessment for Acute Trusts in 2006/07 will include a review of selected developmental standards including:

- ◆ Safety

◆ Clinical and Cost Effectiveness

The developmental standards have been devised to drive up the quality of care patients receive. In 2006/07, the annual health check will assess performance in 'shadow' form. This means that assessment of performance against developmental standards will not feed into the overall annual rating for this year. However, the Commission will expect it to form part of the rating from 2007/08.

The Trust's performance against the developmental standards will be assessed on a four point scale from 'limited to excellent' developmental progress. The expectation is that Trusts will declare increasingly improved levels of performance to reflect continuous improvement in the services they provide.

In addition in 2006/07 there will also be a number of planned service reviews including:

- ◆ Maternity
- ◆ Diabetes
- ◆ Substance misuse
- ◆ Adult acute in patient mental health care
- ◆ Race equality
- ◆ Learning disabilities
- ◆ Complaints handling
- ◆ Healthcare acquired infection

As with the developmental standards, the results of the service reviews will not form part of the overall annual health check rating in 2006/07, but will be used as assurance of performance.

## **Core Standards**

### **Domain 1: Safety**

#### **Core standard C1**

The Trust continues to make progress against all of the core standards within the safety domain. There is a proactive risk management department who promotes the reporting of all patient safety incidents across the organisation and to the relevant committees responsible for patient safety and importantly to the Trust board.

The Trust was one of the first organisations in 2005 to link up to the National Reporting and Learning System (NRLS) developed by the National Patient Safety Agency (NPSA) to ensure national learning is taking place as a result of reported incidents.

All relevant safety information is distributed across the organisation to ensure staff are informed and actions taken as a result of alerts and other communications issued through the Safety Alert Broadcast System (SABs).

**Core standard C2**

Child protection is actively promoted throughout the organisation with a dedicated Child protection Doctor and Nurse/Midwife working across the health economy with relevant partners to promote safe working practices and ensuring effective communication systems are in place to address child protection issues.

**Core standard 4**

Medicines management and waste management core standards have been met within this domain

The Trust has identified deficiencies within the two following areas of the Safety domain:

- ◆ To reduce the incidence of MRSA to 14 cases in 2007/08 as set out in its plan with the Strategic Health Authority
- ◆ To ensure reusable medical devices are properly decontaminated in appropriate facilities in line with 93/42 EEC.

The above two criteria remain a challenge for the organisation and action plans have been put in place to address the issues identified.

**Domain 2: Clinical and Cost Effectiveness**

The Trust has met all of the core standards on clinical and cost effectiveness

**Core standard C6**

The Trust works in-conjunction with other agencies and health care providers across the health economy to ensure all aspects of patient care are met appropriately.

The Trust has worked collaboratively in the development of its admission and discharge policy with community, voluntary and social services ensuring a single safe system of care is in place to meet the patient's ongoing needs.

The Trust is proactive in its approach to joint working with other agencies and actively engages with stakeholders and the public to ensure health care needs are met. This includes through partnership working of the local implementation teams, national services framework and child health needs.

**Domain 3: Governance**

The Trust has met all of the core standards on Governance.

The Trust applies the principles of sound clinical and corporate governance and undertakes systematic risk assessment and risk management across the organisation. These principles have been supported year on year through internal and external audit process including assessment from the audit commission, Health and Safety Executive (HSE) and the NHS Litigation Authority (NHSLA).



In addition the Trust actively supports its staff through often demanding developments, challenging discrimination and promoting equality within the whole of the business cycle.

The Trust has actively supported initiatives and improvements throughout the year to ensure all existing and new targets are to be met within a quality based environment.

#### **Domain 4: Patient Focus**

The Trust has met all of the core standards on Patient Focus

#### **Core standard C13**

The Trust takes every step to ensure that patients, carers and relatives are treated with dignity and respect at all times. Consent is obtained by the person undertaking the procedure or by someone who is familiar with the risks and benefits of that procedure so that a full explanation can be provided to the patient in order that an informed decision can be made.

#### **Core standard 14**

The Trust has a comprehensive complaints procedure which meets the requirements set by the NHS complaints Regulations 2004. These have recently been up dated in September 2006 and the Trust has reviewed its procedures in line with these regulations.

As a result of complaints, the Trust works closely with individual departments and managers to ensure patients, relatives and carers are not discriminated against and all concerns are investigated, acted upon and lessons learnt to ensure service improvements are made.

The outcome of complaints are reported through the Trust's Clinical Governance arrangements and to the Trust Board so lessons can be learnt accordingly across the organisation and improvements made where necessary.

#### **Core standard 15**

Patient's preferences are considered where possible throughout the organisation's services. This includes the provision of food choices to ensure a balanced diet is provided. At each meal a number of options are provided based upon nutritional requirements as recommended within the *Better hospital food programme* (2001)

The Nutritional status of all patients and in-particular elderly patients is assessed on admission and where appropriate throughout the patient's stay. This includes identifying where help with feeding is required.

Access to food is available 24 hours and information regarding this service is provided within the menu folder supplied at each patient's bedside

#### **Core standard 16**

Patient information is available across all of the services the Trust provides. The Trust has a specific patient information group which includes a member of the patient public involvement forum to ensure the information provided is legible and understandable.

A number of information leaflets are reviewed on a six monthly basis to ensure the information is evidence based, up to date and appropriate to the services of the Trust. Information is accessible through clinics, specific departments such as endoscopy and X-ray and within inpatient areas.

Access to experienced health professionals is always available should the patient require further information regarding their treatment.

### **Domain 5: Accessible and responsive care**

The Trust has met all of the core standards on Accessible and responsive care.

#### **Core standard 17**

The Trust actively seeks the views of patients, carers and the local community through a number of sources including:

- ◆ Patient Advice and Liaison service
- ◆ Complaints process
- ◆ Patient and public involvement forum
- ◆ Annual patient survey

The Trust maintains close working relations with the local patient and public involvement forum (PPI) seeking their views on a regular basis and supporting the forum's planned programme of visits to both hospital sites. The forum is well represented throughout the organisation with members encouraged to in put in to local and corporate committees.

Within 2006/07, the Trust has undergone a review of its local service provision with the development of the Halton site as a centre of Excellence for elective surgical procedures and the Warrington site providing acute care services to the population.

The reconfiguration included an extensive period of consultation across the local area seeking views of the population, health care agencies, councils and commissioners of care. As a result of the reconfiguration the Trust is able to provide more robust, accessible, safe and effective services for the population it serves.

#### **Core standard 18**

All the services provided by the organisation are offered and open to all diverse aspects of the population. Choices are available for patients, ensuring their needs are considered and met through this process.

#### **Core standard 19**

All patient information can be accessed in all relevant languages, interpreter services are provided when required and those with language or communication difficulties are supported through their episode of care.

## **Domain 6: Care Environment and Amenities**

The Trust has met all of the core standards on Care Environment and Amenities

### **Core standard 20**

The Trust endeavours to ensure the environment in which care for patients is provided is secure and safe at all times.

The Trust has a close working relationship with the HSE and has received a positive assessment of its environment by them this year.

The Trust will continue to work through the action plan developed in conjunction with the HSE inspector to ensure the safety and welfare of its patients, visitors, staff and contractors are met.

Where possible the Trust has taken steps to provide services in environments that are supportive to patient privacy and confidentiality. Single sex accommodation is provided in the majority of care areas of the Trust and is available should it be the patient's preferred choice.

### **Core standard 21**

The Trust continues to take every step to ensure the care environment, it's supporting facilities and high standards of cleanliness are well maintained.

The Trust has developed a long term estates strategy which includes a risk based schedule of works, ensuring work is prioritised across the organisation.

The Trust continues to maintain high standards of cleanliness across the organisation with positive external assessments carried out across both sites through the Patient Environment and Action Team (PEAT).

The Trust monitors its cleanliness standards throughout the year with regular feedback obtained through audits, 'mystery shoppers' and the Patient and Public Involvement Forum visit reports which are discussed through the Trust's Environment Group and Governance arrangements.

## **Domain 7: Public Health**

The Trust has met all of the core standards on Public Health

### **Core standard 22**

The Trust has been developing closer links with its public health colleagues in the local PCTs. Meetings have been established with the Directors of Public Health to inform the Trust's Public Health strategy and to develop a partnership approach to local health needs.

### **Core standard 23**

The Public Health strategy will endorse the national drivers and priorities in order to address the health needs of the local populations in Halton and Warrington.

### **Core standard 24**

The Trust has a comprehensive 'Major Incident Policy' which has been developed in conjunction with other agencies, including neighbouring Acute Trusts, local Primary Care Trusts, councils and the emergency services.

This year the Trust carried out a successful 'Major Incident' exercise which tested the robustness of the policy in an extreme situation. In addition, a 'real life' incident did occur which was handled effectively and efficiently by all of the staff involved across both sites of the organisation.

As a result of both of these exercises the policy has been reviewed and updated in line with recommendations made as a result of its implementation. This ensures the organisation is fully prepared should an emergency situation arise at any time.

### **Developmental Standards**

As previously stated, Acute Trusts will be assessed in 'Shadow' format against Domain 1: Safety and Domain 2: Clinical and Cost Effectiveness Developmental Standards for 2006/07. However, the results will not directly contribute to the overall Annual Health Check assessment result for this year.

The Trust will be assessed using a four-point scale ranging from 'limited' to 'excellent' developmental progress and is based on two aspects of performance:

1. the attainment of the relevant core standards to progress beyond 'limited' developmental progress
2. the extent to which they are assured of their performance in relation to a small set of criteria which was published by the Health Care Commission in December 2006.

In order to declare a level of developmental progress that is higher than 'limited' for a particular domain, the Trust must have declared 'Met' for those core standards that are mapped to the developmental standards in the domain being assessed or have implemented action plans with end dates prior to 31<sup>st</sup> March 2007. In addition, the Trust must achieve a final rating of either 'partly met', 'almost met' or 'fully met' within the core standard assessment for 2006/07.

### **Domain1: Safety**

The Trust has declared 'Not Met' within two criteria of the following Core Standard and therefore will be required to declare 'limited' developmental progress for Domain 1: Safety.

C4: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure:

- a) the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).
- c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.

## **Domain 2: Clinical and Cost Effectiveness**

In assessing the above, the Health Care Commission are focussing on the Clinical aspects of this Developmental Standard for the assessment of the Domain.

In order for the Trust to declare higher than 'limited' developmental progress the Trust is required to provide further assurances.

To achieve 'Fair' developmental progress the Trust has to either:

- ◆ declare 'met' for core standards C5 and C6 or has implemented action plans with end dates prior to March 31<sup>st</sup> 2007.
- ◆ made progress by meeting at least one of the criteria described within the guidance document.

To achieve 'good' developmental progress the Trust is required to declare 'Met' in the core standards as above and all of the criteria within the 'fair' and 'good' assurance statements described within the guidance.

The Trust has met all of the requirements within the core standards for this Domain and at present can declare 'fair' developmental progress, as it meets at least one of the criteria described. However, work is continuing, to assess and address the remaining criteria and the Trust anticipates a declaration of 'good' developmental progress to be made.

The Trust has continued to further enhance its performance against the Annual Health Check Core Standards and New and Existing targets since the assessment in 2005/06. It is envisaged that the progress made within the current year will be recognised in the Trusts final rating.

Liz Craig  
Director of Integrated Governance  
&  
Jayne Downey  
Head of Risk Management and Corporate Governance  
March 2007

**REPORT TO:** Healthy Halton Policy and Performance Board

**DATE:** 13 March 2007

**REPORTING OFFICER:** Strategic Director, Health and Community

**SUBJECT:** The Healthcare Commission Annual Health Check 2007: Halton and St Helens Primary Care Trust

**WARDS:** Boroughwide

## **1.0 PURPOSE OF THE REPORT**

1.1 To receive a presentation on progress made in Halton and St Helens Primary Care Trusts self assessment against The Standards for Better Health during the period April 2006-March 2007.

**2.0 RECOMMENDATION: That the Board make a 3<sup>rd</sup> party commentary from the Policy and Performance to accompany the submission of the Annual Health Check declaration to the Halton and St Helens Primary Care Trust Board.**

## **3.0 SUPPORTING INFORMATION**

3.1 None applicable

## **4.0 POLICY IMPLICATIONS**

4.1 None applicable

## **5.0 OTHER IMPLICATIONS**

5.1 None applicable

## **6.0 RISK ANALYSIS**

6.1 A Key opportunity is provided to demonstrate to the Board compliance with the nominated Standards for Better Health and the evidence base that can be provided as assurance to the Board.

## **7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 The selected Standards for self assessment focus upon Equality and Diversity issues

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

8.1 There are no background documents under the meaning of this Act.

**REPORT TO:** Healthy Halton Policy & Performance Board

**DATE:** 13 March 2007

**REPORTING OFFICER:** Strategic Director, Health & Community

**SUBJECT:** Travel Policy and Procedure

**WARDS:** Borough-wide

## **1.0 PURPOSE OF THE REPORT**

1.1 To provide Policy and Performance Board (PPB) with a draft Travel Policy and Procedure for the Health and Community Directorate for comment.

**2.0 RECOMMENDED: That Members note and comment on the appended Policy and Procedure.**

## **3.0 SUPPORTING INFORMATION**

3.1 This Policy and Procedure has been developed to:

- Promote a range of travel options available to adults over the age of 18 who access social care services.
- Promote the independence of people by encouraging and supporting independent travel.
- Provide clear guidelines to staff and managers on the provision of transport.
- Provide clear guidelines to staff and managers regarding the introduction of charges associated with the provision of transport.

3.2 The Policy and Procedure supports, and has been developed in line with, the draft Transport Service Level Agreement between the Health and Community Directorate and the Environment Directorate.

3.3 Consultation on the Policy has been undertaken with operational staff, Finance and Legal Services, all of whose comments have influenced its development. Service Users and Carers are to be consulted with during February as part of a wider consultation exercise being undertaken on proposed revisions to social care charges. It is, therefore, anticipated that the charge to service users will come into effect from the first working Monday in April in line with other revised social care charges.

## **4.0 POLICY IMPLICATIONS**

4.1 The implementation of this Policy and in particular a charge to service users for transport provision instigates a policy change.

**5.0 FINANCIAL IMPLICATIONS**

5.1 Annual income generation from the introduction of a charge to service users for the use of transport is estimated to be £41,310 based on 45 weeks service.

**6.0 OTHER IMPLICATIONS**

6.1 None.

**7.0 RISK ANALYSIS**

7.1 It is inevitable that due to the additional cost and culture that expects free services that service users, families and carers will not support the introduction of charges for transport. Legally, the introduction of such charges can be justified if we can demonstrate that future provision needs to be more cost effective. Charging for the use of transport would go some way to making it so.

7.2 The Local Government Act 2003 includes a general power for Best Value Authorities to charge for discretionary services, ie, those services that the authority has the power, but is not obliged, to provide. Guidance is issued under the power in Section 93, which states that charges are limited to cost recovery. The DH's Fairer Charging Policies for Home Care and other Non-Residential Social Services Guidance, Sept 2003, states that where Councils charge for non-residential services, flat rate charges are acceptable.

**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 Background papers are listed on Page 2 of the Policy.





# Health & Community Directorate

## **Travel Policy, Procedure and Practice**

**April 2007**

**DRAFT 12.1.07**

## CONTENTS

	Page	Paragraph
<b>POLICY</b>	<b>3</b>	<b>1.0</b>
Introduction	3	1.1
Aims of the Policy and Procedure	3	1.2
Promoting Independent Travel	3	1.3
Principles of Providing Transport	4	1.4
Principles of Charging for Transport	5	1.5
Charging Rates	6	1.6
Type of Transport Charges Apply To	6	1.7
Post 16 Home to School/College Transport	7	1.8
<b>PROCEDURE</b>		
<b>Independent Travel</b>	<b>8</b>	<b>2.0</b>
Concessionary Travel Pass	8	2.1
Individual Travel Training	8	2.2
Dial-a-Ride	8	2.3
<b>Provision of Transport</b>	<b>8</b>	<b>3.0</b>
Assessing Eligibility	8	3.1
Assessing Risk	9	3.2
Referral Process	9	3.3
Recording and Billing	10	3.4
Debt Management	10	3.5
Review and Termination of Service	10	3.6
Complaints Procedure	11	3.7
<b>APPENDICES</b>	<b>Number</b>	
Transport Request Form	1	
Referral Process Flow Chart	2	

**INFORMATION SHEET**

<b>Service areas</b>	<ul style="list-style-type: none"> <li>• Adults with Learning Disabilities</li> <li>• Physical &amp; Sensory Disability Services</li> <li>• Mental Health Services</li> <li>• Older People's Services</li> <li>• Independent Living Services</li> </ul>
<b>Date effective from</b>	April 2007
<b>Responsible officer(s)</b>	<ul style="list-style-type: none"> <li>• Operational Director, Adults of a Working Age</li> <li>• Operational Director, Older People's Services</li> <li>• Service Development Officer, Adults</li> </ul>
<b>Date of review(s)</b>	Annual
<b>Status:</b> <ul style="list-style-type: none"> <li>• <b>Mandatory (all named staff must adhere to guidance)</b></li> <li>• <b>Optional (procedures and practice can vary between teams)</b></li> </ul>	Mandatory
<b>Target audience</b>	All staff and managers in the above service areas
<b>Date of Committee decision</b>	<ul style="list-style-type: none"> <li>• Directorate SMT 17.1.07</li> <li>• Executive Board Sub Committee XX</li> </ul>
<b>Related document(s)</b>	<ul style="list-style-type: none"> <li>• Children &amp; Young People's Directorate Transport Policies</li> <li>• Strategic Best Value Review of Transport Report</li> <li>• Service Level Indicator Policy for Adults with Learning Disabilities</li> <li>• Service Level Agreement between Environment &amp; Health &amp; Community for the Provision of Transport</li> </ul>
<b>Superseded document(s)</b>	None
<b>File reference</b>	None

## **POLICY**

## **Practice**

### **1.1 INTRODUCTION**

This Travel Policy and Procedure provides a range of options to staff in the consideration of the provision of travel assistance to people who access social care services. The Policy outlines the Directorate's principles with regard to the promotion of travel independence for individuals and with regard to the provision of transport to people who access services and associated charges.

The Procedural element of the Policy and Procedure provides staff and managers with guidelines in accessing independent travel initiatives and the assessment of eligibility and provision of transport funded by the Council.

The Policy and Procedure applies to all adults aged 18 years and above who access learning disability services, physical and sensory disability services, mental health services, older people's services and independent living services.

Implementation of the Policy is dependent on resource decisions in future years, which the Directorate cannot predict or forward commit.

### **1.2 AIMS OF THE POLICY AND PROCEDURE**

This Policy and Procedure aims to:

- Promote a range of travel options available to people who access services.
- Promote the independence of people by encouraging and supporting independent travel.
- Provide clear guidelines to staff and managers on the provision of transport.
- Provide clear guidelines to staff and managers regarding the charges associated with the provision of transport.
- Reduce air pollution and encourage the use of sustainable resources by promoting the use of public transport.

### **1.3 PROMOTING INDEPENDENT TRAVEL**

The Directorate is committed to promoting people's independence, therefore, every effort should be made to encourage people who access services to travel independently where possible. The following options are available.

#### **Concessionary Bus Travel:**

The Concessionary Bus Travel Bill implements the announcement by the Chancellor of the Exchequer in the 2006 Budget that everyone over the age of 60 and disabled people will receive free off-peak travel on all local buses in England from April 2008: currently they can travel free off-peak on all buses within their

## POLICY

local authority area. Central Government is providing up to £250m a year to support the extension to the current scheme.

In Halton, older people and those with a disability are able to travel free of charge on public transport under its concessionary travel scheme, which was introduced in April 2006. People can travel free after 9.30am Monday to Friday and any time on Saturdays, Sundays and Bank Holidays on production of a pass. Before 9.30am on Mondays to Fridays holders pay half fare on production of their bus pass.

The pass is eligible for use on most local bus services and for travel on services through adjoining counties if the journey starts or finishes in Halton.

Every effort should be made to encourage those people who access services who are eligible to be in receipt of a pass to obtain one.

### **Mobility Management Team:**

The new Mobility Management Team, part of Transport Co-ordination, has taken on the role of the Neighbourhood Travel Team. The Team provides information on the public transport network within the borough and on accessible and special services. It offers tailored Personalised Journey Plans to provide specific journey advice to Halton residents, which provide travellers with all the public transport options available for their journey.

The Team also offers independent travel training for those who face difficulty with transport and require additional support.

### **Dial-a-Ride:**

Dial-a-Ride, operated by Halton Community Transport, provides a pre-bookable door-to-door service for people who are unable to use public transport because of disability or mobility problems. Individuals must register with Dial-A-Ride to use this free service.

## 1.4 PRINCIPLES OF PROVIDING TRANSPORT

The following principles should be adhered to:

1. All those who access services, regardless of their age or disability, will be deemed able to travel to the service provided without financial or other assistance.
2. An appropriate mode of transport, eg, supported transport, taxi or passenger transport services, volunteer driver vehicle, will only be considered after the use of public transport, bus pass, Motability and Disability Living Allowance entitlement, has been thoroughly considered and deemed inappropriate.

## Practice

**POLICY**

3. If eligible, the provision of transport will only be agreed from an agreed pick up and return point lying within the Halton borough boundary. Trips that do not form part of an agreed care package will be the responsibility of the service user/parent/carer. 'Home to service' is defined as "picked up address to agreed establishment and return" at the normal service hours.
4. If the person accessing services is in receipt of a mobility allowance this must be utilised by them to purchase private transport, eg, taxis. Should the person have a motability vehicle the provision of transport can be refused (refer to Eligibility Guidance Notes in Section 2.1).
5. Before Council funded transport is considered the assessor and person accessing the service and/or their carer should explore the individual's eligibility for Disability Living Allowance (mobility component) and any use of Motability.
6. The Council provides assistance with transport to promote people's independence and provide value for money, eg, by providing travel training. Wherever possible, the Council will only provide transport, ie, a taxi, volunteer driver vehicle or special transport, until an alternative can be provided, eg, until travel training is successfully completed or an accessible public transport bus is available. Where a person's ability to use public transport depends on travel training being provided, transport will be authorised for a limited period of up to a maximum of 6 months so that the training can take place.

**1.5 PRINCIPLES OF CHARGING FOR TRANSPORT**

The Local Government Act 2003 and Fair Access to Care Services Guidance allows for discretionary services to be charged in addition to the means tested charge for a social care package.

The following principles should be adhered to:

1. If a person accessing services is eligible to receive help with transport and is provided with a transport service which is funded by the Council, they will be asked to contribute towards the cost of each journey. This will be a fixed charge and will be made in addition to the assessed charge of their care package.
2. Charges will apply to all journeys made by service users both within the boundary of the borough and out of the borough.
3. The maximum number of transport trips per day a person will be charged for is 4. Any transport trips above this ceiling will be provided free of charge.

**Practice**

Section 93, Local Government Act 2003

**POLICY****Practice**

4. Those who receive care services provided under Section 117 of the Mental Health Act will be exempt from charges.
5. Those people who are discharged from intermediate care/respite services and provided with transport to their place of residence will be exempt from charges.
6. Those people who are invited to participate in service development initiatives in their capacity as people who use services and who are unable to make their own way to/from a venue and are provided with transport will be exempt from charges.

**1.6 CHARGING RATES**

	<b>Charge</b>
Trips made within the borough boundaries	£1 per trip
Out of area trips	£1 per trip

A trip is defined as being a single journey, therefore, the charge for a person being picked up from home and taken to a day care activity within the boundary of the borough would be £1. For that person to be taken from the place of activity to another venue within the borough's boundary or back home would incur another charge of £1.

In order to support the day service modernisation agenda in Halton whereby a culture shift from traditional building based services to one where people engage in community based activities is striving to be achieved, a ceiling has been placed on the maximum number of transport trips per day individuals can be charged for. This ceiling is 4 trips.

Any transport trips made above this ceiling will be provided free of charge. This will ensure that people accessing services do not incur high transport costs.

**1.7 TYPE OF TRANSPORT CHARGES APPLY TO**

A transport charge will be applicable to any individual accessing social care services who uses transport that is provided and funded by the Council. Currently transportation provision by the Directorate is made through a combination of procurement via Transport Co-ordination/Fleet Management and direct procurement. This includes ad hoc private hire and Halton Community Transport.

The type of transport provided to an individual will be at the discretion of the Health and Community Directorate and will be on the basis of cost effectiveness. This includes a place, from an appropriate collection point, on a

## **POLICY**

- Directly procured vehicle
- Fleet vehicle
- Taxi
- Volunteer Driver vehicle
- Any other vehicle provided under contract by the Council

From October 2006 a Volunteer Driver Scheme for adults and older people has been in place. This Scheme is co-ordinated and managed by the Transport Co-ordination Section. This service is delivered by volunteer drivers using their own vehicles to transport people without access to public transport, particularly the elderly and those with a disability. All drivers are CRB checked and trained in Personal Assistance Training as part of the recruitment and induction process.

The Scheme provides an additional option for staff when considering the best form of transport for individuals and benefits people by offering them a flexible door-to-door service. Every attempt is made by Transport Co-ordination to utilise a volunteer driver who resides within a 3 mile radius of the individual using the service.

### **1.8 POST 16 HOME TO SCHOOL/COLLEGE TRANSPORT**

It should be noted that the Children's and Young People's Directorate (CYPD), in partnership with other key agencies represented on the Halton Post 16 Learners Transport Partnership is responsible for setting transport policies for providing transport for post 16 learners. The CYPD will instruct Transport Co-ordination to provide specific help and assistance to post 16 learners who are deemed eligible for assistance under these policies.

It must be noted that CYPD will under certain circumstances require home to college transport to be arranged for learners with special educational needs up to the age of 25.

## **Practice**



## **PROCEDURE**

## **Practice**

### **2.0 INDEPENDENT TRAVEL**

This Section provides guidance on accessing initiatives which encourage and support independent travel.

### **2.1 CONCESSIONARY TRAVEL PASS**

Passes may be obtained by individuals by dropping in to any of the Halton Direct Link one stop shops and completing an application form. Alternatively, an application form can be requested from Finance Support Services within the Council's Corporate and Policy Directorate on 0151 4717357.

### **2.2 INDIVIDUAL TRAVEL TRAINING**

Referrals for travel training should be made to the Transport Co-ordination Section by completing a Transport Request Form (Appendix 1). Transport Co-ordination will then arrange a comprehensive needs based risk assessment in consultation with the individual for whom the referral has been made and their parent/guardian/carer as appropriate, plus the learning provider.

An individual Travel Training Programme will then be developed to suit the particular needs of the person. It may take a considerable period of time before the person is deemed fit to travel independently by public transport, or by walking, cycling, etc. On satisfactory completion of the Travel Training Programme the person will be able to travel independently with the signed agreement of either themselves or their carer. Transport Co-ordination will closely monitor their progress.

### **2.3 DIAL-A-RIDE**

Dial-a-Ride, operated by Halton Community Transport, provides a pre-bookable door-to-door service for people who are unable to use public transport because of disability or mobility problems.

Individuals users must register to use this free service by contacting Dial-a-Ride on 0151 2572414.

### **3.0 PROVISION OF TRANSPORT**

This Section provides procedural guidance on the provision of transport funded by the Council to people accessing social care services and associated charges.

### **3.1 ASSESSING ELIGIBILITY**

Staff should assess an individual's eligibility for the provision of transport using the criteria outlined below. For a person to be eligible to receive help with transport, all of the following 6 bullet

## PROCEDURE

points must apply:

- To receive help with transport, ie, the provision of a taxi, volunteer driver or special fleet transport, a person must first meet the criteria for the service to which they are being taken.
- The person must be unable to take part in the specific service or activity unless transport is provided.
- The person must be unable to use public transport because one or more of the following reasons apply:
  - (i) Difficulty of physical access and the interior design and layout makes this impossible.
  - (ii) To use public transport would mean an unacceptable risk to the health and safety of the individual and/or to the other passengers.
  - (iii) Assistance is required that cannot be provided by the Council, volunteers or a carer.
  - (iv) The individual has made insufficient progress in travel training.
- The person does not have access to personal transport **or** lives with a carer/family (ie, someone who is not paid to provide care), who has personal transport but is unable to transport them to the service because of employment or caring commitments, illness or other incapacity.
- The person does not have a motability vehicle.
- The person cannot gain access to other voluntary or private transport that is available.

### 3.2 ASSESSING RISK

If a person accessing services is eligible to receive transport, staff should risk assess the suitability of the individual to be transported and consider any pertinent mobility issues, the wheelchair size (if applicable), whether a passenger assistant (escort) is required, any medical issues and any other information that may affect the environment or way in which the person is transported.

Transport Co-ordination will carry out a parallel risk assessment to ensure that equipment provided, etc, during transport is suitable for the individual.

### 3.3 REFERRAL PROCESS

If a person is eligible to receive transport and a risk assessment has been carried out, before confirmation of transport provision is given to them a clear understanding and agreement must be reached with them and their carer, where appropriate, of how much it will cost them to use the transport service.

## Practice

**PROCEDURE****Practice**

Once agreement to the charge from the individual has been received, a Transport Request Form will be completed and submitted to Transport Co-ordination. This Form is appended as Appendix 1.

The process as outlined in Appendix 2 will then be followed.

**3.4 RECORDING AND BILLING**

At Step 5 of the process outlined in Appendix 2, Transport Co-ordination will notify the member of social care staff responsible for making the transport request of transport arrangements put in place, ie, the date transport will be provided from, type of transport, pick up times, etc. Transport Co-ordination will also at this point notify the Financial Services Team within the Health and Community Directorate of these arrangements.

Transport Co-ordination will advise the Financial Services Team within the Health and Community Directorate of actual transport journeys undertaken by individuals via standard service returns. The Financial Services team should also be advised of any changes or terminations in relation to transport provision.

Charges for transport will then be included but shown separately on service user invoices covering other social care charges sent out on a 4 weekly basis in arrears. Individuals will only be charged for actual journeys undertaken.

**3.5 DEBT MANAGEMENT**

It is the responsibility of officers of the Council to collect monies due to the Council. All payment arrears will be followed up promptly and sensitively, in accordance with Council debt recovery policy.

There will be an expectation that those in receipt of Direct Payments would fund their transport costs using their Direct Payment, however, it must be borne in mind that Direct Payments cannot be used to purchase in-house services.

**3.6 REVIEW AND TERMINATION OF SERVICE**

The continuation of the provision of transport and/or passenger assistants/escorts will be reviewed, along with other elements of the care package, annually at a minimum.

In the event of the proposed removal of transport, Transport Co-ordination will be notified by social care staff 6 weeks in advance where practical of the intended termination of the transport, as will all other affected parties, including the Financial Services Team.

## PROCEDURE

## Practice

### 3.7

#### COMPLAINTS PROCEDURE

Should a person who accesses services or their carer wish to have the opportunity to challenge any decisions made with regard to transport provision or transport charges, they should be provided with details of the Council's Social Care complaints procedure, which has a clear route of appeal and timescale for handling complaints and a dedicated Social Care complaints telephone line.

Individuals and/or their carers should be provided with the leaflet 'Listening to You' explaining how to complain about Social Services in Halton, which is available in accessible formats and different languages. The leaflet and details of the complaints procedure can also be accessed online via the Council's internet website [www.halton.gov.uk](http://www.halton.gov.uk).

The dedicated Social Care Complaints telephone number is 01928 704411.



# HEALTH & COMMUNITY TRANSPORT REQUEST FORM

Customer  
Reference No.

.....

<b>Transport Service:</b> <i>(delete as appropriate)</i>	<b>ALD</b>	<b>PSD</b>	<b>MH</b>	<b>OP</b>	<b>ILS</b>	<b>ICS</b>
	Adults with Learning Disabilities	Physical & Sensory Disabilities	Mental Health	Older People	Independent Living Services	Intermediate Care Services

**Service User's Name:** ..... **Date of Birth:** .....

**Address:** .....

**Post Code:** ..... **Telephone Number:** .....

**Carer/Next of Kin Name:** .....

**Relationship:** ..... **Telephone Number:** .....

**Alternative Emergency Address:** .....

**Social Worker Name:** .....

**SW Team:** ..... **Contact Number:** .....

**Transport Details:** Regular / One Off / Short Term / Temp Medical / Alteration / Recommence / Additional

**Cancellation:** Permanent / Until Further Notice / One Off

**Day(s):** ..... **Date effective:** ..... **Times:** .....

**From:** .....

**To:** .....

**Can Travel:** On Fleet Vehicle Y / N In taxi Y / N In Minibus Y / N  
With Volunteer Driver Y / N With Other Service Users Y / N  
On Bus Service with a Travel Pass Y / N Travel Training Required Y / N

**Transport Choice Preference 1:** ..... **Transport Choice Preference 2:** .....

**Approx. Distance from Home to Centre (in miles):** .....

**If not statutory distance, state reason transport awarded:** .....

**Risk Assessment Date:** .....

**Special Conditions:** .....

**Nature of disability:** .....

**Mobility:** ..... **Mobility Aids:** .....

**Passenger Assistant Required:** YES / NO **Any Specific Requirement:** .....

**Wheelchair Type:** Manual / Powered **Model:** .....

**Wheelchair Dimensions:** **Height:** ..... **Length:** ..... **Width:** .....

**Authorised by (Name):** ..... **Team:** .....

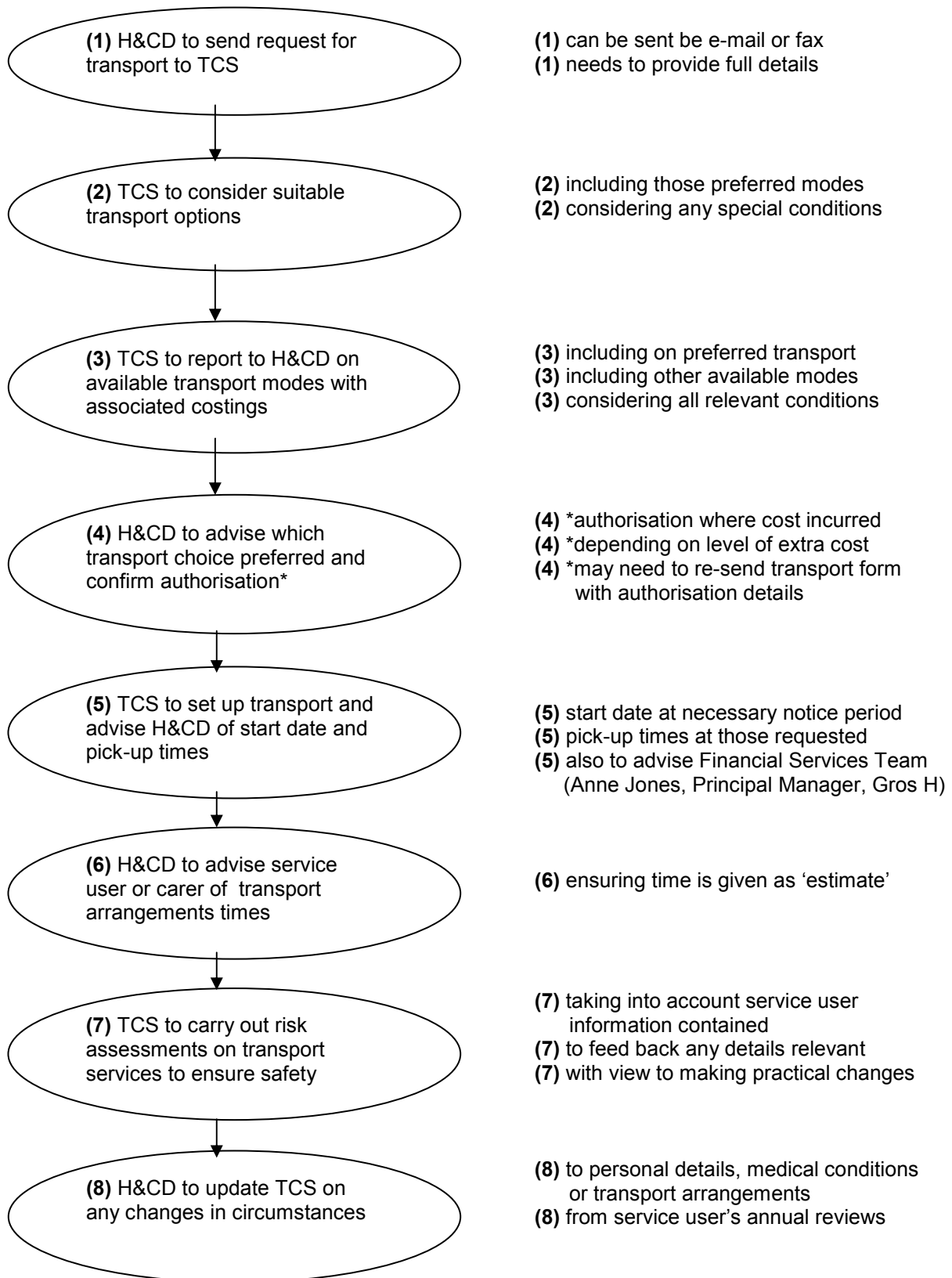
**Position:** ..... **Contact No:** .....

**Above Request Meets Criteria:** Y / N **If No, Reason:** .....

**If No, has been agreed by Divisional Manager:** Y / N **Name of DM:** .....

**APPENDIX 2**

**FLOW-CHART DIAGRAM FOR TRANSPORT REFERRAL**



**H&CD** = Health & Community Directorate

**TCS** = Transport Co-ordination Section

**REPORT TO:** Healthy Halton Policy and Performance Board

**DATE:** 13 March 2007

**REPORTING OFFICER:** Operational Director-Policy & Performance

**SUBJECT:** Performance Monitoring Reports for the 3<sup>rd</sup> quarter (2006/07)

**WARDS:** Boroughwide

## **1.0 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 3<sup>rd</sup> 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

## **2.0 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.**

## **3.0 SUPPORTING INFORMATION**

- 3.1 At previous meetings, the Board received performance briefing papers that were intended to highlight aspects contained in the full versions of the monitoring reports (available electronically) that Members might wish to consider further. Although, the Chair has asked that hard

copies of the quarterly monitoring reports be available to Members prior to meetings of the Board, the performance briefing papers will still be provided for the remaining two quarters of this year. (See Appendix 1).

**4.0 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.

**5.0 OTHER IMPLICATIONS**

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

**6.0 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.

**7.0 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.

**8.0 REASON(S) FOR DECISION**

8.1 Not applicable

**9.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

9.1 Not applicable

**10.0 IMPLEMENTATION DATE**

10.1 Not applicable

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

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
1. Older Peoples Services	Municipal	Richard Rout-
2. Adults of Working Age	Building 2 <sup>nd</sup>	Performance



3. Health & Partnerships

floor

Management  
Officer

## PERFORMANCE CONSIDERATIONS

(3<sup>rd</sup> Quarter 2006/07)

### SERVICE: Older Peoples and Physical & Sensory Impairment Services

#### **Overview**

The 38 key and non-key objectives and all but 2 of the 24 performance targets are on course to be achieved by the end of the year. The forecast for the year is very good and many of the key developments and emerging issues highlighted in the earlier monitoring reports that will affect the service have either been implemented or progressed. Therefore, the outlook for the service outlined in the 3<sup>rd</sup> quarter monitoring is positive.

#### **Areas of Further Consideration**

- The monitoring report is detailed and informative and the only areas highlighted that might benefit from further consideration are the expected completion dates/timeframe for the following:
  - Finalising the Community Equipment Service Partnership Agreement by the PCT
  - Implementing the action plan for Physical and Sensory Disability Services.

### SERVICE: Adults of Working Age

#### **Overview**

With only a couple of exceptions all the key and non-key objectives and performance targets are reported as on course to be achieved. The forecast for the year is therefore very good and is against a background of major key developments and emerging issues that will significantly impact upon the service. These include the 5Boroughs Partnership proposals for service redesign, the formation of an integrated Emergency Duty Team with St. Helens and the provision of Community Mental Health services. Although the 3<sup>rd</sup> quarter report is quite detailed, a number of aspects have been highlighted that maybe worth further consideration.

#### **Areas of Further Consideration**

- A review of the Integrated Learning Disability Team is underway and is due for completion in June 2007.
- Consultation on the 5Boroughs Partnership proposals for service redesign has ended and resulted in some proposals being modified. Halton is the first area where the changes will occur and a local Delivery Team has been established to ensure this happens. However, the monitoring report does not indicate any key dates in the timeframe for implementing the changes.
- The six months delay in reaching a full agreement with St. Helens to provide social care services during out of office hours has required an interim solution to be developed. This will involve an Emergency Duty Team to be in place after April 2007.

**SERVICE: Health & Partnerships** (*excludes Housing Strategy inc Homelessness Registration Service, Consumer Protection and Bereavement Services*)

**Overview**

These comments relate to those elements in the Health & Partnership service plan that fall within the remit of the Healthy Halton PPB. The majority of the objectives and all the performance targets are reported as being on course and therefore, the prospects for the year are good. However, there are a number of developments and aspects highlighted in the monitoring reports that may benefit from further consideration.

**Areas of Further Consideration**

- There are two options concerning the transfer of Halton's Carers' Centre to the voluntary sector being considered with a decision expected in April 2007. There is no indication yet of a preferred option emerging but some details on the relative merits or otherwise of each option maybe helpful.
- Work is planned to embed the guidance in the Government White Papers: 'Our Health Our Care Our Say' and 'Strong and Prosperous Communities' and a grant has been secured from the Government until 31 March 2008 to support the work. A working group has been established and a report to the Board will be submitted in the future.
- The monitoring report refers to unspecified significant savings being achieved and greater service user independence following a review, which called for the reconfiguration of Adults with Learning difficulties, supported living service.
- Further information on the extent of these savings will be provided to the Board in the future.