



**Health Policy and Performance Board**

**Tuesday, 14 September 2010 6.30 p.m.  
Council Chamber, Runcorn Town Hall**

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 Joan Lowe (Vice-Chairman)</b>	<b>Labour</b>
<b>Councillor Dave Austin</b>	<b>Liberal Democrat</b>
<b>Councillor Marjorie Bradshaw</b>	<b>Conservative</b>
<b>Councillor Chris Carlin</b>	<b>Liberal Democrat</b>
<b>Councillor Mark Dennett</b>	<b>Labour</b>
<b>Councillor Mike Fry</b>	<b>Labour</b>
<b>Councillor Robert Gilligan</b>	<b>Labour</b>
<b>Councillor Margaret Horabin</b>	<b>Labour</b>
<b>Councillor Martha Lloyd Jones</b>	<b>Labour</b>
<b>Councillor Ernest Ratcliffe</b>	<b>Liberal Democrat</b>
<b>Mr Paul Cooke</b>	<b>LiNK Co-Optee</b>

*Please contact Lynn Derbyshire on 0151 471 7389 or e-mail [lynn.derbyshire@halton.gov.uk](mailto:lynn.derbyshire@halton.gov.uk) for further information.  
The next meeting of the Board is on Tuesday, 9 November 2010*

**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. DECLARATIONS 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, with personal and prejudicial interests (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 - 3</b>
<b>4. EXECUTIVE BOARD MINUTES</b>	<b>4 - 14</b>
<b>5. SSP MINUTES</b>	<b>15 - 22</b>
<b>6. DEVELOPMENT OF POLICY ISSUES</b>	
<b>(A) EQUITY AND EXCELLENCE: LIBERATING THE NHS (WHITE PAPER)</b>	<b>23 - 31</b>
<b>(B) TELECARE</b>	<b>32 - 33</b>
<b>(C) HALTON'S SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2009-10</b>	<b>34 - 75</b>
<b>(D) INTERGENERATIONAL ACTIVITY</b>	<b>76 - 86</b>
<b>(E) SUSTAINABLE COMMUNITY STRATEGY 2011 – 2026</b>	<b>87 - 99</b>
<b>7. PERFORMANCE MONITORING</b>	
<b>(A) 1ST QUARTER MONITORING REPORT</b>	<b>100 - 139</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 Services Policy & Performance Board

**DATE:** 14 September 2010

**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 34(9).
- 1.2 Details of any questions received will be circulated at the meeting.

### **2.0 RECOMMENDED: That any questions received be dealt with.**

### **3.0 SUPPORTING INFORMATION**

3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

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

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

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

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

#### **4.0 POLICY IMPLICATIONS**

None.

#### **5.0 OTHER IMPLICATIONS**

None.

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

6.1 **Children and Young People in Halton** - none.

6.2 **Employment, Learning and Skills in Halton** - none.

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

6.5 **Halton's Urban Renewal** – none.

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

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

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

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

**DATE:** 14 September 2010

**REPORTING OFFICER:** Chief Executive

**SUBJECT:** Executive Board Minutes

**WARD(s):** Boroughwide

## **1.0 PURPOSE OF REPORT**

- 1.1 The Minutes relating to the Health and Social Care Portfolio which have been considered by the Executive Board and Executive Board Sub 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**

- 3.1 None.

## **4.0 OTHER IMPLICATIONS**

- 4.1 None.

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

### **5.1 Children and Young People in Halton**

None

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

None

### **5.3 A Healthy Halton**

None

### **5.4 A Safer Halton**

None

### **5.5 Halton's Urban Renewal**

None

**6.0 RISK ANALYSIS**

6.1 None.

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

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

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

**APPENDIX 1**

**Extract of Executive Board and Executive Board Sub Committee Minutes Relevant to the Health Policy and Performance Board**

**EXECUTIVE BOARD MEETING HELD ON 8 APRIL 2010**

**EXB108 PREVENTION & EARLY INTERVENTION STRATEGY**

The Board received a report of the Strategic Director, Adult and Community which set out the Prevention and Early Intervention Strategy.

It was reported that the Prevention and Early Intervention Strategy was important as it aimed to address some of the challenges that Health and Social Care would face in the future. The Strategy was appended to the report for information.

It was further noted that a number of National documents had been identified to support the shift towards prevention services and the Local Prevention and Early Intervention Strategy aimed to identify the direction of travel in Halton. Members were advised that a series of consultation events had already been undertaken details of which were outlined in the report. In addition to these events a number of one to one meetings and a multi-agency steering group were carried out to ensure that a wide range of views were covered.

It was further noted that the Prevention and Early Intervention Strategy complemented a range of other policy documents, both nationally and locally to help shape services. Therefore, the main elements of this Strategy were reflected in the documents appended to the report.

RESOLVED: That the Prevention and Early Intervention Strategy be received.

**EXB109 HEALTH AND SOCIAL CARE INTEGRATION**

The Board considered a report of the Strategic Director, Adult and Community and the Strategic Director, Children and Young People which advised members of the Department of Health's announcements surrounding the modernisation of the NHS and put forward proposals that the Council, in conjunction with St. Helens Council could deliver community health and social care services currently provided by NHS Halton and St. Helens.

It was reported that in 2009 the NHS publicised how it intended to develop and modernise its NHS services. This set out a five-year vision for the NHS and on 16<sup>th</sup> December 2009, the Department of Health (DH)



published the “NHS Operational Framework” guidance for PCTs which described the National priorities, system requirements and a timetable for delivery. The five National key priorities were set out in the report.

It was reported that DH had identified a number of “vital signs” that was a range of system leavers and enablers as well as mechanisms to ensure delivery of National priorities. This had been produced in a tiered approach which was detailed in the report for information.

The DH had also outlined their approach to workforce described their reforms for commissioning and provided details of how this would be achieved.

The process to partner and options was detailed in the report in that the Strategic Health Authority and DH had issued some broad guidelines for PCTs to adopt when considering partner arrangements and contact management. In addition, the PCT had produced detailed guidance on the selection criteria and processes and invited organisations to bid for their services.

It was further reported that after preliminary discussions with the Council and with St. Helens, three options were possible and were detailed in the report for information. The report outlined that Option 2 appeared the most viable as it presented less risk, could yield greater efficiency and, if delivered effectively, could provide a greater range of health improvements within the Borough.

Members were advised that initial expressions of interest had been invited by the PCT, and the Council recently presented proposals to the PCT outlining the benefits of Option 2. The PCT had now invited the Council to develop a full specification for the delivery of:

- Services for Children and Families (excluding Midwifery)
- Health and Well Being Services
- Rehabilitation and Long Term Neurological Services

RESOLVED: That the Executive Board

- 1) note the current position report;
- 2) agree to pursue Option 2 to a worked up specification ; and

that a more detailed and comprehensive report be submitted to a future Executive Board for approval

**EXB110      REVISED BLUE BADGE POLICY, PROCEDURE AND PRACTICE**

The Board received a report of the Strategic Director, Adults and Community which set out the revised Blue Badge Policy, Procedure and Practice document.

It was reported that the review of the Blue Badge Policy Procedure and Practice had been carried out in conjunction with Direct Link and the Contact Centre who were responsible for administering the Scheme on behalf of the Directorate.

The Scheme provided a national arrangement of parking concessions to some people with disabilities who travelled either as drivers or passengers. It was noted the Scheme allowed badge holders to park close to their destination without charge or time limit in the on-street parking environment and for up to three hours on yellow lines, unless a loading ban was in place.

Members were advised that in January 2008 the Department for Transport (DfT) published the current Guidance for Local Authorities on the Blue Badge Scheme and the Guidance intended to promote assessment and enforcement of the Scheme in order to promote consistency and prevent fraud and abuse.

The reasons for reviewing the Blue Badge Policy Procedure and Practice were outlined in the report in addition to details of the main changes.

Appended to the report for information was a comprehensive Blue Badge Scheme Policy Procedure and Practice.

RESOLVED: That the revised Blue Badge Policy, Procedure and Practice at Appendix 1 to the report be endorsed.

## **EXECUTIVE BOARD MEETING HELD ON 1 APRIL 2010**

### **EXB20 TELECARE STRATEGY 2010 - 2015- KEY DECISION**

The Board received a report of the Strategic Director, Adults and Community on the Telecare Strategy 2010-2015.

Members were advised that the Griffiths report into community care in 1988, placed a strong emphasis on the importance of establishing services to help people live in their own homes and retain independence, dignity and choice with an emphasis on early intervention. A number of policy documents had reinforced this approach and the use of technology had proven increasingly effective in maintaining people's independence without the need for intrusive costly care.

Attached to the report was the Telecare Service Evaluation document. Telecare had been operating successfully in Halton for over three years and had helped to improve people's independence and confidence by allowing them to remain at home longer. The lifeline service was provided to 1765 people and 70 people received a service using environmental telecare sensors. The aim was to increase this service using environmental sensors to an additional 283 people.

RESOLVED: That

- 1) the Strategy and Implementation Plan be approved; and
- 2) the establishment of a dedicated telecare team be approved.

### **EXECUTIVE BOARD MEETING HELD ON 15 JULY 2010**

#### **EXB25 SAFER MANUAL HANDLING POLICY & PROCEDURES**

The Board considered a report of the Strategic Director – Adults and Community which presented the revised Safer Manual Handling Policy, Procedure and Practice document for endorsement.

The Board was advised that The Safer Handling Policy Procedures and Practice document had been originally developed in partnership with representatives from Halton and St Helens Primary Care Trust and closely mirrored the current PCT Safer Handling Policy prepared in 2007 and the Council's policies developed in 2005.

The Board was further advised that the reason for reviewing Halton's policy, procedures and practice was:-

- To update Halton's policy, procedures and practice in line with that of partner organisations, to reflect developments in guidance and in preparation for the development of an integrated service;
- There are increasing numbers of service users with complex disabilities being supported at home by domiciliary care services, family carers and personal assistants and use of complex equipment requiring regular review; and
- To update procedural arrangements covering risk assessments and reviews, training and the role and responsibilities of Manual Handling Advisors acknowledging the complexity of social care and health service provision.

RESOLVED: That the Safer Manual Handling Policy, Procedures and Practice document be endorsed.

**EXB26 FAIR ACCESS TO CARE SERVICES POLICY- KEY DECISION**

The Board considered a report of the Strategic Director – Adults and Community which presented the updated PACS Policy in light of the Department of Health’s (DoH) guidance on eligibility entitled “Prioritising need in the context of ‘Putting People First’ – a whole system approach to eligibility for social care”, published in March 2010.

The Board was advised that the revised guidance reflected the current responsibility held by local authorities for identifying local priorities and allocating their own resources accordingly. In doing so, it ensured that those individuals who did not meet the eligibility threshold were adequately signposted to alternative sources of support such as: luncheon clubs, befriending, volunteering etc. Such universal services improved outcomes for the wider population and could help some individuals avoid or delay having to rely on health or social care services for support. If councils based their approach to needs on achieving outcomes rather than providing specific services, then people with similar needs within the same local authority area should expect to receive a similar quality of outcome.

The Board was further advised that this approach required councils to prioritise their support to individuals in a hierarchical way. Those whose needs had immediate and longer term critical consequences for their independence and safety should be supported ahead of those with needs that had substantial consequences and so on. In addition, the policy sets out how decisions would be made in Halton about ‘what sorts of people with what kinds of needs qualify for what types of services.’ Since the publication of the new national guidance, paragraphs 3.4 –3.5 summarised the main aspects of FACS that were the same, those that have changed and those that were either new or enhanced as a result of policy wider developments.

**REASON FOR THE DECISION**

To update the Fair Access to Care Services Policy following the Department of Health’s guidance “Putting People First – a whole system approach to eligibility for social care” (March 2010).

**ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

The revised guidance from the Department of Health reflects the current responsibility held by local authorities for identifying local priorities and allocating their own resources accordingly.

Halton’s Fair Access to Care Services Policy needs to be updated in order to uphold its responsibility and ensure that those individuals who

do not meet the eligibility threshold are adequately signposted to alternative sources.

IMPLEMENTATION DATE

July 2010.

RESOLVED: That the enhanced Fair Access to Care Services Policy to comply with the March 2010 Department of Health Guidance "Putting People First" be approved.

**EXB27      ADULTS & COMMUNITY CAPITAL PROGRAMME  
OUTTURN**

The Board considered a report of the Strategic Director – Adults and Community which informed the Members of the 2009/10 capital programme outturn and the provisional capital programme for 2010/11.

The Board was advised that the 2009/10 underspend mainly related to two areas:-

- Developments at Runcorn Town Hall Park, original delays in the scheme identified in the year had caused succession projects for the Skate Park and Multi Use Games Area to also be delayed; and
- Within Housing Strategy, Renovation/Home Repairs had received approximately £70k income for repayment of works already completed due to houses being sold. RSL adaptations budget was fully committed but due to contractors being delayed, consultation with clients and the backlog of adaptations being prioritised the budget had not been fully spent in 2009/10 but the expenditure would be realised in the first half of 2010/11.

The Board was further advised that for Housing schemes provisional carry forward figures for 2011/12 had been included in the event that underspends could again occur. Demand on some schemes may not reach target budgets and other schemes experience time lags that cross over financial years. Therefore predicted amounts were in line with similar underspends for 2009/10.

RESOLVED: That

- (1) The final 2009/10 outturn figures be noted; and

- (2) the Board recommend that the Council approve the capital project for 2010/11 as set out in Appendix 1 to the report.

**EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 1 APRIL 2010**

**ES81 PRELIMINARY ESTIMATES ON A FRAMEWORK FOR THE PROVISION OF PERSONAL & HOUSING RELATED SUPPORT FOR ADULTS WITH A LEARNING DISABILITY**

The Board considered a report of the Strategic Director, Adult and Community which gave details of proposals to establish a framework contract for the provision of personal care and housing related support for adults with a learning disability or mental health needs.

The Board was advised that the Framework would enable a greater dialogue between commissioners and providers about how best to develop the right services for individuals, prior to purchasing social care and support for individuals or groups of individuals.

RESOLVED: That

- (1) the report be approved and the Strategic Director of Adult and Community undertake a tender exercise inviting providers of housing and personal care services for adults with learning disabilities or mental health needs to apply for inclusion on a framework agreement; and
- (2) following completion of the Framework tender a further report be presented to the Board to give an update on the outcome of the tender and outline the programme for re-tendering current services.

**ES82 REVIEW OF THE FAIRER CHARGING FOR NON-RESIDENTIAL SERVICES POLICY 2010-11**

The Board considered a report of the Strategic Director, Adult and Community which outlined the revised Fairer Charging for Non-Residential Services Policy for 2010-11.

The Board was advised that there were two major amendments to the policy. The first was the weekly disregard figure, currently set at Income Support plus Severe Disability Premium (SDP) for all service users, irrespective of whether they received SDP or not. The Council were proposing to change the weekly disregard figure to Income Support plus 25%, in line with Department of Health Guidance.

The Board was further advised that the second amendment was to the percentage charge applied to the service user's disposable income. The term disposable income was the service user's total income less all applicable disregarded amounts. It was what the service user was deemed to have available for charges to be set against. Currently, Halton Borough Council's charge was set at 34% of this disposable income. From 26<sup>th</sup> April 2010 an increase to 50% and for further increases to 60% and 70% in April 2011 and April 2012 had been proposed.

RESOLVED: That

- (1) the contents of the report be noted;
- (2) the charges set out in paragraph 3.2 of the report be approved; and
- (3) the Fairer Charging for Non-Residential Services Policy 2010-11 be approved.

## **EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 22 JULY 2010**

### **ES21 SEXUAL VIOLENCE SUPPORT SERVICES**

The Sub-Committee considered a report which sought approval to commit funding to a five year contract of Independent Sexual Violence Advisors (ISVAs) for the Cheshire Area Sexual Assault Referral Centre (SARC) to the value of £20,552 per year. Currently, Halton had one full time ISVA who provided support and advice to adults from the age of 16, including one to one counselling sessions, support through the court process or reporting to the Police, and acute case support. Previously, Halton had been able to maintain this service for £20,000 as the provider had secured match funding from other sources to maintain a full time position which equated to approximately £40,000. In the current economic climate this had proved more difficult and so Halton was facing the prospect of part-time provision of service against the full-time level of demand.

In line with Central Government requirements, Cheshire had been developing a SARC to respond to victims of serious sexual offences. This SARC was designed to develop multi agency partnership working through high quality forensic examination and support services tabled to the needs of the victim. Cheshire SARC was based upon joint commissioning and officially commenced operation in April 2010.

It was noted that through SARC Halton service users would continue to be offered ISVA services in the locality. In addition, the project offered

long term approach to ISVA commissioning with some associated cost savings, such as continued full time ISVA provision for approximately £20,000.

Members noted that the current request for funding was £10,276 from 1<sup>st</sup> October 2010 for the commencement of central commissioning of ISVA services. Partners had then identified the cost for Halton for ongoing ISVA provision for 2011/12 would be £20,552.

At present the Halton Domestic Abuse Forum funded the ISVA provision through Working Neighbourhood Funds. Within the budget for ISVA provision £20,000 was allocated for ISVA provision. This would provide the majority of funding required for this year's commitment with future years funded by the Supporting People Grant with a built in review after three years.

RESOLVED: That

- 1) approval is given to participate in the SARC joint commissioning of after care services for victims of sexual assault, namely ISVAs;
- 2) approval to fund this support service for victims is agreed; and
- 3) this decision be reviewed after three years.



**REPORT TO:** Health Policy and Performance Board  
**DATE:** 14 September 2010  
**REPORTING OFFICER:** Chief Executive  
**SUBJECT:** Specialist Strategic Partnership minutes  
**WARD(s):** Boroughwide

**1.0 PURPOSE OF REPORT**

1.1 The Minutes relating to the Health and Social Care Portfolio which have been considered by the Health Specialist Strategic Partnership are attached at Appendix 1 for information.

**2.0 RECOMMENDATION: That the Minutes be noted.**

**3.0 POLICY IMPLICATIONS**

3.1 None.

**4.0 OTHER IMPLICATIONS**

4.1 None.

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

**5.1 Children and Young People in Halton**

None

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

None

**5.3 A Healthy Halton**

None

**5.4 A Safer Halton**

None

**5.5 Halton's Urban Renewal**

None

**6.0 RISK ANALYSIS**

6.1 None.

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

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

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



## Halton Strategic **PARTNERSHIP**

### HALTON HEALTH PARTNERSHIP BOARD

#### MINUTES OF THE MEETING held on

**20 May 2010**

**Present:** Fiona Johnstone (Chair) (FJ)  
 Debbie Ainsworth (DA)  
 Cllr Ellen Cargill (EC)  
 Glenda Cave (GC)  
 Julie Clarke (JC)  
 Melissa Critchley (MC)  
 Steve Eccles (part) (SE)  
 Cllr Ann Gerrard (AG)  
 Alan Graham (AGr)  
 Dwayne Johnson (DJ)  
 Diane Lloyd (DL)  
 Eileen O'Meara (EO'M)  
 Dave Sweeney (DS)  
 Yeemay Sung (YS)  
 Karen Tonge (KT)

**In Support:** Margaret Janes

		<b>ACTION</b>
<b>1.</b>	<p><b>Apologies</b></p> <p>John Kelly, Eugene Lavan, Sue Wallace-Bonner, Jim Wilson.</p> <p>Fiona Johnstone advised that due to other commitments Cllr Tom McInerney had resigned from the Board and she wished to formally thank him for his contribution over the last few years. Jane Trevor was now responsible for another area and would no longer attend meetings, FJ would write to thank her for her contribution. She welcomed Alan Graham, Communications Lead with the LSP, Julie Clark from 5BP and Debbie Ainsworth from Job Centre Plus.</p>	
<b>2.</b>	<p><b>Minutes of the Meeting 19 November 2009</b></p> <p>Amendment as follows:</p> <p>6. Fiona Johnstone asked for volunteers – these were Laura Neilson, Diane Lloyd, Jane Trevor and Ann Gerrard.</p> <p>The minutes were agreed as a correct record</p>	
<b>3.</b>	<p><b>Matters Arising</b></p> <p><b>LIT Group</b> – Visit still to be organised.</p> <p><b>Tribal Review</b> – Report circulated.</p> <p><b>SSP Report</b> – This had been circulated.</p> <p><b>Proposed Allocation of Funds</b> – FJ gave feedback.</p>	<b>FJ</b>
<b>4.</b>	<p><b>Local Transport Plan 3</b></p> <p>Steve Eccles gave a presentation and advised they were looking to engage with the LSP and obtain feedback as to what was important to the Partnership regarding transport. The presentation included:</p>	



	<p>Government priority for transport. Local Transport Plan 2 (preparing Plan 3 effective April 11) Halton's goals, opportunities and challenges for transport.</p> <p>EO'M believed the transport plan to be good but in Halton there were low rates of car ownership and there were many estates in Halton with no shops, therefore people were unable to walk to local shops. SE agreed in poorer areas this was a problem. He advised 42% of jobs in Halton were taken by people from outside the Borough. MC advised there was a need for door to door transportation due to people having walking/cycling difficulties and the ageing population. DJ felt there was a need to lead by example but organisations needed to provide facilities for washing/changing, secure parking, etc. EO'M advised under NICE Guidance 43 facilities for workers should be provided. Job Centre Plus were working with the Bike Club on a community project arranging for people to have checks and buy cycles from the Bike Club to enable them to have transport and keep jobs.</p> <p>In summary the Board endorsed their support for the Local Transport Plan and recognised that this should support health and wellbeing. It was requested that the following points to be considered in developing the LTP:</p> <ul style="list-style-type: none"> <li>- Needs of people that are not so able bodied</li> <li>- Needed to be a good experience with people feeling safe, secure, facilities for staff.</li> </ul> <p>SE advised finance would be limited and they would need to make an impact on low cost solutions. FE thanked SE for his presentation and believed there were a number of ideas that could be taken back to individual organisations.</p>	
5.	<p><b>Community Feedback</b></p> <p>KT advised adult safeguarding training had taken place at a conference on 14<sup>th</sup> May with a good cross section of people and excellent presentations. DJ confirmed the event was well attended with good contributions from the voluntary sector. A further event would be organised with colleagues from Children's Services. Agreed with Mid Mersey Age UK that they would pay for a DVD which Halton Speak Out were keen to produce, this will show preventative measures for safeguarding and what can be done if you are abused. A meeting has been arranged to progress this.</p>	
6.	<p><b>LINks Representation and Membership</b></p> <p>FJ had sent a communication regarding membership of LINks partnership to this membership and the view was that people were happy for them to be included in the meeting. Since forming LINK want to ensure they understand key matters being undertaken in each Borough. She believed we should invite LINK to be a part of the group as a member, but not necessarily a voting member. Following discussion it was agreed the Board would include a co-opted member from LINK in its membership.</p>	FJ
7.	<p><b>Feedback from Health Partnership Away Day/Draft Health Strategy &amp; Action Plan 2010/11</b></p> <p>FJ advised the Away Day in January had been very enjoyable with presentations from all leads. There was not full attendance by members and this had been our review day. FJ had contacted members asking whether they considered membership was still important and responses received confirmed that it was. There was a need to agree:</p>	



	<p>- Comments from the action plan are required. - How we will work over the next 12 months to deliver strategic aims.</p> <p>DL advised the action plan was in the early stages and members should email suggestions for health priorities for next 12 months.</p> <p>DJ believed we needed to consider whether the group makes any difference or was this meeting more of an information exchange. Do we as a group influence? In budgetary terms it is a small amount of funding, how do we evidence base how the money influences the challenges we have. DS liked the idea of a champion for each of the indicators. If we look at the bigger infrastructure around governance and ensuring meetings are effective, hopefully this will meet some of the questions being asked. FJ need to look at the key areas, showing what each partner will bring to that, this will give purpose to members attending the meeting. MC supported DJ's comments; looking at personalisation and risk would be useful.</p> <p>AG advised that decisions are made and we were not sure of the gaps (ie alcohol, obesity); what worked/did not work, there would be some crossover. DJ advised he would bring information to the next meeting showing targets that have been set for targeting and personalisation.</p> <p>Following discussion, the group felt it would be good to bring specific matters to future meetings and look at them in parallel with LAA targets; this will enable the group to see what they have contributed and what needs to be achieved, and holding each other to account for these areas. At the next meeting the focus will be on</p> <ul style="list-style-type: none"> <li>- Safeguarding/Personalisation/Alcohol.</li> </ul> <p>FJ confirmed at the end of meetings topics will be agreed for the next meeting.</p>	<p><b>All</b></p> <p><b>DJ</b></p>
<p><b>8.</b></p>	<p><b>Commissioning Group Feedback</b></p> <p>DS advised the purpose of the report was to seek agreement from the Board how best to utilise WNF under spend of £22.5k during 2010/11.</p> <p>Discussion took place, in future group should be more robust and recommended</p> <ol style="list-style-type: none"> <li>1) challenge ideas</li> <li>2) remainder of money should go back into the LSP pot</li> </ol> <p>EO'M asked for consideration to be given to fund Wheels for All; this project was well attended and needed £12k this year. DL advised she had looked into this and only 8% of service users were from Halton.</p> <p>There were 2 recommendations - the group were not keen on returning the money to the LSP pot; it should be used around communication and community engagement – may want to give consideration to - Safeguarding/Prevention/Personalisation.</p>	
<p><b>9.</b></p>	<p><b>Performance Group Feedback</b></p> <p><b>NI8 – Adult participation in Sport</b> Results based around telephone survey. Most groups locally are at full capacity and positive things happening.</p>	



	<p><b>NI120 – All-age All Cause Mortality</b> EO'M advised males missed target although there is a downward trend. Women just missed target, however there is improvement in the first quarter 2010. The main reasons are due to the high rates of cancer.</p> <p><b>NI53 – Breastfeeding</b> Progress in last quarter and a lot of good work in place. Further work needed with hospital midwives ensuring breastfeeding is introduced. La Leche – 7 in Halton with a further 12 to be trained in 2010. People have good access to the facilities to enable them to contact people over telephone.</p> <p>FJ had escalated this to primary health care trust advising performance needs to be in place in terms of staff delivering this and will be discussed at a meeting later today.</p> <p><b>NI124 – Increase the number of people with long term condition supported to be independent and in control of their condition</b> DJ asked why there was no information available. DL advised this had been deferred from the LAA; it will be a target in the future. FJ advised if we are not currently responsible it should be removed.</p> <p><b>NI142 – Number of Vulnerable People supported to maintain independent living</b> DJ did not realise teenage parents were included in this. DL confirmed they were included – this would be taken outside the meeting DL to email information to DJ.</p> <p><b>NI123 16+ Current Smoking Rate Prevalence</b> Target of 1082 quitters for the year – to date figure is 1083. This was very positive but there was still work to be done.</p> <p>FJ had concern over the cancer rates in Halton. This should be a priority LAA indicator. The rate of progress in Halton in the last 15 years is less than half that of a similar neighbour. KT felt local people needed to take ownership GC advised they were looking at the trends in the St Helens group, perhaps this needed looking at in greater detail. FJ agreed this suggestion should be taken forward.</p>	<p>DL</p> <p>DL</p>
10.	<p><b>SSP Chairs Meeting Feedback</b> FJ advised proposals put in place at last meeting. Affordable Warmth and Ignite your Life were both agreed for funding. LPSA 2 SLAs would need to be developed. Need to ensure we are on top of expenditure – if there are any overspends these need to be approved by the Council CEO. Following the development session for LSP board an action plan was produced – draft version only available but FJ will forward to members, this will be incorporated into the action plan as appropriate.</p> <p>It was agreed that SSP summaries should be a standard item on each agenda.</p> <p><b>LSP 19<sup>th</sup> May - Presentations given:</b></p> <ul style="list-style-type: none"> <li>- <b>Climate Change and Affordable Warmth</b> - As partnership organisations we need to understand what we can contribute and what impact there will be.</li> <li>- <b>Minimum price of Alcohol</b> – LSP supported the Council in introducing minimum price for alcohol; this had also been endorsed at the PCT's Board meeting.</li> <li>- <b>Sustainable Community Strategy (SCS)</b></li> <li>- <b>My Halton 2010</b></li> </ul>	<p>FJ</p> <p>DL</p>



	<b>- Safeguarding Adults</b>	
<b>11.</b>	<p><b>Marmot Review of Health Inequalities</b></p> <p>Sir Michael Marmot was requested to undertake a review in order to deliver improvements in health inequalities. There were six key policy objectives:</p> <ul style="list-style-type: none"> <li>- Give every child the best start in life.</li> <li>- Enable all children young people and adults to maximise their capabilities and have control over their lives.</li> <li>- Create fair employment and good work for all.</li> <li>- Ensure healthy standard of living for all.</li> <li>- Create and develop healthy and sustainable places and communities.</li> <li>- Strengthen the role and impact of ill-health prevention.</li> </ul> <p>Addressing Health Inequalities will require joint action across local partnerships. The Sustainable Community Strategy (SCS) for Halton sets out five key themes around Healthy Halton, Children and Young People, Employment Learning and Skills, Safer Halton and Urban Renewal. These tie in well with the six policy recommendations in the Marmot report.</p> <p>We need to look across LSP to see how we can work across partnerships to address health inequalities. The positive effect this could have on the public purse both locally and nationally is great as stated by Sir Michael Marmot.</p> <p><b>Health Inequalities Slope</b> FJ advised this was a new indicator that we may want to use on an annual basis. The indicator shows how wide inequalities are across an area.</p> <p>It was noted cancer showed a worse situation for women than men, with real inequalities in the 40-49 and 80+ age ranges. Following discussion AG asked whether preventative health checks for women aged 30 – 50 should be carried out. FJ advised work was currently being undertaken and this would be tabled at a future meeting.</p> <p>KT advised it would be good to have an overview of alcohol. FJ advised an alcohol needs assessment had been produced, and suggested we set up resource of information that partners could access if they wished.</p>	<p><b>FJ</b></p> <p><b>FJ/DL</b></p>
<b>12.</b>	<p><b>HSPB/SSP Risk Register</b></p> <p>FJ referred to the recommendations in the report</p> <ul style="list-style-type: none"> <li>- Endorse the process needed to ensure completion for the LSP's Risk Management Register, and</li> <li>- Take ownership of the Healthy Halton element of the Register and consider the draft attached as Annex A to this report.</li> </ul> <p>DL advised this was required for the LSP. The risk Register is based around objectives/targets and we are asked to identify risks against these targets. Should there be any comments members should email DL within the next week, she will make any amendments and bring back to the next meeting.</p>	<p><b>All</b></p>
<b>13</b>	<p><b>HSPB Community Engagement Audit</b></p> <p>DL referred to the recommendations in the report</p> <ul style="list-style-type: none"> <li>- Shares the framework across the partnership.</li> <li>- Agrees a review of the partnership Community Engagement Strategy, the</li> </ul>	



## Halton Strategic **PARTNERSHIP**

	<p>Community Engagement Network and the existing consultation register.</p> <ul style="list-style-type: none"> <li>- Establishes a time limited partnership working group to take forward the suggested review.</li> <li>- Regular updates come back to the Board.</li> </ul> <p>All SSP's had been asked to put this on the agenda. The board need to agree to the review and establish a working group to take the review forward nominate representatives from this Board to join the Working Group. It was agreed that Ann Gerrard/Laura Neilson/Maria Garnett would form the working group.</p> <p>FJ advised that Maria Austin had been appointed Assistant Director of Patient Experience, Communication and Marketing for the PCT.</p>	
<b>14</b>	<p><b>AOB</b></p> <p><b>JSNA</b> - DL advised that Halton is currently in the process of developing the JSNA 2010 to be completed by September. A meeting with Commissioners from across partner organisations has been arranged for 8<sup>th</sup> June to find out what Commissioners would like to see included in the JSNA 2010. This time the JSNA will be developed using the InSite software programme and the event on 8<sup>th</sup> June will allow Commissioners to have sight of this programme and how it will be used.</p>	
<b>10.</b>	<p><b>Date and time of next meeting: 29<sup>th</sup> July 2010 at 10 am, Conference Room 2, Municipal Building</b></p>	

### Action Summary – previous meetings

Reference	On Whom	Action	Status / Update
Item 2	FJ	LIT Group – Visit still to be organised.	
Item 6	FJ	Appoint a co-opted member from LINK.	
	All	Action plan –email suggestions for health priorities to D Lloyd.	
	DJ	Targets set for targeting and personalisation to be tabled at next meeting.	
Item 9	DL	NI124 – remove if applicable.	
	DL	NI142 – Teenage parents info email to DJ.	
Item 10	FJ	Forward development session for LSP board/action plan -forward to members.	
	DL	SSP summaries to be agenda item.	
Item 11	FJ	Health checks to be tabled at future meeting	
	FJ/DL	Resource of information for partners to access.	



**Report To:** Health Policy and Performance Board

**Date:** 14<sup>th</sup> September 2010

**Reporting Officer:** Strategic Director Adults and Community

**Subject:** Equity and Excellence: Liberating the NHS (White Paper)

**Ward(s):** Borough Wide

### **1.0 Purpose of Report**

1.1 The purpose of this report is to provide a policy summary of the recent NHS White Paper published on 12<sup>th</sup> July 2010 and explore the possible implications for the Local Authority.

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

**a) note the contents of the report and consider the consequent implications for Halton.**

**b) consider any comments the Board may wish to make on the contents of the White Paper back to the Department of Health**

### **3.0 Overview**

3.1 The Health White Paper, 'Equity and Excellence: Liberating the NHS' represents possibly the most radical restructuring of the NHS since its inception. It would transform how health care is commissioned, with around £80 billion being transferred to new GP consortia.

3.2 The policy agenda is far reaching and the timetable for implementation extremely ambitious - given the scale of change and the context of increasing financial pressures facing the service.

Key proposals are:

- extending patient choice over providers and treatment
- establishing an independent NHS Commissioning Board
- ensuring all health trusts are foundation trusts by 2013 and giving them greater freedoms
- the transfer of commissioning to GPs and the abolition of PCTs and SHAs
- transferring the public health budget to local authorities
- giving councils the responsibility to promote integration and partnership working.

## **4.0 Introduction**

- 4.1 This report covers the white paper as a whole, but has a more detailed focus on the implications for local government. The reforms set out in the White Paper are possibly the most radical since the inception of the NHS. Of course, many of the proposals are not actually new – they build on previous initiatives, such as GP fund holding, but taken as a whole, they represent huge structural change that also rapidly accelerates the directional change towards a mixed economy in the NHS we have seen over the last two decades.
- 4.2 There will be a further white paper published later this year setting out the programme for public health. The Health Bill, which will be introduced in parliament in the autumn, will support the creation of a new Public Health Service, to integrate and streamline existing health improvement and protection bodies and functions. Even before these are published, this White Paper does propose changes to the role of local government that follow from the radical restructuring it sets out.

## **5.0 Consultation and timetable**

- 5.1 The white paper applies only to the NHS in England. There will be broad consultation on the implementation of the reforms set out in the White Paper – with local government, patients and the public, as well as external organisations. The government will also formally consult wherever it is appropriate to do so, for example on strengthening the NHS Constitution, and on draft regulations.
- 5.2 More detailed documents will be published shortly asking for views on commissioning for patients (the implementation of the NHS Commissioning Board and GP consortia) and the changes at the local level set out in the section on local democratic legitimacy. The latter will be of particular importance to local government.
- 5.3 Many of the changes in the White Paper require primary legislation. The Queen's Speech included a major Health Bill in the legislative programme for this first parliamentary session. The government will introduce this in the autumn.
- 5.4 Comments on the White Paper should be sent by 5 October 2010, to: [NHSWhitePaper@dh.gsi.gov.uk](mailto:NHSWhitePaper@dh.gsi.gov.uk)
- 5.5 The White Paper is the main overarching document for NHS reform however there are a number of supporting consultation documents that members may wish to refer to. These can be accessed via the internet: <http://www.dh.gov.uk/en/Consultations/Liveconsultations/index.htm>

## **6.0 Main proposals**

### **6.1 Choice, Control and Patient Involvement**

The government's stated intention is to extend patient choice. The government plans to give patients choice of treatment and provider in the 'vast majority of NHS-funded services' by 2013/14. They will:

- increase the current offer of choice of any provider significantly
- create a presumption that all patients will have choice and control over their care and treatment, and choice of any willing provider wherever relevant
- begin to introduce choice of treatment and provider in some mental health services from April 2011
- introduce choice in care for long-term conditions as part of personalised care planning
- give every patient a clear right to choose to register with any GP practice they want with an open list, without being restricted by where they live

The Health Bill will create HealthWatch England, a new independent consumer champion within the Care Quality Commission (CQC). Local Involvement Networks (LINks) will become the local Health Watch. These will be funded by and accountable to local authorities. Local authorities will be able to commission Local Health Watch or Health Watch England to provide advocacy and support, helping people access and make service choices, and supporting people who want to make a complaint.

### **6.2 Healthcare Outcomes and Performance Framework**

Many top-down targets will be abolished.

The current performance regime will be replaced with separate frameworks for outcomes that set direction for the NHS, for public health and social care.

It will include a focused set of national outcome goals determined by the Secretary of State, against which the NHS Commissioning Board will be held to account.

Progress on outcomes will be supported by quality standards. These will be developed for the NHS Commissioning Board by the National Institute for Health and Clinical Excellence (NICE), setting out each part of the patient pathway and indicators for each step.

NICE will be made into a non-departmental public body, to define its role and functions, reform its processes, secure its independence, and extend its remit to social care. The paper does not talk about the implications of this for the Social Care Institute for Excellence (SCIE).

The Secretary of State, through the Public Health Service, will set local

authorities national objectives for improving population health outcomes.

### **6.3 NHS Commissioning Board**

An autonomous statutory NHS Commissioning Board will be established. The board will take over the current CQC's responsibility of assessing NHS commissioners and will hold GP consortia to account for their performance and quality. Its five main functions will be:

- providing national leadership on commissioning for quality improvement
- promoting and extending public and patient involvement and choice
- ensuring the development of GP commissioning consortia
- commissioning services that cannot be solely commissioned by consortia, including dentistry, community pharmacy and primary ophthalmic services
- allocating and accounting for NHS resources.

The board will be set up in shadow form as a special health authority from April 2011. It will be converted by the Health Bill into a statutory body and go live in April 2012.

### **6.4 GP Commissioning**

The most far-reaching reform in the White Paper is the transfer of commissioning from PCTs to local consortia of GPs. This builds on practice-based commissioning but under these proposals this will not be voluntary and GP commissioning will be on a statutory basis, with powers and duties set out in primary and secondary legislation.

Consortia of GP practices, working with other health and care professionals and in partnership with local communities and local authorities, will commission the great majority of NHS services for their patients. They will not commission the other family health services of dentistry, community pharmacy and primary ophthalmic services. These will be the responsibility of the NHS Commissioning Board.

The size of consortia is not specified but the White Paper says that they will need to have a sufficient geographic focus to be able to take responsibility for agreeing and monitoring contracts for locality-based services (such as urgent care services), to have responsibility for commissioning services for people who are not registered with a GP practice and to commission services jointly with local authorities.

Each consortia will have to be able to decide what commissioning activities they undertake for themselves and for what activities, such as demographic analysis, contract negotiation, performance monitoring and aspects of financial management they may choose to buy in. They could therefore choose to buy in these types of services from local

authorities, as well as from other public, private and voluntary sector bodies.

GP consortia will have a duty to promote equalities and to work in partnership with local authorities, for instance in relation to health and adult social care, early years services, public health, safeguarding, and the wellbeing of local populations.

It is intended that a comprehensive system of GP consortia will be in place in shadow form during 2011-12, taking on increased delegated responsibility from PCTs. Following the passage of the Health Bill, consortia will take on responsibility for commissioning in 2012-13.

## **6.5 Providers**

The government will reform the way foundation trusts function and bring forward the timetable for all NHS trusts to become foundation trusts. Every NHS trust will have to become a foundation trust and the government wants all trusts to have converted within three years. From April 2013, Monitor (the Independent Regulator of NHS Foundation Trusts) will take on the responsibility of regulating all providers of NHS care, irrespective of their status. CQC will continue to act as the quality inspectorate across health and social care for both publicly and privately funded care. Some of the key areas from the White paper are as follows:

- The barriers to entry by new suppliers for community health services currently provided by PCTs will be removed
- Trusts will, in future, be regulated in the same way as other providers, whether from the private or voluntary sector. Patients will be able to choose care from any provider.
- Employees will be able to transform the trust to an employee-led social enterprise.
- The arbitrary cap on the amount of income foundation trusts can earn from other sources to reinvest in their services will be abolished

## **6.6 Administration and Savings**

The government is committed to reducing the NHS's management costs by more than 45 per cent over the next four years, which it says can only be achieved "by radically simplifying the architecture of the health and care system".

The new arrangements will mean that Strategic Health Authorities (SHAs) will be abolished and PCTs will be replaced by GP consortia. The Department of Health will also radically reduce its own NHS functions. A review of DH arm's-length bodies will shortly be published.

The paper acknowledges that these changes will be profound:

'Taken together, they amount to a major delayering, which will cause significant disruption and loss of jobs, and incur transitional costs

between now and 2013, even as we are cutting the management cost of the NHS'.

## **7.0 What are the main implications for Local Authorities?**

The role of local authorities will be strengthened as a result of the White Paper linking adult social care, public health and health services at a community level. The future White Paper on public health will clarify whether the vision in the White Paper will be translated into reality.

There are obvious risks in undertaking such a profound reorganisation at a time of unprecedented financial pressure. The government is clear that the reforms themselves will save billions in management costs, but there is no hard evidence about the scale of savings, given the restructuring will itself be costly in the short and medium term.

The transition period will be especially problematic. Even though there will be significant job losses and redeployments, performance and robust management processes will need to be assured whilst the service is severely disrupted. During this time of significant change there will be knock on effects for social care, including impact upon jointly commissioned and run social care services

Clearly, taking on more responsibilities for coordination and promotion requires councils to have the appropriate powers, resources and authority. The government will need to ensure it gives councils the means to take on this role effectively. The transfer of the public health budget will be welcomed, but, again, there are concerns - will there be adequate funding for any additional responsibilities?

Local authorities will undoubtedly welcome the transfer of responsibilities for health improvement and the new role in coordinating commissioning. It is impossible to judge how well, for example, the new health and well-being boards will work. Nationally, the existing ones under Local Strategic Partnerships have not been universally effective. Local authorities will be able to take a strategic approach and promote integration across health, adult social care and children services, including the safeguarding of vulnerable adults and children, however the detail of how this will work practically will not become clear until the public health white paper is published. In anticipation of this however, the local authority in conjunction with the PCT over the past six months, have been working on the development of more effective partnership commissioning and as such have been exploring the establishment of a Joint Executive Commissioning Group and possible revision to the role of the Health Special Strategic Partnership Board. This work will be developed when further details emerge from the public health White Paper.

The most visible change in the White Paper is the transfer of commissioning to GP consortia. However, not all GPs will be enthusiastic about taking on their new role. Most will not yet have the capacity and skills to do so effectively. Private sector companies that already work in the health sector have welcomed the opportunities the white paper suggests to support consortia. The British Medical Association has expressed concern at the increased role for the private sector and believes that many GPs will not want to see vastly increased private sector involvement. Local authorities will need to start now to consider how they could themselves provide support services.

The new consortia will need to understand the relationship between health and social care and that there are good systems for cross-referral and close working between the two. They will be given powers to make arrangements now covered by Section 75 of the National Health Act 2006 to work jointly with councils, for example on learning disability and mental health services, but it is difficult to assess how far some GPs will want to go.

### **8.0 Further Guidance & Timetable**

8.1 A list of proposed legislation and timetable for guidance is outlined within the White Paper. Key dates within these include:

- Summer 2010 Framework for transition, NHS outcomes framework, local democratic legitimacy in health
- End 2010 Vision for Adult social care (white paper on social care in 2011), public health white paper
- April 2011 Shadow health and wellbeing partnerships to be put in place- live from April 2011
- April 2012 NHS commissioning board established, New LA health & wellbeing boards in place, Public Health service in place, Health Watch established GP consortia in shadow form.

### **9.0 Policy Implications**

9.1 Clearly the White Paper will have an impact on the way health services are delivered at a local level. However, the full scale of this impact cannot be evaluated until further detail is available (please see proposed timetable in section 8 of this report).

## **10.0 Financial/ Resource Implications**

10.1 There are no direct resource implications as a result of this report however as plans become more explicit it will become easier to understand the impact on Local Government and the consequent financial impact.

## **11.0 Implications for the Council's Priorities**

### **11.1 Children and Young People in Halton**

At the moment it is difficult to ascertain the implications for Children and Young People although there will inevitably be an impact on all NHS service users including this age group. As plans become more explicit it will be easier to ascertain the full implications.

### **11.2 Employment, Learning and Skills**

The implications of the proposals set out in the White Paper will inevitably have an impact on the NHS workforce. At a local level the NHS is one of the largest employers so there will inevitably be an impact on the workforce. As with other areas set out in the report the full implications are not yet explicit but will need further consideration once these implications have been identified.

### **11.3 A Healthy Halton**

By its very nature the proposals set out within the White Paper will have the biggest impact on the health priority. At a local level we will need to ensure that we remain focused on our priorities for health whilst trying to minimise the impact of the changes on local people. As yet, as with the other priority areas it is difficult to identify the full implications until we have further details.

### **11.4 A Safer Halton**

None identified

### **11.5 Halton's Urban Renewal**

Being a major provider of local services the NHS inevitably has an impact on the local economy in terms of employment, procurement of local services and the physical infrastructure and environment (i.e. hospitals, health centres, GP surgeries etc).

## **12 RISK ANALYSIS**

12.1 There will clearly be risks associated with the implementation of the proposals set out in the White Paper however these will only be clear once further details are available.



**13 EQUALITY AND DIVERSITY ISSUES**

13.1 An Equality Impact Assessment has been carried out on the White Paper itself which will inform the future development of the implementation plan.

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

14.1 None

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

**DATE:** 14<sup>th</sup> September 2010.

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

**SUBJECT:** Telecare Presentation.

**Ward(s)** Borough Wide

1.0 **PURPOSE OF REPORT**

1.1 To present details on type and range of Telecare equipment available.

2.0 **RECOMMENDATION**

**It is recommended that Members of the Board:**

i) **note and comment on the range and availability of Telecare equipment.**

3.0 **SUPPORTING INFORMATION**

3.1 A previous report to Policy and Performance Board in June 2010, presented the Telecare Strategy and implementation plan for Halton.

The Board requested further information on the range and availability of Telecare equipment in Halton.

3.2 The presentation will outline :

- Background History of Telecare
- Equipment available
- Demonstration of equipment
- Current performance
- Case Study
- Brief insight into the future of Telecare

5.0 **FINANCIAL/RESOURCE IMPLICATIONS**

5.1 None identified.

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

6.1 **Children and Young People in Halton**

None identified.

6.2 **Employment Learning and Skills**

None identified

6.3 **A Healthy Halton**

Investment in Telecare to support vulnerable adults can impact positively on their health and well being, one example is the use of falls monitors which can reduce the impact of the fall on the person.

6.4 **A Safer Halton**

The use of Telecare can enable people to remain in their own homes and feel safer and more supported.

6.5 **Halton's Urban Renewal**

None identified.

**RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 A Community Impact Review & Assessment (CIRA) will be completed on the final strategy.

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

None.

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

**DATE:** 14 September 2010

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

**SUBJECT:** Halton's Safeguarding Adults Board Annual Report 2009-10

**WARDS:** All

1.0 **PURPOSE OF REPORT**

1.1 To present the Annual Report of Halton's Safeguarding Adults Board, for the year 2009/10, and to brief members of the Policy & Performance Board (PPB) on key issues and progression of the agenda for Safeguarding Vulnerable Adults.

2.0 **RECOMMENDATION:**

- i) **That members of the PPB note and comment on the content of the Annual Report of the Safeguarding Adults Board 2009/10 and recent/current key issues.**

3.0 **SUPPORTING INFORMATION**

3.1 **Annual Report of the Safeguarding Adults Board (SAB)**

The Annual Report outlines the strategic framework and operation of the multi-agency arrangements for safeguarding adults in Halton who are vulnerable to abuse. The report provides details of work undertaken from April 2009 to March 2010 and summarises priorities and planned activity for the year April 2010 to March 2011.

The report is made available on Halton Borough Council's website and is sent to lead officers and senior managers in partner agencies in all sectors.

3.2 **Update**

Since April 2010, key issues to report are:

3.1.2 The Safeguarding Adults Board has published its Annual Report covering the period 1 April 2009-31 March 2010. It is available as Appendix 1 of this report and on the website:

[www.halton.gov.uk/safeguardingadults](http://www.halton.gov.uk/safeguardingadults)

An Easy Read version is being prepared.

The report will be presented to a number of forums, including Policy & Performance Boards (Safer Halton and Healthy Halton), the People's Cabinet and Learning Disabilities Partnership Board.

The Board recommends that partner agencies present it to their respective Boards.

3.2.2 The Board's Work Plan has been updated in line with agreed Priorities, as detailed in the Annual Report.

3.2.3 Services that have an impact on Safeguarding report to the Board. The following developments have been reported recently:

- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS):
  - Training and other awareness raising activities provided
  - Access to Independent Mental Capacity Advocacy services
  - Policies and Procedures 'refreshed'
- Dignity in Care:
  - Halton Speak Out has been commissioned to produce easy read information regarding Dignity
  - A Dignity Issues Log has been set up.
- Personalisation:
  - Multi-disciplinary Risk Management arrangements are being set up
  - Positive Risk Taking Policy being developed
  - Commissioning training for Personal Assistants (PAs)
  - Risk Assessment training being provided
- Domestic Abuse:
  - 77 local staff with a safeguarding role recently attended a dedicated training session

3.2.4 Briefings have been provided for Halton Direct Link Advisors and Supervisors, to clarify referral procedures and ensure effective arrangements in place at the interface between callers and lead safeguarding staff.

3.2.5 NHS Trusts are arranging to report Serious Untoward Incidents (that involve Safeguarding Adults elements) to the Board's Quality and Performance sub-group, in recognition of the key learning opportunities they can afford.

3.2.6 An action plan arising from last year's appraisal of learning opportunities for Halton from the Hounslow Housing judgment was brought to the

Quality & Performance Sub-group in May 2010 and will be tracked for progress.

- 3.2.7 The Quality and Performance sub-group terms of reference have been revised to incorporate serious case reviews and dignity matters.
- 3.2.8 Safeguarding Adults Case audits are being undertaken on a regular basis.
- 3.2.9 A Serious Case Review is still in progress, working to a planned timescale.
- 3.2.10 Publicity & Communications sub-group have taken responsibility within their terms of reference for strategy for the Board's response to media enquiries.
- 3.2.11 Carers Week and Disability Awareness (DAD) Day used as a conduit for distributing publicity materials.
- 3.2.12 A dedicated awareness raising event was held on 28 July, for the Safeguarding Adults Board, providers and partner agency staff.
- 3.2.13 All marketing materials have been reviewed, updated and re-branded with a common branding.
- 3.2.14 A marketing campaign has recently been undertaken during July 2010 and will be refreshed. Includes a wide distribution of written materials (including easy read versions), banner stands in public facilities, and taxi and bus adverts.
- 3.2.15 A number of GP surgeries have agreed to provide safeguarding adults details on plasma screens placed in patient waiting rooms.  
  
Halton Hospital has agreed to put a display screen in place.
- 3.2.16 A multi-agency Safeguarding Adults Training Strategy has been developed.
- 3.2.17 A new evaluation tool and attendee personal action plan is being piloted (for completion during the course being attended), to strengthen the likelihood and provide a potential measure of the difference that training makes, to practice.
- 3.2.18 A MARAC briefing has been provided for Halton Borough Council (HBC) Assessment team managers, to raise awareness of processes and services, and strengthen procedures in adult social care.
- 3.2.19 HBC's Adult Social Care Workforce Grant currently funds all of the learning interventions. However, the grant funding is set to finish in March 2011 and no alternative/replacement has been announced at the

time of writing the report. The Council is seeking to move towards a more coordinated and multi-agency response to the future learning and development needs of the partner agencies, initially through a multi – agency plan which can begin to inform long term needs and required resources.

3.2.20 Extra training dates have been arranged for Basic Awareness & Referrers Training, due to increased demand. An additional date for Train the Trainer course might be needed.

3.2.21 Safeguarding Adults has been incorporated into the Prevention & Early Intervention Strategy.

3.2.22 The revised version of the document ‘Safeguarding Adults in Halton - Inter-agency Policy, Procedures & Guidance’ document has been distributed to over 400 agencies and groups operating in Halton. It is available on the website:  
[www.halton.gov.uk/safeguardingadults](http://www.halton.gov.uk/safeguardingadults)

3.2.23 An Audit Tool has been developed and recommended to related services, to be used to evaluate Safeguarding specific and Safeguarding related policies, procedures and service specifications, evaluate agencies’ arrangements for checking their impact on safeguarding adults and the standards they contain. The document was piloted against HBC’s Confidential Reporting Policy, which was revised as a result.

3.2.24 The Care Quality Commission (CQC) are in the process of conducting an inspection of Adult Social Care, with fieldwork taking place between 7<sup>th</sup> and 16<sup>th</sup> September 2010. The process is focusing on:

- Older people as a service user group
- Safeguarding, across all adult groups
- Improved Health and Wellbeing
- Increased Choice and Control
- Maintaining Personal Dignity and Respect
- Commissioning and Leadership, including use of resources

#### 4.0 **POLICY, LEGAL AND FINANCIAL IMPLICATIONS**

4.1 A key issue is sustainability of the Training and Development activity once current funding is no longer available. If the key issues are not addressed the level of knowledge and skills that colleagues require to undertake their duties, may not be achieved and therefore impact negatively on vulnerable adults.

4.1 There are no policy, legal or financial implications in noting and commenting on this report.

4.2 All agencies retain their separate statutory responsibilities in respect of safeguarding adults, whilst Halton Borough Council’s Adult and

Community Directorate has responsibility for coordination of the arrangements, in accordance with 'No Secrets' (DH 2000) national policy guidance and Local Authority Circular (2000) 7/Health Service Circular 2000/007.

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

### 5.1 **Children & Young People in Halton**

Safeguarding Adults Board membership includes:

- The Chair of the Local Safeguarding Children Board and
- Divisional Manager for the Children's Safeguarding Unit in the Children and Young People's Directorate.

Safeguarding Children Board membership includes adult social care representatives.

Joint protocols exist between Council services for adults and children.

The SAB chair, sub-group chairs and lead officers for related services will meet regularly and will ensure a strong interface between, for example, Safeguarding Adults, Safeguarding Children, Domestic Abuse, Hate Crime, Community Safety, Personalisation, Mental capacity & Deprivation of Liberty Safeguards.

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

None identified.

### 5.3 **A Healthy Halton**

The safeguarding of adults whose circumstances make them vulnerable to abuse is fundamental to their health and well-being. People are likely to be more vulnerable when they experience ill-health.

### 5.4 **A Safer Halton**

The effectiveness of Safeguarding Adults arrangements is fundamental to making Halton a safe place of residence for vulnerable adults.

### 5.5 **Halton's Urban Renewal**

None identified.

## 6.0 **RISK ANALYSIS**

6.1 Failure to address a range of safeguarding adults issues could expose individuals to abuse and leave the Council vulnerable to complaint, criticism and potential litigation.



7.0 **EQUALITY AND DIVERSITY ISSUES**

7.1 It is essential that the Council addresses equality issues, in particular those regarding age, disability, gender, sexuality, race, culture and religious belief, when considering its safeguarding policies and plans.

# Annual Report 2009-10

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## **Halton's Safeguarding Adults Board**







# CONTENTS

<b>01</b>	Foreword from the Chair
<b>02</b>	Halton Safeguarding Adults Board - Vision
<b>03</b>	National Context
<b>05</b>	Structure and Reporting Arrangements
<b>09</b>	Key Developments & Local Activity 2009-10
<b>23</b>	Appendix 1 - Safeguarding Adults Board Terms of Reference
<b>27</b>	Appendix 2 - Safeguarding Adults Board Work Plan
<b>30</b>	Appendix 3 - Safeguarding Adults Board Membership
<b>31</b>	Appendix 4 - Useful Information



A handwritten signature in blue ink that reads "Dwayne Johnson". The signature is stylized and includes a long horizontal line extending to the right.

**Dwayne Johnson**  
**Chair of Halton's Safeguarding Adults Board**  
**Strategic Director, Adults & Community,**  
**Halton Borough Council**

## FOREWORD

As the Chair of Halton's multi-agency Safeguarding Adults Board, I am pleased to present this Annual Report, which describes how organizations and committed individuals in all sectors are working together to safeguard vulnerable adults.

This has been another productive year for Halton and the Safeguarding Adults Board and we have also seen a number of important and influential events nationally.

We have continued to provide a range of services to prevent abuse and set up systems to sign post people to services where they feel vulnerable or when carers feel they require more support.

Locally, partner agencies dealt with more than 350 referrals of alleged abuse throughout the year, investigating those concerns, putting safeguarding arrangements in place and supporting people who find themselves in abusive situations.

As well as reporting on its work over the past year, the Board's annual report explains the national context in which we all operate and lists our priorities for the coming year.

We continue to make important linkages to the Domestic Violence and Children's agenda and have maintained our communication and scrutiny of what we do through the Crime and Disorder and Health Partnership Boards and the Local Strategic Partnership.

I want to assure local people and partner agencies of our continuing commitment to this work, which is essential to the quality of life and experience of people whose circumstances make them vulnerable.

Safeguarding adults is a complex and challenging area of work and I would like to thank all those involved for their vital contribution to the partnership.

Please forward any comments on the contents of the plan to Julie Hunt, [julie.hunt@halton.gov.uk](mailto:julie.hunt@halton.gov.uk).

## HALTON SAFEGUARDING ADULT BOARD VISION

Safety from harm and exploitation is one of our most basic needs and everyone has a right to be safe.

As adults, we constantly weigh up the balance of risks and benefits in what we do and the choices we make.

'Safeguarding' is a range of activity aimed at upholding the fundamental right to be safe, at the same time as respecting people's right to make choices.

Safeguarding involves empowerment, protection and justice.

Local authority adult social care departments play a co-ordinating role in developing local arrangements for safeguarding adults. All partner agencies, however, play a vital role in ensuring the best possible outcomes for those people in our community who are vulnerable to abuse and those who have experienced abuse and many of them are represented on the Safeguarding Adults Board.

As a Board, our vision for adults whose circumstances render them vulnerable to abuse is encompassed in the following statements:

- "A Halton where vulnerable people are safe from abuse/harm; empowered to make their own choices and to choose risks; where people are supported and developed to deliver this."
- "The Safeguarding Adults Board will lead and co-ordinate multi-agency strategy and direction, with energy and commitment, to achieve our shared vision."
- "By working together with top-level commitment from all agencies, the Board will raise awareness and inspire positive changes in people's lives."



# NATIONAL CONTEXT

This has been an eventful year, which has seen a number of key drivers and developments in the context of safeguarding adults:

The Vetting & Barring Scheme went fully 'live' on 12 October 2009. Since this date, anyone entering or changing jobs in 'regulated activity' is required to register with the Independent Safeguarding Authority (ISA). Members of the workforce already in regulated activity will have their registrations phased in over a period of five years. The ISA was created as part of the Government's Vetting and Barring Scheme (VBS) to help prevent unsuitable people from working with children and vulnerable adults. It is a Non Departmental Public Body, sponsored by the Home Office and works in partnership with the Criminal Records Bureau (CRB) to help ensure that there is 'no known reason' why individuals who work or wish to work or volunteer with children or vulnerable adults shouldn't do so. The scheme has been the subject of considerable controversy, particularly in relation to frequency of contact with vulnerable people and the vetting of volunteers. Aiming to strike a balance between the need to protect vulnerable people on the one hand, and the importance of having a proportionate scheme, consistently applied, on the other, the Government commissioned a review and consultation and accepted the resulting recommendations made by Sir Roger Singleton, which it has said will be the next phase of the scheme's implementation.

The effectiveness of adult protection/safeguarding adults arrangements has been under scrutiny since Government Minister Ivan Lewis announced the review of 'No Secrets' (DH 2000) in June 2007. The review was launched by Care Services Minister Phil Hope in October 2008 and the report of the consultation was finally published in July 2009. Key messages were:

- a. Safeguarding requires empowerment/the 'victim's' voice needs to be heard.
- b. Empowerment is everybody's business, but safeguarding decisions are not.
- c. Safeguarding Adults is not like Child Protection.
- d. The participation/representation of people who lack capacity is also important.

The Government response to the report from the 'No Secrets' review was announced in January 2010 by Minister Phil Hope, who asserted that "the most vulnerable people in society will be better protected by local agencies such as Councils, the Police and the NHS". He went on to say that:

- New legislation will be introduced to enshrine, in law, the need for every local area to have in place a Safeguarding Adults Board.
- The Government, working with stakeholders, will set in train a programme of work to lead and support all agencies involved in safeguarding adults. It will ensure that everyone involved in the care of vulnerable adults has the skills to protect them.
- There will also be a new cross Government Ministerial group which will oversee the safeguarding of vulnerable adults, set priorities, work up new policy and provide national leadership.

The Health & Social Care Act 2008 created the Care Quality Commission, which became the independent regulator of health and social care in England from 1 April 2009, taking over responsibilities for the regulation and inspection of services from the Healthcare Commission, Commission for Social Care Inspection (CSCI) and with a remit to protect the rights of people detained under the Mental Health Act, in place of the Mental Health Act Commission.

Over the last year or so, the Law Commission has reviewed all law related to Adult Social Care, including safeguarding. In its Adult Social Care Consultation Paper in February 2010, the Commission has published a set of proposals for consultation in relation to potential changes in the law, on adult safeguarding.

The proposals include:

- A duty to make enquiries and take action in adult abuse cases
- The use of adults at risk to describe those in vulnerable situations
- Defining harm in statute
- A duty for each local authority to form an adult safeguarding board with clarity of function and membership
- A duty to co-operate in adult safeguarding cases

The Care Quality Commission (CQC) is carrying out a programme of themed inspections of Local Authority Adult Social Care, to help the inspectorate assess how well the Council is delivering services. Each inspection incorporates a significant scrutiny of safeguarding adults arrangements, including prevention of abuse and the multi-agency response to concerns. Officers from Halton have been in touch with other Councils that have been inspected and considered their inspection reports, to see what we can learn from them to benefit the service we provide to people locally. Halton's Adult Social Care service will be inspected in September 2010.

Adult Social Services continue to meet the challenge of implementing the Putting People First agenda in their service cultures and operational arrangements. A significant aspect of this is addressing the tension between facilitating self-directed support and safeguarding those whose circumstances make them vulnerable.

The Department of Health's Adult Social Care Workforce Strategy, published in April 2009, announced that the General Social Care Council (GSCC) will extend registration to home care workers. Initially registration will be on a voluntary basis and the expectation is that it will become compulsory thereafter.

Clinical Governance and Adult Safeguarding was published by the Department of Health in February 2010. Prior to this, there was no specific guidance outlining any NHS responsibilities around safeguarding adults and statute applicable to the NHS has contained no explicit duty to engage with safeguarding adults/ adult protection arrangements.

From 1st April 2009, new regulations and guidance come into operation about how Adult Social Care and NHS Health Services respond to complaints, some of which will contain elements of safeguarding and dignity. By both sectors operating to these, it is intended to encourage a more seamless response where complaints cross over both.

National standards for data collection on Safeguarding Adults have now been approved and the collection becomes mandatory for local authority Adult Social Services from April 2010, whilst publication of the data reports is voluntary until 2010. It has been reported that the return will be revisited following conclusion of the 'No Secrets' review.'

Despite all of these positive moves towards a more robust framework in which we operate, throughout the year a number of vulnerable people will have suffered abuse at the hands of others and in some cases tragically died. Whether concerning adults or children, all of these events provide us with opportunities to consider our local safeguarding arrangements, to learn from the events that have led to abuse and how they might inform the way we work together and individually.

Internet links to further information on the following developments are provided in the Useful Information section of this annual report.



# STRUCTURE AND REPORTING ARRANGEMENTS

Halton's framework for safeguarding adults has been set up and developed in accordance with the government guidance 'No Secrets' (Department of Health 2000) and 'Safeguarding Adults' (Association of Directors of Social Services 2005).

At the centre of local developments are:

- The multi-agency strategic decision-making body, the Safeguarding Adults Board
- Sub-groups of the Board
- Links with related services
- Individual partner agency developments

The Board, its sub-groups and reporting arrangements have developed over recent years, reflecting a growing understanding of safeguarding, including a stronger focus on the prevention of abuse, the establishment of better strategic links between partners to ensure effective response to concerns, and the need to engage more effectively with the wider community.

The Board reports formally to the Safer Halton Partnership, which forms part of the Halton Strategic Partnership <http://www.haltonpartnership.net> with an overall aim:

- To ensure pleasant, safe and secure neighbourhood environments, with attractive, safe surroundings, good quality local amenities and the ability of people to enjoy life where they live.

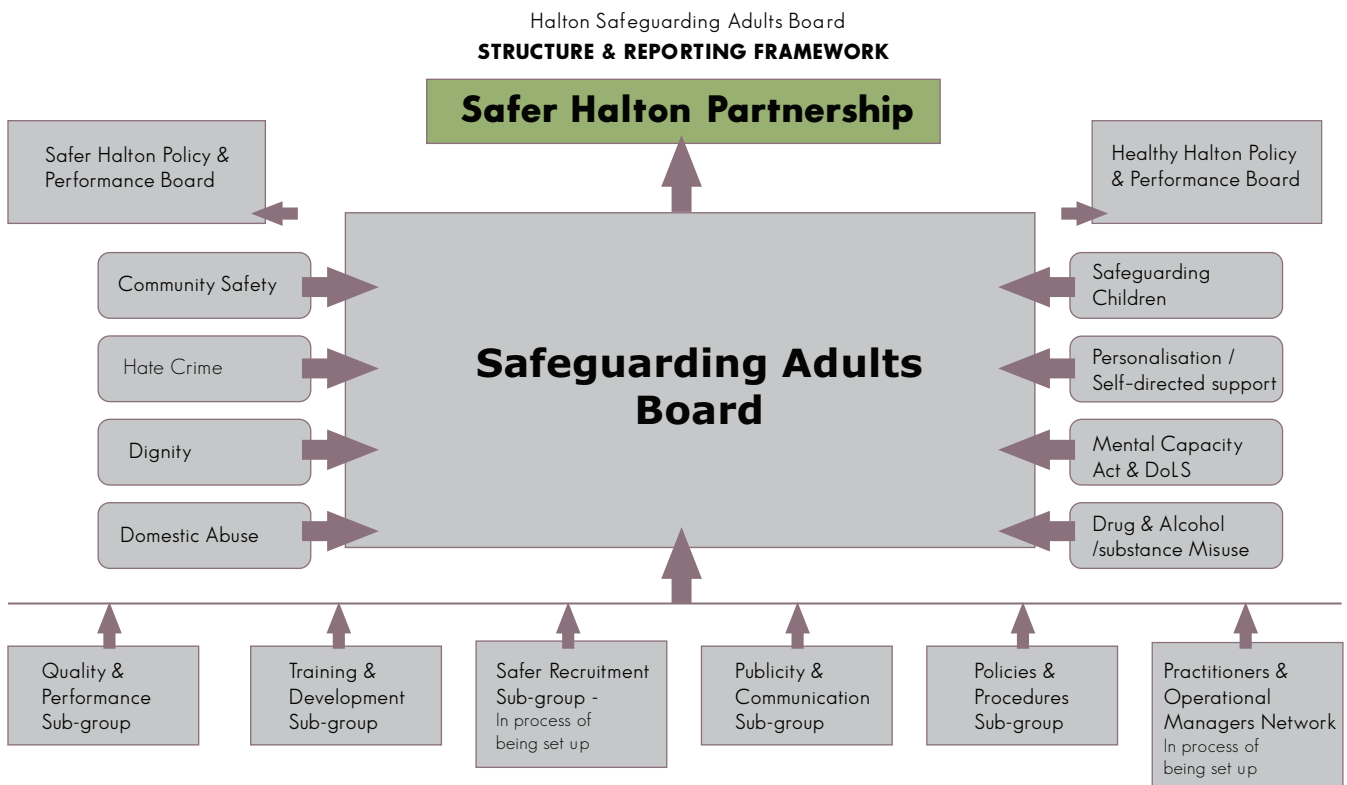
Additionally, public sector agencies report Safeguarding Adults developments through their internal governance arrangements, for example Halton Borough Council's Policy and Performance Boards (Safer Halton and Healthy Halton)

In 2009 the Board reviewed its operation and decided to rationalise the groups to make them re efficient, effective and more outcome focused. These are described later in the plan:

Sub-groups are multi-agency. Their membership, terms of reference and work plans are available, on request, from the Safeguarding Adults Coordinator:  
Julie.hunt@halton.gov.uk  
Tel: 01928 704523

Links with related services and priorities are strengthened through representative membership on the Board and through reporting arrangements regarding, for example:

- Dignity
- Safeguarding Children
- Community Safety
- Domestic Abuse
- Self-directed Support/'Personalisation'
- Mental Capacity and Deprivation of Liberty Safeguards (DoLS)



## OUTCOMES FOR SERVICE USERS AND CARERS

The following are some of the outcomes we aim to ensure for people who use services and for their carers:

- People are able to live in safe and secure surroundings where harassment, abuse and neglect are prevented
- Partner agencies and the general community know what to do to try and prevent abuse, and to respond when it happens
- People experience a good response when they raise concerns about abuse, including:

- A timely and appropriate response
- Robust protections and support for people at risk
- Information that they have a right to receive and where appropriate
- The ability to make decisions about their living circumstances, which might include risk and is managed under the least restrictive regime
- The opportunity to have their situation reviewed on a regular basis

- Support is provided at home or in other settings by a skilled, informed, confident workforce
- People can maintain involvement in local activities, policy development and decision-making
- People experience dignity and respect throughout the safeguarding and support processes



## SAFEGUARDING ADULTS BOARD PRIORITIES 2010-11

The following focused priorities were determined in 2010 and include:



### **PRIORITY 1** ▶ To safeguard and promote the welfare and dignity of vulnerable adults

This is an overarching priority for the SAB as all other priorities and actions flow from it. The importance of including 'dignity' in this priority emphasises that vulnerable adults should experience the right to be treated at all times as individuals. The Board will establish an engagement programme with the aim of increasing the contribution from service users and carers in informing its work and service developments, particularly in its prevention strategy. The Board has already agreed that advocacy services will be strengthened to ensure the needs of people with limited or no capacity are particularly addressed.

### **PRIORITY 2** ▶ To promote awareness of vulnerable adults and their right to be safe in local communities

Recent focus group work has demonstrated that more needs to be done to raise awareness of the rights of vulnerable people, the potential risks they may experience and also what individuals should do if they suspect abuse against an individual in their communities. The Board will be seeking to address this through its publicity campaign and to appropriately respond to continued feedback from communities, service users and their carers.

### **PRIORITY 3** ▶ To ensure there is a strong multi-agency response to the safety, wellbeing and dignity of vulnerable adults

The Board will strengthen multi-agency work through continuing to develop robust processes and procedures within a performance framework. This will embed good governance arrangements and strengthen clear lines of accountability.

### **PRIORITY 4** ▶ To equip staff and partner agencies with the necessary tools to both safeguard vulnerable adults and ensure their dignity is respected

The Board has a strong record of promoting and providing training on a multi-agency basis to ensure that everyone involved in the care of vulnerable adults has the skills to protect them. The Multi-Agency Training and Development Plan is currently being developed to take this to the next stage.

# ADULT SAFEGUARDING DATA 2009/2010

## DATA AND PERFORMANCE REPORTS

The Board recognises that quantitative data does not reveal the human experience of the people to whom it relates, but reliable data recording, analysis and reporting systems can provide a useful picture which can inform the Board and partner agencies of how well the service is operating and what needs to change and develop. It can tell us what abuse is being reported, how it is being dealt with and what the outcomes are for people who experience and perpetrate abuse, whether intentional or not.

### Achievements and developments 2009/10:

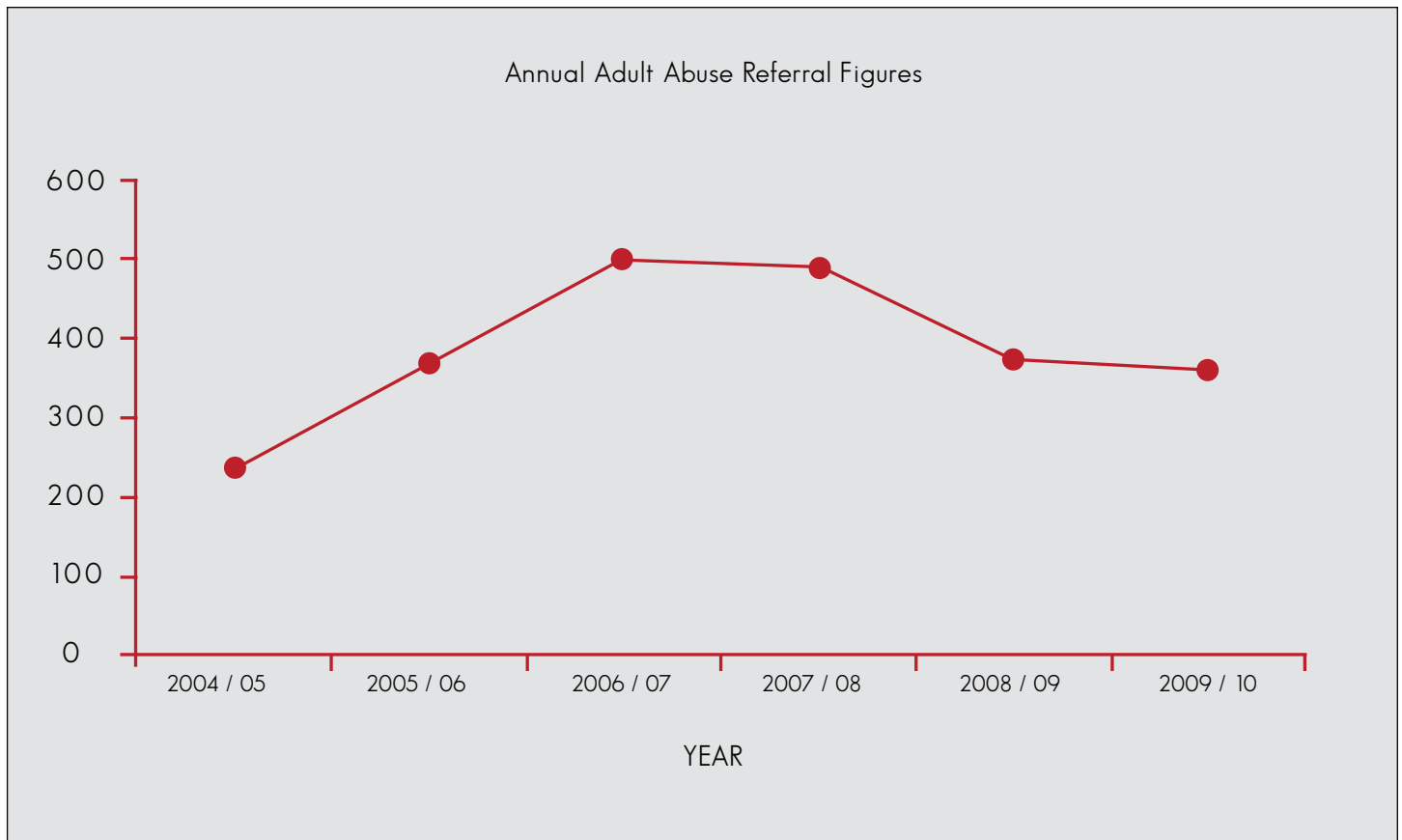
- Public sector partner agencies have individually worked to improve their systems and processes, with the aim of informing their internal developments and contributing improved standard of data reporting to the Board and Quality & Performance sub-group.
- Halton Borough Council has developed an electronic recording form, which will be implemented in 2011
- Halton Borough Council (HBC) has collected data about referrals received during the year and this has informed the graphs and commentary provided below

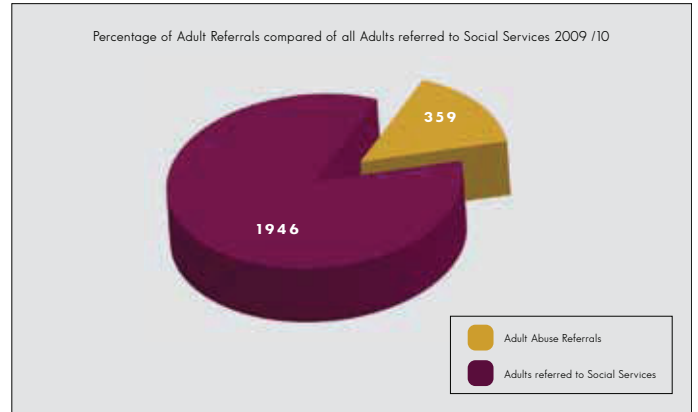
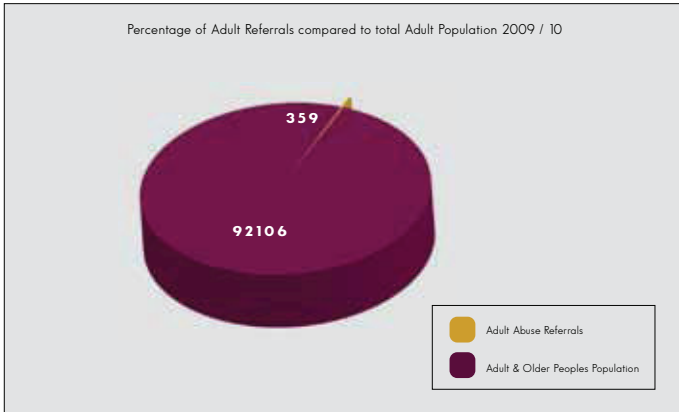
- Presentation of Local Data and Commentary
- Table 1, below, shows the total number of referrals in Halton:
- Rose by a total of 110% over a 3-year period 2004-05 to 2006-07
- Fell by just over 2% in the year 2007-08
- Fell a by further 24% in the year 2008-09
- Fell by a further 3.7% this year 2009-10

Further work has been done with the assessment and care management teams, on screening possible safeguarding referrals to better enable managers and staff to distinguish safeguarding allegations from other concerns, providing guidance on options of approach depending on circumstances. The further small decrease in referrals could be ascribed to this process. Marketing and training strategies continue to raise awareness of safeguarding and Dignity in Care, which should help to ensure that referrals continue to occur where abuse is suspected or occurs.

Halton's referral numbers by service user group during 2009-10 reflects the same pattern as occurred in 2008-09, showing the greatest number of alleged victims to be older people, followed by people with learning disabilities and those with mental health issues, followed by those with physical & sensory disabilities, with a small number of those who misuse substances:

Table 1





The above two charts show the percentage of alleged adult abuse referrals compared with:

- The total adult population in Halton and
- The total number of adults referred to Halton Adult Social Services.

The data provided in table 2 relates only to Public Protection Unit investigations and does not reflect investigations across other policing departments that will at various times deal with vulnerable adult victims. It should also be seen in the context of the reduction in referrals shown in Table 1.

Police colleagues have explained that the above data supplied from their records cannot be guaranteed totally accurate, but if anything is likely to be an under-estimate rather than an over-estimate. More reliable data is anticipated next year.

The method of collection and analysis of data provided by the Police is being reviewed and steps taken, where possible within the constraints of IT systems, to provide a more detailed picture of all Police involvement in cases of alleged vulnerable adult abuse.

\* Police involvement means specialist Police Officer has given advice only and not physically left the office).

\* Police Investigation means specialist Police Officer attended strategy meetings or case conference or the alleged perpetrator voluntarily attending the Police station for an interview under caution).

**Table 2**

	Referrals (Number not known for 2007-08)			Police Involvement			Police Investigation			Crown Prosecution Service (CPS) Advice			Alleged Perpetrator Charged		
	2007-08	2008-09	2009-10	2007-08	2008-09	2009-10	2007-08	2008-09	2009-10	2007-08	2008-09	2009-10	2007-08	2008-09	2009-10
Runcorn	-	33	19	12	7	4	21	8	14	3	1	1	0	1	1
Widnes	-	29	10	6	15	0	11	4	9	3	1	1	1	1	1
<b>TOTAL</b>	-	62	29	18	22	4	32	12	23	6	2	2	1	2	2

# KEY DEVELOPMENTS & LOCAL ACTIVITY 2009-10

## WORKING TOGETHER

Safeguarding Adults Board and sub-group members' meeting attendance, contributions and commitment continue to be invaluable. Meetings provide the arena for:

- The consultation and decision-making involved in moving forward our challenging agenda to combat and respond to abuse
- Developing strong links with services that relate to safeguarding adults - for example: dignity, safeguarding children, community safety, domestic abuse, hate crime, mental capacity and deprivation of liberty safeguards.

## Achievements and developments 2009/10:

### STRATEGIC FRAMEWORK AND LEADERSHIP

- In 2009, Halton Borough Council's Strategic Director (Adults and Community Directorate) became the Safeguarding Adults Board Chair, to increase the level of leadership, link in more firmly with related forums and take forward the portfolio.
- Safeguarding Adults Board membership extended, with the aim of improving engagement, cooperation and better responses for

people vulnerable to abuse and their carers. New membership included:

- Halton Borough Council's Elected Member Portfolio Holder for Adult Social Care
- Halton Borough Council's Children and Young People's Directorate Divisional Manager for Safeguarding, Quality & Review and Halton Safeguarding Board Children Board member
- NHS Halton and St Helens (PCT) Senior Commissioning Manager
- NHS Halton and St Helens (PCT) Operational Director of Partnership Commissioning
- Cheshire Fire and Rescue Service
- Halton Voluntary Action Third Sector Lead Engagement Officer
- Dignity in Care Coordinator

- Board meetings attendance saw an overall increase of 13% through the year
- Reviewed & updated the Board's and sub-groups' structure, terms of reference and work plans
- Two sub-group remits were incorporated into the Quality and Performance sub-group remit, in the interests of efficiency and effectiveness
- Two new sub-groups were set up and terms of reference and a work plan developed, to take responsibility for improving arrangements for:
  - Publicity & Communications
  - Policies & Procedures
- The Board identified that a Safer Recruitment sub-group needed to be set up and approached the Local Safeguarding Children Board with a proposal for a joint arrangement



- Sub-group chairs' responsibilities were clarified and contingency arrangements put in place
- Meetings have been set up between the Board chair and people with lead responsibilities in related services, to strengthen and sustain the interface
- Dignity and Personalisation leads report regularly to the Board, as part of this strategy
- The Board submitted a joint response to consultation on the Review of 'No Secrets'

## LINKS WITH RELATED SERVICES

### Dignity in Care

- A Dignity Champions' Network has been established. The Network held its first meeting in June 2009 and was attended by local representatives from the health, voluntary, independent and statutory sectors. The Network is chaired by the Older People's Champion.

### Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (MCA and DoLS)

- The local multi-agency Steering Group has been reviewing its framework including governance arrangements (e.g. analysis of outcomes for service users, number of Best Interest and Mental Capacity Assessments), training arrangements (clear target groups, targeting particular groups/specialist interest topic courses, facilitator appropriateness, distribution, training attendance & venues, what is available, what is needed), understanding, policies, procedures & guidance (their fitness for purpose).
- Guidance on implementing the Mental Capacity Act 2005 was provided for the Police
- Reviewing usage of and access to the Independent Mental Capacity Advocate (IMCA) service.
- Steps taken to raise awareness of the IMCA service, including audit of people's understanding and confidence even after training, newsletter and articles distributed, promoting training and awareness.
- Department of Health booklet was sent directly to all care homes by the Department of Health, along with the Code of Practice and a DVD which has all the required documentation on it
- Two dedicated DoLS briefing events were held for all residential care providers
- Halton Borough Council's DoLS policy and procedure sent directly to all residential care homes
- Contracts amended to include compliance with MCA and DoLS (where appropriate)
- Contract Monitoring Officers put forward for training in this so that they can gauge the level of compliance



### Hate Crime

- Colleagues across Halton Strategic Partnership have been working together to improve reporting mechanisms and data quality for Hate Crime
- All of the Hate incidents reported in Halton over a given period related specifically to Race or Sexuality and none of those reported related to Disability. Work has therefore been in progress to make contact with groups associated with disability within Halton, to encourage the reporting of any such incidents and to outline the extent of Race/ Hate legislation and of Police Powers
- Cheshire Police raised some concerns about low levels of reporting and arranged to deliver a programme of refresher training.
- There are currently ten reporting centres in Halton, where nominated staff have received training and support from Cheshire Police.
- The reporting centres are on the Council's website, and Partners have been asked to do the same with their own sites. Facilities have been identified as possible reporting centres for the future, and work is currently being undertaken to have staff within these premises trained for third party reporting
- A web link has been set up from the Safeguarding Adults webpage to the Hate Crime page

### Domestic Abuse

- A new Domestic Abuse Coordinator was appointed, joined the Safeguarding Adults Board and links with the Safeguarding Adults Coordinator, to inform both service strategies and participate in specific developments
- Links between Safeguarding Adults and Domestic Abuse services strengthened e.g. through a review of Adult Social Care procedures regarding the Multi-Agency Risk Assessment Conference (MARAC) forum

## INDIVIDUAL AGENCY DEVELOPMENTS

## NHS Trusts

- The four NHS Trusts that participate in Halton's safeguarding arrangements appointed additional, operational leads for Safeguarding Adults, with a remit to direct and oversee practice in safeguarding adults

## Warrington &amp; Halton Hospitals NHS Foundation Trust

- Executive Director of Operations is the Safeguarding Adults executive lead.
- The Trust appointed a whole time equivalent Safeguarding Adults Matron post
- The Trust developed a Safeguarding Training Strategy.
- A Dignity Forum was provided in 2009, for all ward staff to attend, to promote the issues around Dignity
- Wards display Dignity Boards
- Arrangements are in place to ensure that any issues around dignity are fed back into meetings with a remit to ensure they are addressed

## St Helens &amp; Knowsley NHS Teaching Hospitals Trust

- Appointed to a new post of Safeguarding Adults Coordinator.

## 5 Boroughs Partnership NHS Trust

- Appointed to a new post of Senior Safeguarding Adult Practitioner

## NHS Halton &amp; St Helens (PCT)

- Appointed both a Safeguarding Adults Lead Manager and Safeguarding Adults Coordinator (latter is also the DoLS Coordinator)
- Consultants commissioned to review the PCTs safeguarding policies.
- Increased Board membership - see above
- Reviewed processes for recording incidents, including a means of alerting in cases that are safeguarding concerns
- Developed a safeguarding recording and referral form.
- Developing training attendance recording system to allow training needs and attendance to be fully and analysed. Developing target groups for each course and considering induction.
- Basic Awareness training given Essential Training status for PCT staff.

## Halton Borough Council

- Further work undertaken with managers of care management teams on policies and procedures.
- Self Directed Support:
  - Safeguarding and Personalisation specific task group established to address this emerging agenda. The Safeguarding Adults Coordinator and Dignity Coordinator are part of the group, which is benchmarking existing safeguards and developing an action plan to take forward further developments. The group provides regular reports to the Safeguarding Adults Board

- The Council is considering piloting conversion of existing Direct Payments (DP's) into Personal Budgets and consulted service users about how to modernise the existing DP service at a consultation event in April and May 2010.
- Consultants provided a workforce training and development plan, which commenced in April 2009.
- Comprehensive guidance booklets containing safeguarding specific and related (e.g. employment checks) information have been developed and provided for recipients employing personal assistants and one is being developed for those who use other sources of self-directed support
- The Council highly recommends Criminal Record Bureau (CRB) checks to recipients and undertakes to fund them if required. Analysis of low take-up of CRB checks indicates this is frequently in the case of family members providing the support to the recipient.
- Halton Adult Learning & Skills (HALS) Service was inspected for the first time by Ofsted (June 2009) and was awarded an overall Good standard (Grade 2). Item 23 of the inspection report said 'Procedures for safeguarding learners meet current government requirements. Tutors have received training. Halton Adult Learning Service (HALS) requires all tutors to have appropriate background checks, and the council's personnel department monitor these. HALS has identified the need to plan for the implementation of the most recent legislation.
- The contract specification for mainstream Advocacy and Service User Involvement service was reviewed and made more robust. Further work is in progress to build on developments.

## Cheshire Constabulary

- An additional Detective Inspector post has been created in the Northern Public Protection Unit (PPU) of Cheshire Constabulary, thereby providing a dedicated DI for Halton instead of covering the Halton & Warrington area. A dedicated Vulnerable Adults Officer has also been appointed at Detective Constable level. This increase in resources provides further resilience in the service and improves the Constabulary's capacity to respond to reported crimes.
- The PPU formally responded to recommendations of Halton Borough Council's 2008 Scrutiny Review of the S/G service

## Riverside College

- Safeguarding Adults Policy & Procedure reviewed and updated [completed January 2010], in consultation with Adult Protection Coordinator
- The College's Safeguarding Lead attended the Train the Trainer and Referrers training courses to enable him to ensure the safeguarding training he delivers to college staff is current.



**Halton and St Helens**



# RAISING AWARENESS

## TRAINING AND DEVELOPMENT

Our training and development plans aim to provide for a skilled, informed workforce (of both staff and volunteers) and community that recognises abuse and its signs, is enabled to prevent abuse where possible, knows what to do when abuse happens or concerns arise, and are supported and enabled to fulfil their responsibilities. Training and development provides a basis for ensuring that vulnerable people are effectively safeguarded, whilst facilitating independence and ensuring a timely and appropriate response when allegations or concerns are raised.

### Achievements and developments 2009/10:

- Delivered, developed and evaluated a suite of courses, which are in-line with National Minimum Standards and Skills for Care. Courses continued to be commissioned by Halton Borough Council in consultation with partner agencies and included the following courses:
  - Multi-agency courses for all agencies and sectors:
    - Basic Awareness - half-day courses
    - Referrers - one day courses
    - Train the trainer - 2-day courses
  - Multi-agency for those participating in investigations:
    - Investigators training - 2 day for courses Council managers, social work practitioners and identified NHS Trust staff

## TRAINING & DEVELOPMENT CASE STUDY

Mr S is a 55-year-old gentleman with a severe disability. Mr S's communication, mobility and cognition had deteriorated drastically, Mr S also started to present with challenging aggressive behaviour towards his wife. A VAA was triggered as Mrs S was giving Mr S solid foods against clinical advice. The VAA meeting had a range of agencies involved. The input from professionals working with Mr and Mrs S ensured that all relevant training, support, advice and guidance was provided, a package of care was implemented, the conclusion and recommendations has improved the quality of Mr S's life and enable Mrs S to feel more supported by a wider range of professionals.



- \* Single agency course for managers with lead responsibility for planning, chairing and follow up of Safeguarding Adults meetings:
    - Chairing Skills training - 1 day course for HBC Adults and Community Managers
  - Customized 'in house' Basic Awareness training has been provided for Volunteer Drivers, as part of a SAFER Training course that was delivered to a total of 189 delegates [including volunteer drivers] over 12 full day courses [up to 6/10/09], covering a number of topics including safeguarding adults. Further training dates were planned for 2009. Those delivering the training undertook the two day Train the Trainer course.
  - Voluntary sector training needs were considered [with Halton Voluntary Action (HVA) Training and Voluntary Sector Counselling Partnership Lead who confirmed that courses available would meet training needs and no dedicated sessions appeared to be need at that time. A Third Sector Safeguarding Event is however being planned for May 2010.
  - Consideration was given to whether customised training is needed for the Local Involvement Network (LINKs) Board.
  - Extended the Investigators course target group to incorporate (4) NHS Trusts' staff who participate in investigations. Reviewed learning outcomes & course content in consultation with the Trusts. Subsequently reviewed the experience of participants after attending courses in October 2009 and February 2010.
  - Training Manager and Safeguarding Coordinator met with newly appointed PCT Safeguarding Coordinator to go through training course framework, course content, target groups, information available, training providers, induction, the Council offered to provide dedicated training for PCT staff if necessary to meet initial demand.
  - Increased number of Basic Awareness courses provided throughout the year, to meet growth in demand
  - Train the Trainer course launched to provide full and comprehensive grounding and ongoing support for people with responsibility to cascade basic awareness training
  - Reviewed course outline and objectives for courses related to Challenging Behaviours and revised/updated/generic Restrictive Physical Interventions Policy, Procedure and Guidance.
  - Improved attendance data to use as a basis for analysis follow up where required
  - Followed up non-attendance e.g. with schools, college and housing providers
  - Elected Members continue to be invited to Basic Awareness training through the Members' Bulletin [from April 2010]
  - Police committed to providing input on our increased number of Referrers and Investigators courses.
  - Content and format of Referrers and Investigators courses reviewed with regard to Police input
  - Training course details and other information sent to a children's home provider as part of an action plan resulting from a breach of conditions of registration in providing for a young person aged over 18 years
  - Mental Capacity Act 2005 residential training set: two courses provided specifically for the residential sector, aimed at key staff and area/senior managers within the organisations. Identified the need for the courses to demonstrate links to Safeguarding and Dignity in Care
  - Approximately 24 awareness raising sessions have been held on an ongoing basis with staff across service areas and partner agencies.
- Basic Awareness training attendance and overall attendance has increased year on year since 2007, as follows:

Basic Awareness **training attendance** and overall attendance has **increased year on year since 2007**, as follows:

	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
	<b>Number</b>	<b>Number</b>	<b>Number</b>
	<b>attended</b>	<b>attended</b>	<b>attended</b>
Basic Awareness course attendance	97	480	613
<b>TOTAL training course attendance</b>	<b>305</b>	<b>663</b>	<b>884</b>

# PUBLICITY & COMMUNICATIONS

Communicating important messages about abuse, safeguarding and dignity continues to be one of the most important aspects of our work. It can:

- Raise awareness of what constitutes abusive behaviour and what is and is not acceptable
- Help people to know what they can do to prevent abuse from happening and what to do if they believe someone is being abused
- Support and empower vulnerable people to keep safe and to seek help when abuse happens
- Assist other people, including paid and unpaid carers, in fulfilling their responsibilities

## Achievements and developments 2009/10:

- Leaflets updated, re-branded and created:
  - \* Easy read version of public/service user information leaflet revised, in consultation with people
  - \* Easy read Hate Crime leaflet produced
  - \* Public information leaflet updated and re-branded in consultation with Halton OPEN (Older People's Empowerment Network)
  - \* Staff/Volunteer leaflet updated and re-branded

- Distribution list expanded and Community Development Officers distribute training adverts and publicity materials to community groups and organizations
- Safeguarding leaflet added to demonstration/information packs taken to prospective clients of the Community Alarm (Lifeline) service and their carers/families
- Safeguarding embedded in booklets intended for Direct Payments/ Individual Budget recipients
- Safeguarding and Dignity in Care information placed in (Halton Borough Council Elected Members' Bulletin)
- Articles published in Health 'e' Times published by (Halton Voluntary Action) and Halton Borough Council staff magazines
- Carers' Week - displays of publicity and information sited at a number of venues throughout the week
- Disability Awareness Day - displays of publicity and information
- Internet webpage content revised links reviewed and refreshed to make it more user friendly and helpful, especially for the general public. Information about the Safeguarding Adults Board added and accessibility improved including new short web address and search engine options.

#### PUBLICITY & COMMUNICATIONS CASE STUDY

A referral was made to Older People's Team after Mrs K had received a bank statement at the residential home where she was residing (at that time was on a temporary basis). The bank statement identified a discrepancy as a payment was being made to SKY TV something that the service user didn't have in her home. A safeguarding investigation followed and identified that the granddaughter had been using her grandmother's address to obtain credit cards, B.T. phone, SKY T.V. etc. The social worker undertook a number of joint visits with the police, and Mrs K was supported to give video evidence, which resulted in the police being able to take the case forward for prosecution. It went to court and Mrs K's granddaughter pleaded guilty, sentenced to 9 months imprisonment suspended for 2 years but has to do 240 hours community service.



## QUALITY AND PERFORMANCE

The Safeguarding Adults Board reports into the Safer Halton Partnership (<http://www.haltonpartnership.net/site/>), where support for safeguarding activities has continued to be demonstrated.

The Annual Report of the Safeguarding Adults Board is also presented to and scrutinised by the Safer Halton and Healthy Halton Policy and Performance Boards of Elected Members, and to the Domestic Abuse Forum and Learning Disabilities Partnership Board.

One of the main mechanisms for checking standards of safeguarding/ adult protection work in operation is individual agency line management and supervision.

The multi-agency Quality and Performance sub-group also has a remit to consider the quality of the service, make recommendations for improvement and monitor action plans, including those arising from cases that have given rise to concern either locally or in other areas.

### Achievements and developments 2009/10:

- Halton Borough Council agreed a local Safeguarding Performance Indicator (PI) within the Service Plan (2010-11). The final outturn figure for all assessments in alleged abuse cases within 28 days is 69% and this constitutes the baseline for 2009/10. Targets have been agreed as follows:
  - 2010/11 - 75%
  - 2011/12 - 80%
  - 2012/13 - 85%
- More frequent, regular reports will be taken to the Safer Halton and Healthy Halton PPBs from early 2010
- Partner agencies are encouraged to report regularly to appropriate Boards/Committees/
- Sub-group:
  - Membership reviewed Feb 2010
  - Dignity in Care Coordinator & PCT Senior Commissioning Manager joined
  - Group terms of reference reviewed subsequently incorporated the remits of two other sub-groups

- Case audit tool developed and implemented, using peer audit approach
- Agency audit tool being developed and implementation discussed
- Focus groups set up for potential and existing service users and carers, to review safeguarding arrangements, Dignity in Care and Telecare
- In 2009, an external audit of safeguarding within Halton Borough Council Adult Social Care services was commissioned. The audit looked at a small sample of cases in detail, and focused both on Safeguarding Vulnerable Adults and, where there were child protection concerns, the interface issues between Children's Services and Adults' Services

The purpose of the audit of the Safeguarding Adults Service was to improve safeguarding arrangements for vulnerable adults by reviewing current practice and making recommendations for change. All recommendations were progressed through an action plan and will be monitored through the Council Safeguarding Performance Group.

- The National Charity Coordinated Action Against Domestic Abuse (CAADA) undertook a Quality Assurance review of the local MARAC performance and procedures as the national monitoring body of these procedures. Subsequently, the MARAC Operating and Information Sharing Protocol have been reviewed to address the key areas for action contained within the audit.
- Devised templates - meeting minutes and investigating officer report, to provide quality standards and good practice guidance
- Commissioning - Contractual agreements and service specifications applied to substance misuse services and advocacy services have recently been reviewed and now incorporate further standards and measurable indicators relating specifically to safeguarding vulnerable adults. Service standards include protection from abuse, compliance with legislation, training, staff recruitment and selection, and supervision. Providers are specifically required to ensure that staff are trained to recognise safeguarding issues. All contracts now include Dignity in Care and register at least two Dignity Champions
- Learning from inquiries - Halton responded to the recommendation made in the joint Health Service and Local Government Ombudsmen report regarding complaints made by Mencap on behalf of the families of six people with learning disabilities who died between 2003-5 whilst in NHS or Local Authority care. An action plan was developed, which responded to each of the Ombudsmen's decisions.

## QUALITY AND PERFORMANCE CASE STUDY

A is a 20 year old man with a severe learning disability, and behaviours that challenge services. He lives with two other tenants in a supported tenancy out of area. The allegation was of drinks being withheld as a punishment from A and that he was shouted at inappropriately by a staff member. This was not reported to LA until after the disciplinary had taken place and the staff member had been dismissed. Working closely with CQC inspector to monitor the home, and undertake spot visits has increased the quality of the recording processes, and resulted in improvements to care planning, and the overall ethos of the staff towards this young man, and resulted in a better working partnership with the home manager. A's Person Centred Plan and Health Action Plan are being reviewed as an agreed outcome along with a resolution to an outstanding financial matter following the improved relationship with the manager.



# POLICIES PROCEDURES & GUIDANCE

Policies, procedures and guidance provide a sound value base, consistent and considered approach, facilitate compliance with statutory requirements and good practice standards, support practice, line management and supervision and provide an operational framework. They should contribute to effective service provision to vulnerable people and carers, preventing abuse from occurring and supporting us in dealing with it effectively when it occurs.

Safeguarding adults who might be vulnerable to abuse is everyone's business and all organisations should take steps to prevent abuse from happening and ensure an appropriate response when abuse happens or is suspected. It is therefore important to recognise not only the place of safeguarding specific policies, procedures and guidance, but also those that are safeguarding related i.e. potentially impact on the organisation's ability to safeguard, for example restrictive physical interventions, exclusion from services, recruitment and selection, supervision, training, 'whistle-blowing'.

Both types should be commensurate with the overarching document 'Safeguarding Adults in Halton - Inter-agency Policy, Procedures and Guidance'.

All Halton's inter-agency and public Safeguarding Adults documents are available on the Internet webpage:  
[www.halton.gov.uk/safeguardingadults](http://www.halton.gov.uk/safeguardingadults)

## Achievements and developments 2009/10:

- New sub-group set up, focusing on Safeguarding specific and related policies and procedures. Terms of reference and work plan devised
- Audit tool developed for assessing the quality of safeguarding specific and safeguarding related policies and procedures and the organisation's overarching framework for linking policies and procedures to safeguarding arrangements
- 'Adult Protection in Halton - Inter-agency Policy, Procedures and Guidance' reviewed and updated, taking into account learning, comments and recent changes to statute and good practice guidance. Reviewed distribution.
- Halton Borough Council (HBC) Policy 'Sexual Health and Intimate Relationships' reviewed & updated.
- Anti-Bullying Policy & Procedure reviewed and updated.
- Professional Boundaries document - distributed in the Council directorates
- Halton's Dignity in Care Action Plan and Dignity Charter implemented multi-agency via Board and Halton's Dignity Champions Network



POLICIES, PROCEDURES & GUIDANCE  
**CASE STUDY**

Carers raised concerns with regard to Mrs H's front door being left open throughout the day. Mrs H's sons suspected money had been going missing from the property. Whilst paid carers were at the property, an unknown woman entered the property claiming to be looking for the alley gate key. Mrs H had been reluctant to lock the door but all felt that she was vulnerable and placing carers in compromising position if monies were going missing. Mrs H left her front door open as she was not mobile and enjoyed watching people pass by and there were suspicions that passers-by were coming in to her home uninvited. In order to ensure Mrs H's wishes of keeping her door open, a door sensor mat was put in situ as a deterrent and the local community officer agreed to check on the property more regularly and she and her son agreed that she should not have as much money in her purse. There were no more reports of money going missing, and Mr H also put a lock on the middle door in order that it could still be left slightly ajar and distributed keys to relevant people.





## LOOKING FORWARD 2010-11

Appendix 2 identifies the key actions to tackle in 2010-11, however a number are a priority including:

- Developing and implementing our Communications Plan so that members of the Public have an increased awareness of safeguarding adults and seek help to prevent abuse or where abuse is occurring and know how and where to report it.
- Ensure that all our reviewed Policies and Procedures are firmly embedded into practice.
- The Board continues to provide a leadership role, challenges and exposes poor practice.
- Promote and encourage partnership working and publicise models of good practice.
- Review our outcomes and priorities set in 2009-10

# APPENDIX 1

## HALTON SAFEGUARDING ADULTS BOARD TERMS OF REFERENCE

### 1.0 PURPOSE

The purpose of Halton's Safeguarding Adults Board (SAB) is to:

- 1.1 Act as a multi-agency partnership board of lead officers and key representatives, which takes strategic decisions aimed at safeguarding vulnerable adults in Halton.
- 1.2 Determine and implement policy, co-ordinate activity between agencies, facilitate training and monitor, review and evaluate the safeguarding adults/adult protection service.
- 1.3 Promote inter-agency cooperation, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust
- 1.4 Develop and sustain a high level of commitment to the protection of vulnerable adults.
- 1.5 Ensure the development of services to support people from hard to reach groups  
\* The terms "vulnerable" and "adult" are as defined in "Adult Protection in Halton - Inter-agency Policy, Procedures & Guidance" available at [www.halton.gov.uk/adultprotection](http://www.halton.gov.uk/adultprotection) or [www.halton.gov.uk/safeguardingadults](http://www.halton.gov.uk/safeguardingadults).

### 2.0 RESPONSIBILITY, ACCOUNTABILITY and REPORTING

- 2.1 Local agencies should work together within the overall framework of Department of Health guidance on joint working. The lead agency with responsibility for the establishment and effective working of the SAB is Halton Borough Council's Adult and Community Directorate.
- 2.2 All agencies should designate a lead officer and, if necessary, a nominated other representative.
- 2.3 All main constituent agencies are responsible for contributing fully and effectively to the work of the SAB.
- 2.4 The SAB reports to the Community Safety Partnership through the Safer Halton Partnership, which is chaired by the Chief Executive of Halton Borough Council and the Superintendent of Halton Police.
- 2.5 A formal report of the SAB will be compiled annually and presented to the Safer Halton Partnership, and other forums by agreement.

### 3.0 FUNCTIONS

The functions of the SAB are to:

- 3.1 Ensure that there is a level of agreement and understanding across agencies, about operational definitions and thresholds for intervention.
- 3.2 Develop, monitor, review and evaluate the implementation and effectiveness of Halton's SAB's work plan and sub-groups' work plans for the implementation of strategic decisions and policy.

- 3.3 Develop and keep under review, local policies, procedures, systems and protocols for inter-agency work to safeguard vulnerable adults.
- 3.4 Audit and evaluate the implementation and effectiveness of the safeguarding adults service and associated policies, procedures, systems and protocols.
- 3.5 Promote agreed policies, procedures and protocols to managers, staff, volunteers, service users and the public.
- 3.6 Arrange for information to be gathered and used in the evaluation of the safeguarding adults/adult protection service, through performance assessment and monitoring systems and through consultation with stakeholders.
- 3.7 Develop a training and development strategy, incorporating joint training where appropriate.
- 3.8 Facilitate training and ensure its delivery and evaluation, to help improve the quality of adult protection and inter-agency working.
- 3.9 Ensure that service developments take into account the needs of all vulnerable adults, regardless of their age, gender, race, sexuality, disability, religion or belief, who may experience discrimination and disadvantage.
- 3.10 Ensure that service developments take into account all relevant current legislation, including the Human Rights Act 1998.
- 3.11 Review national guidance and research information as it is issued, consider the implications and make recommendations for local implementation. Action and monitor such implementation.
- 3.12 Respond to consultation exercises where appropriate.
- 3.13 Commission serious case reviews where a vulnerable adult has died or, in certain circumstances, is seriously harmed, and abuse or neglect are confirmed or suspected, acting in accordance with Halton's Serious Case Review Procedure.
- 13.14 Improve local ways of working in the light of knowledge gained through national and local experience, research, Serious Case Reviews, internal and external inquiries, investigations and case studies. Ensure that practitioners benefit from learning and development attained through the SAB and that lessons learnt are shared, understood and acted upon.
- 3.15 Link with other agencies, sectors and forums that have a responsibility for protecting those at risk, such as Halton's Safeguarding Children Board, Domestic Abuse Forum and the Safer Halton Partnership, to ensure that both adult and child protection arrangements benefit from the learning, developments and work undertaken by the other, where appropriate.
- 3.16 Raise awareness within the wider community, of the need to safeguard vulnerable adults, explain how the community can contribute to this process, and facilitate such involvement.
- 3.17 Support and ensure the implementation of the development of quality standards for vulnerable adults, both locally and nationally.

3.18 Carry out an annual audit of alleged adult abuse and adult protection in Halton, through analysis of data and outcomes; report these and forecast developments, through the Annual Report of the Safeguarding Adults Board.

#### 4.0 MEETINGS

4.1 The SAB will meet on a bi-monthly basis, with the schedule of meetings published in advance for a year. Meetings can be called more frequently as circumstances dictate.

4.2 The agenda will be prepared by the Adult Protection Coordinator, in consultation with the Chair of the SAB, and will be issued to all members at least one week before the meeting takes place.

4.3 Meeting agendas will progress the work plan.

4.4 All SAB members will be able to bring appropriate items to the agenda, through the Chairperson or Adult Protection Coordinator. Standing items on the agenda will be by agreement of SAB members.

4.5 The chairperson will arrange for minutes of meetings to be taken and a copy of the minutes sent to each SAB member and other people by agreement, including the Chairs of the Safer Halton Partnership, Practitioners Group and senior managers of public sector partner agencies.

4.6 The accuracy of minutes will be checked at the subsequent meeting.

#### 5.0 SUB GROUPS

5.1 Sub-groups are currently as follows:

- Publicity & Communication
- Training and Development
- Performance & Quality
- Policy & Procedures
- Practitioners Network - in process of being set up
- Safer Recruitment - in process of being set up•

5.2 Other sub-groups may be set up for particular purposes on a short term or standing basis, by agreement of the SAB, to support the work of the SAB, for example:

- Carry out specific tasks;
- Provide specialist advice;
- Represent a defined geographical area within Halton's boundaries.

5.3 All groups working under the auspices of the SAB will be established by the SAB, report to the SAB, and work to agreed terms of reference and work plans or a specific, stated purpose and lines of reporting to the SAB.

#### 6.0 CHAIRING

6.1 The SAB will be chaired by a senior manager of Halton Borough Council's Adults and Community Directorate, as the agency with lead responsibility for coordinating the arrangements for safeguarding vulnerable adults/adult protection in Halton.

## 7.0 ATTENDANCE CODE OF CONDUCT

Members of the SAB make the following undertakings:

- 7.1 To demonstrate a commitment to attend the meetings.
- 7.2 To submit apologies if they cannot attend.
- 7.3 To seek to arrange for an agreed representative to attend if the SAB member is unable to do so.
- 7.4 To send any agenda items to the chairperson at least two weeks before the meeting. Urgent items that arise outside this timescale can be raised through any other business on the agenda or as agreed by SAB members.
- 7.5 To feed back to their department/organisation/agency/sector and canvas views to bring to meetings where appropriate.
- 7.6 To act as a conduit between the SAB and the department/organization/agency/sector they represent or whose views they reflect, to further the adoption of policies, procedures, guidance, protocols and other items endorsed by the SAB.
- 7.7 To listen to SAB members and other attendees and address comments to all attending.
- 7.8 Comments made by anyone attending the SAB, that contribute to any form of discrimination in respect of the age, gender, race, sexuality, disability, religion or belief of others, or the bullying or victimisation of others, are not acceptable and will be challenged by the chairperson and other SAB members.

## 8.0 MEMBERSHIP

- 8.1 In order to carry out its responsibilities effectively, the SAB will seek to have members from each of the main agencies in the public, private and voluntary sectors responsible for working together to safeguard vulnerable adults.
- 8.2 Members' roles and seniority will enable them to contribute to developing and maintaining strong and effective systems, policies, procedures and protocols.
- 8.3 The SAB will arrange to involve others in its work as needed, where they have a relevant interest.
- 8.4 Membership is detailed in a separate table that reflects changes and is routinely updated.

## 9.0 REFERENCES

- 9.1
  - No Secrets - Department of Health - 2000
  - Adult Protection in Halton - Inter-Agency Policy, Procedures and Guidance
  - Working Together to Safeguard Children - Department of Health, Home Office, DfES 1999

DATE TERMS OF REFERENCE REVIEWED: March 2010  
 TERMS OF REFERENCE REVIEW DATE: March 2011

# APPENDIX 2

## HALTON SAFEGUARDING ADULTS BOARD WORKPLAN 2010-11

Key to RAG (Red, Amber, Green) Ratings



Progress is good. On target to deliver objective.



Progress not as expected. May affect delivery of objectives.



Significant issues affecting progress. Not on target and/or objective unlikely to be delivered

Halton's Safeguarding Adults Board contributes to the objectives of the Halton Strategic Partnership's Sustainable Community Strategy. The Board will do this during 2010-11 by focussing on the following key priorities:

Priority 1: To safeguard and promote the welfare and dignity of vulnerable adults

Priority 2: To promote the awareness of vulnerable adults and their right to be safe in local communities

Priority 3: To ensure there is a strong multi-agency response to the safety, wellbeing and dignity of vulnerable adults

Priority 4: To equip staff and partner agencies with the necessary tools to both safeguard vulnerable adults and ensure their dignity is respected

Relevant Priority	KEY AIMS	ACTIONS	RESPONSIBLE BODY/LEAD		
1, 3	1. Ensure that an effective partnership structure is in place to safeguard and promote the dignity of vulnerable adults in Halton	Review the Safeguarding Adults Board (SAB) and sub-group structure, reporting mechanisms, membership, terms of reference and evaluation of work plans annually. Ensure they are relevant to meeting the Board's responsibilities and objectives	Safeguarding Adults Board (SAB)	Completed Jan-Apr 2010 Feb 2011	★
		Provide a dedicated training event for the Safeguarding Adults Board	Training & Development Sub-group	Sept 2010	★
		Ensure access to E-learning for the Safer Halton Partnership	Training & Development Sub-group	Sept 2010	★
		Review existing reporting mechanisms to ensure clear lines of accountability of the Board, its member partners and sub-groups	Safeguarding Adults Board	Completed Jan-Apr 2010 Feb 2011	★
1, 3	2. Formalise closer alignment with related services, including domestic abuse, dignity, mental capacity, personalisation/self-directed support, safeguarding children, customer care, community safety and hate crime.	Establish a meetings structure and agenda to strengthen working relationships and agree actions arising from shared priorities	Safeguarding Adults Board	July 2010	★
		Arrange a joint safeguarding/dignity awareness raising event	Publicity & Communications sub-group	Jan 2011	★

Relevant Priority	KEY AIMS	ACTIONS	RESPONSIBLE BODY/LEAD			
2	3.	Strengthen the contribution from service users, carers and other members of the public in informing the Board's work in an effective and meaningful way.	Establish an engagement programme, incorporating the Board's sub-groups in accordance with their respective terms of reference.	Safeguarding Adults Board	December 2010	N/A - new objective not yet started - build into sub-group work plans
			Strengthen mainstream Advocacy Services to ensure the needs of people with limited or no capacity for representation are particularly addressed	Joint Commissioning Manager for older People	Sept 2010	★
			Consider how performance of advocacy services in relation to capacity can be reported	Quality & Performance Sub-group	August 2010	★
			Review use and provision of the Independent Mental Capacity Advocate (IMCA) service within Halton	Mental Capacity Act Subgroup (Lindsay Smith report to SAB)	December 2010	N/A - new objective not yet started - build into sub-group work plan
			Improve the way in which we ensure that available learning is recorded, shared, informs and drives service developments: <ul style="list-style-type: none"> <li>From the experiences of and outcomes for people who use safeguarding services</li> <li>From the experiences of carers</li> <li>From events occurring both locally, and in other localities, including Serious Case Reviews and Serious untoward Incidents</li> </ul>	Quality & Performance Sub-group	December 2010	★
			Report to the Board on implementation of Halton's Prevention and Early Intervention Strategy 2010-15, which aims to support people to remain active, develop improved social networks and maintain their own health, safety and well-being.	Sue Wallace-Bonner	August 2010	★
			Ensure that learning gathered from awareness raising events provided to date is reported and acted upon	Publicity & Communications Sub-group	August 2010	★
1, 3, 4	4.	Ensure clear responsibilities and governance arrangements to promote safeguarding which is person centred and integral to operational practice	Develop and review safeguarding adults specific policies, procedures and protocols, ensuring they are fit for purpose.	Policies & Procedures Sub-group	August 2010 and ongoing Frequency as stated in documents	★
			Make provision for safeguarding adults related policies, procedures and protocols and Dignity Charter to be impact assessed and audited	Policies & Procedures Sub-group	August 2010	★
			Provide a robust quality and performance framework, which can audit and report on service quality and monitor action plans arising	Quality & Performance Sub-group	December 2010	★
			Establish a process that scrutinises commissioning arrangements, aimed at ensuring robust standards for the provision of safeguarding and dignity	Quality & Performance Sub-group	End December 2010	N/A - new objective not yet started- build into sub-group work plan
			Build into the Board's performance framework arrangements to ensure that individuals who use safeguarding services are fully involved in decision making and in affecting outcomes	Quality & Performance Sub-group	December 2010	N/A - new objective not yet started- build into sub-group work plan



Relevant Priority	KEY AIMS	ACTIONS	RESPONSIBLE BODY/LEAD		
4	5. Ensure a properly vetted and trained workforce of staff and volunteers to ensure that everyone involved in the care of vulnerable adults has the knowledge and skills to protect them	Set up a joint Safer Recruitment sub-group with Safeguarding Children's services	Safer Recruitment sub-group Chair & Safeguarding Adults Coordinator	Sept 2010	★
		Implement a multi-agency training and development plan, to ensure the delivery of training that is fit for purpose, to meet the training needs of both the general population of staff and volunteers and groups with specific responsibilities	Training & Development Sub-group	Ongoing	★
		Evaluate the standard of training delivery	Quality & Performance Sub-group	September 2010 & Ongoing	★
		Monitor training attendance and non-attendance and take follow up action where attendance level is unsatisfactory	Training & Development Sub-group	Sept 2010 and half yearly	★
		Promote training courses to appropriate target groups, included dedicated sessions/courses where indicated appropriate	Training & Development Sub-group	Ongoing	★
1, 4	6. Embed safeguarding arrangements in the development of self-directed support	Map out local work already undertaken and safeguards in place.	SDS & S/G Task Group	Completed	★
		Develop an Action Plan that addresses gaps and further developments needed	SDS & S/G Task Group	Completed	★
		Ensure options for accredited services to be accessed by people who want to use individual budgets or direct payments to secure personal assistants	SDS & S/G Task Group	Completed & Ongoing	★
2, 4	7. Increase awareness of abuse among all stakeholders	Review, develop and implement the publicity and communications plan. To include: <ul style="list-style-type: none"> <li>Raising awareness of the rights of vulnerable people</li> <li>Raising awareness of the potential risks they might experience</li> <li>Preventative measures,</li> <li>What individuals should do if they suspect abuse against an individual in their communities, and</li> <li>Support mechanisms available to those who experience abuse.</li> </ul>	Publicity & Communications Sub-group	July 2010 & ongoing	★
3, 4	8. Engage with practitioners and operational managers, to develop and sustain a high level of commitment and good practice in: <ul style="list-style-type: none"> <li>Safeguarding vulnerable adults</li> <li>Maintaining personal dignity and respect</li> </ul>	Provide and develop a practitioners/ operational managers network and forums, with a remit to: <ul style="list-style-type: none"> <li>Promote and support inter-agency cooperation, understanding and learning, based on mutual understanding and trust</li> <li>Develop effective working relationships between different services and agencies</li> <li>Provide a conduit for practitioners' and operational managers' experience, knowledge and learning to inform local service developments, quality standards and work plans</li> <li>Facilitate reflective practice</li> <li>Strengthen links with services related to Safeguarding Adults e.g. Dignity, Mental Capacity &amp; DoLS, Domestic Abuse, Community Safety, Consumer Protection</li> </ul>	Practitioners Network Set-up Group	Oct 2010	●

# APPENDIX 3

## HALTON SAFEGUARDING ADULTS BOARD MEMBERSHIP 31 MARCH 2010

The Board's membership includes strategic level representatives from the following agencies and forums:

- Halton Borough Council
- Halton Safeguarding Children Board
- Domestic Abuse Forum
- Learning Disability Partnership Board
- Halton Community Safety
- Warrington & Halton Hospitals NHS Trust
- St Helens and Knowsley Hospitals NHS Trust
- NHS Halton & St Helens Primary Care NHS Trust
  - Safeguarding Adults
  - Commissioning
- 5 Boroughs Partnership NHS Trust
- Cheshire Constabulary:
  - Headquarters
  - Northern Public Protection Unit
- Cheshire Fire & Rescue Service
- Riverside College
- Probation Service and MAPPA (Multi-Agency Public Protection Arrangements)
- Consumer Protection / Trading Standards
- Housing Trusts/Residential Social Landlords
- Halton Voluntary Action
- Age Concern
- Care Home Services
- Community Day Services
- Domiciliary Care Services
- Dignity in Care
- Care Quality Commission (Regulator/Inspectorate)
- Advocacy services
- A Carer is also a Board member

## APPENDIX 4

### USEFUL INFORMATION

- 'Safeguarding Adults in Halton - Inter-agency Policy, Procedures and Guidance' Version 7 Revised 2010
- Other policies, procedures, protocols, practice guidance, leaflets, training course details and useful links, etc:

Available on the Halton Borough Council website:

Internet: [www.halton.gov.uk/safeguardingadults](http://www.halton.gov.uk/safeguardingadults)

- "No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse" Home Office and Department of Health 2000:

Available on the Department of Health website: [www.dh.gov.uk](http://www.dh.gov.uk)

- "Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work" Association of Directors of Social Services (ADSS) Safeguarding Adults Network 2005:

Available on the Association of Directors of Adult Social Services (ADASS) website at: [www.adss.org.uk](http://www.adss.org.uk)

- Information on the Vetting & Barring Scheme:

Available on the Independent Safeguarding Authority website:

<http://www.isa-gov.org.uk/Default.aspx?page=414>

Reports of Inspections of Adult Social Care, including Safeguarding Adults services can be found on the Care Quality Commission (CQC) website:

<http://www.cqc.org.uk/publications>



**Contact Details:**

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This information can be obtained in Braille, audio, British Sign Language (BSL), large print formats and in other languages upon request - please contact us 0303 333 4300

**REPORT TO:** Health Policy & Performance Board

**DATE:** 14 September 2010

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

**SUBJECT:** Intergenerational Activity

**WARD(S)** Borough-wide

**1.0 PURPOSE OF THE REPORT**

1.1 To report on intergenerational activity during the period 1<sup>st</sup> April 2009 and 31<sup>st</sup> March 2010 and to present a proposal for completion of the intergenerational strategy (appendix 1).

**2.0 RECOMMENDATION:**

**That Members of the Board:**

- 1) comment on the delivery of intergenerational activity**
- 2) comment on the attached outline proposal to develop an intergenerational strategy.**

**3.0 SUPPORTING INFORMATION**

3.1 In April 2008, the Audit Commission undertook a Comprehensive Performance Assessment Inspection of Council Services and identified intergenerational activity as a key area of focus. Similarly, a baseline assessment of tension indicators in 2007 identified young people involved in anti-social behaviour and fear of crime amongst the key areas of focus for Halton.

3.2 From April 2009 the Older People's Service entered into a service level agreement with the Council's Community Development team to deliver targeted support to intergenerational activity across Halton.

3.3 The Community Development Service operates a locality-based service in tandem with the Area Forum boundaries. Within each of the seven areas a Community Development Officer has a neighbourhood base. This model of service delivery provides established relationships with community groups and partner agencies thus a spring board to delivering targeted activity, community engagement and further develops participative communities.

**4.0 SERVICE DELIVERY ARRANGEMENTS**

- 4.1 The Service level agreement commissioned three hours of community development support per week, per area for an annual charge of £15k for two years. The support would be to enable intergenerational community activity and facilitate an Intergenerational Conference.

Monitoring would be provided quarterly on:-

- Over 55+ benefiting from intergenerational activity
- Numbers aged between 18-55 benefiting from intergenerational activity.
- Number of under 18's benefiting from intergenerational activity.
- Number of under 18's directly involved in providing activity.
- Number of 18-55's directly involved in providing intergenerational activity.
- Number of over 55's directly involved in providing activity.
- Total number of people involved.
- Number of events delivered.
- Number of over 55's involved in broader activity

Service delivery should focus on positive activity that gels together young and old and contribute to improved health and emotional well being, improved quality of life, making a positive contribution and helping to identify gaps in provision and activity.

## 5.0 **INTERGENERATIONAL ACTIVITY**

- 5.1 During 2008/09 thirty-two community led intergenerational events/activities were delivered. On the 25<sup>th</sup> April 2009 Halton's first intergenerational conference took place coinciding with the European day of solidarity between the generations. Over 200 people, young and old attended the event which focussed on positive activities i.e. games through the decades. Young people held workshops on e-communication demonstrating mobile phone and internet usage. Consultation for future intergenerational activity was collected and many attendees contributed to a video diary of their experiences and desires for relationships between the generations in our communities.

- 5.2 In quarter one, following the conference the focus was on introducing the theme of intergenerational activity with community groups and helping them develop ideas for events and activity.

Other activity in quarter one:-

- Moorfield Bowls Club expanded their activity. The Club was set up by senior members of the community to encourage young people to get involved in playing crown green bowls. The club has expanded to ten senior coaches and over thirty young

people aged 7 to 17. The club meets weekly and hosts social events. The club attended the conference and made contact with other community groups whom they are assisting to set up similar projects. Moorfield Bowls Group have helped the Grange Co-operative Women's Guild establish a bowls club and community development assisted with applications for funding. The Area Forum funded the equipment and young and old members of Moorfield Bowls held sessions with the group to help them become established.

- Halton Castle ward pulled together plans for a project which would involve residents of all ages sharing their experiences of their environment over the last forty years. As this area is largely new town development and part of the Castlefields regeneration programme there would be significant changes the community have experienced in their physical environment. Several existing community groups worked together to progress on developing workshops, plans for a piece of community art, a mural project with the primary school and an exhibition of photographs and material displaying the changed environment.
- Hallwood Park Welcome (Pensioners) Club raised funds and purchased school equipment they donated to the youths of the Canal Boat Project to take on their exchange visit to Africa where they were helping build a school. In return, the Canal Boat project hosted a day trip for 20 members of the pensioners club along the Preston Brook canal and they enjoyed a picnic and stories from yester year.

5.3 In quarter two there was an additional focus with groups to plan Halloween events to alleviate community safety concerns, in particular at Hallwood Park where there had been a fatality a few years earlier.

Other activity over the quarter:-

- Support to Hale Village Hall to apply for funding from the Transformational Fund to purchase IT equipment for intergenerational sharing of skills sessions.
- Mencap were supported to hold a 40<sup>th</sup> Anniversary party. 120 members of all ages from across the Borough attended the function. People with learning disabilities and their carers were able to share their experiences of the group over the last forty years.
- The G-Way café at Grangeway was established. A partnership project with Community Involvement, Connexions, YMCA and previously HITS. The initiative provides training opportunities for NEET young people in practical kitchen skills and customer



service. The café serves local elderly people a hot two course meal, provides social interaction and develops relationships with the young people.

- The Castlefields story project held activity sessions at Norton Priory for local people to input their experiences and held a show case event to present their findings. One resident shared their experiences of living on Castlefields for forty years.

Hallwood Park Welcome Club produced a video. They wanted to demonstrate the groups journey involving members aged 25-90 and their development with support from the Community Development team.

5.4 In quarter three activity was centred around Halloween events bringing communities and families together and reducing the fear of crime and incidence of anti social behaviour:-

- At Grangeway Community Centre film and pumpkin carving workshops were held in the days prior to Halloween. On Halloween the community enjoyed a ghoulish lantern walk which was filmed by members of the community and returned to the community centre for freaky finger hot dogs and a magic show.
- Murdishaw, Castlefields, Upton and Hallwood Park held Halloween parties involving fancy dress, scary story telling, wrap the mummy, disco, owl and pole cats to get to know and have photo's with, face painting, mask making and woodland walks.
- West Bank held pumpkin carving sessions and Moorfield Junior Bowls provided a social evening.
- At Phoenix Park a football competition was held for older youths and younger children enjoyed a supervised walk to Achilles Court to present the older residents with traditional Halloween Fayre.

5.4.1 The events provided an opportunity for people of all ages and whole families to join together and enjoy each others company. The events were very popular with 983 participating overall. Many people expressed their delight at enjoying a sociable evening rather than being at home worrying about trick or treaters.

5.4.2 The events were co-ordinated by the Community Development Team and supported by all of the community venues, Plus Dane Housing, Liverpool Housing Trust, Halton Housing Trust and the Police were key partners. The most significant contributor though was the community. Community groups across all the sites helped plan and co-ordinate activity and spread enthusiasm amongst their local communities. The events were largely managed by volunteers

and requests for similar events this year have already been submitted.

5.4.3 The Community Safety statistics demonstrated a reduction in levels of reported anti social behaviour and youth related crime, in 2008 there were 46 anti social behaviour reports on Halloween, this fell to just 29 in 2009. These events can in part be attributed to the statistics recognising a whole partnership targeted approach was in place across the Borough.

5.5 Quarter four saw Halton host the Beth Johnson North West Intergenerational Network at Grangeway Community Centre. As hosts we provided a presentation on the targeted activities that had been happening throughout the year and showed our DVD of Halloween. The presentation was well received and we have been encouraged to submit a NWTWC Cohesion Award (Quality Mark) for our practice around intergenerational activity, this is currently in progress. Other activity through the quarter:-

- A project to develop a vegetable garden within the grounds of Farnworth primary school involving staff from the school and volunteers from Widnes Allotment Association. The volunteers, whom are all retired, visited the school weekly for planned gardening sessions with classes to build raised vegetable patches, planting, propagate and grow seasonal vegetables and plants.
- The Grange Co-operative Women's Guild held an official opening of their bowling club. Moorfield Bowling Club were invited and coaches of young and old members arrived to support the event. These groups met at the intergenerational conference and have maintained strong links since supporting each other and sharing events. Ward Members were also in attendance.
- The Castlefields Story Project continued with local children working with a community artist to design a bench reflecting the legacy of the area that will be a permanent fixture at the Children's Centre. The group was also busy pulling together plans for two Easter and three summer intergenerational community events.
- An intergenerational day of action took place on Hallwood Park. A community clean up took place and agencies were offering advice and guidance around employment, welfare rights, home safety and alcohol issues. Hallwood Park Community Forum led the activity and raised their profile within the local community encouraging other residents to get involved.

5.5.1 Overall, over the year:-

- 1524 over 55+ benefited from intergenerational activity
- 348 aged between 18-55 benefited from intergenerational activity
- 549 under 18's benefited from intergenerational activity
- 287 under 18's were directly involved in providing activity
- 256 18-55's were directly involved in providing intergenerational activity
- 76 over 55's were directly involved in providing activity
- 1806 involved in delivering activity
- 32 events delivered
- 1453 over 55's involved in broader community activity

This has involved working with 45 community groups and supporting 12 applications for funding.

5.5.2 The Community Development support is not only focussed on events or community activity, these are a result of developed support and relationships with the local communities. Enabling support is essential to grow the capacity, skills and empowerment of local residents to participate.

5.5.3 Social capital and social cohesion cannot be measured as easily as events and numbers participating. It is more qualitative and the video evidence from the intergenerational conference and Halloween events demonstrate this effectively. The Council's Research & Intelligence department will be leading a focus group on behalf of the Community Development Service to provide further evaluation of the intergenerational activity in autumn 2010.

5.5.4 The link to Community Development also provides sustainability to the community groups beyond service level agreements expiring. Many of the groups and individuals have also become involved in broader activity through the links provided by the Community Development Officers.

## 5.6 **Halton – Past, Present & Future**

### 5.6.1 **Outline of intergenerational project**

The project involved a group of 6-8 older people and a similar number of younger people working together on a broadcasting event. The aim of the project was to explore Halton's past present and future using an intergenerational perspective, and to produce some short programmes for broadcasting on Halton Community Radio. The station helped train up the groups in interview and basic broadcasting techniques. This is where the groups gelled together and got to know one another. They produced questions which they asked each other and produced their own interviews for broadcasting.

5.6.2 There was a core of set questions which the groups developed to try and understand what it meant to them to live in Halton. They were:

- How has Halton changed since you were younger?
- What would you miss about Halton if you left?
- What do you like about where you live?
- What things don't you like about where you live?
- What reminds you of your local area when you are away?
- What do you think would make Halton a better place?

The groups added to these core questions and recorded responses for broadcasting. Comments are made in the recordings on how people's perspective of the other generation has changed as a result of contact during the project.

## 5.7 **Current status of project**

5.7.1 Recording and editing has been finalized. Quotes for printing and copying of project CD's are in process of being presented. Marketing department are to publicise the CD's which will be given a public launch

5.8 A number of activities and projects have developed over the last couple of years. However the overall strategic approach to the development of Intergenerational work remains fragmented and does not demonstrate effective outcomes for people who use the services.

5.9 The Early Intervention and Prevention strategy provides the platform for the strategic development of an intergenerational approach and a dedicated sub group has been established. To expand and enhance the current work programme a strategy and implementation plan needs to be developed. Appendix 1 details an outline brief for the development of a strategy.

5.7 The brief outlines the core principles required to complete the proposed strategy. This will be completed through policy and strategy within Halton Borough Council. It is envisaged that the work will be completed by November 30<sup>th</sup> 2010.

## 6.0 **POLICY IMPLICATIONS**

### 6.1 **White Paper: Our Health, Our Care, Our Say**

The White Paper, published in January 2006, sets out the reforms intended to develop modern and convenient health and social care services. The White Paper acknowledges the importance of working across the community to build a sustainable and thriving locality.

### 6.2 **Personalisation**

On 17<sup>th</sup> January 2008, the Department of Health issued a Local Authority Circular entitled “Transforming Social Care”. The Circular sets out information to support the transformation of social care signalled in ... *Independence, Well-being and Choice* and re-enforced in ... *Our Health, our care, our say: a new direction for community services*.

### **6.3 Older People’s Commissioning Strategy**

A five year strategy outlining the commissioning priorities in Halton. This document identifies the need to develop intergenerational opportunities as an important area of work for both Health and Social Care.

## **7.0 FINANCIAL IMPLICATIONS**

7.1 The intergenerational project has funding in place until March 2011. No funding has yet been identified from April onwards. This will create a risk as the work carried out within communities and at grassroot level will not be able to continue.

## **8.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES**

### **8.1 Children & Young People in Halton**

This will be an important development in relation to Children’s and Young People directorate working with adults and older people services. The work will also support positive community cohesion throughout the borough.

### **8.2 Employment, Learning & Skills in Halton**

By utilising the skills and experiences of older people, embracing new volunteering opportunities and working in creative and innovative ways the project has helped to develop a range of skills that can support younger people in their own future.

### **8.3 A Healthy Halton**

Each of the service areas covered in the project is expected to clearly demonstrate a positive impact on the health and well-being of people in Halton.

### **8.4 A Safer Halton**

Contracts within this report will be able to support specific Local Area Agreement targets linked to information provision, satisfaction with services and overall perception of the level of support available to people in Halton. These targets will be agreed as part of any

revised contract and will be monitored through the relevant Commissioning Manager.

**8.5 Halton's Urban Renewal**

None identified.

**9.0 RISK ANALYSIS**

9.1 The main risk is related to the future continuation of the project and how this will impact on local people in Halton. By creating a positive service that is delivering across a wide range of areas there is a risk that local communities will expect and require a level of service in the future.

**10.0 EQUALITY AND DIVERSITY ISSUES**

10.1 By working across service areas and understanding that intergenerational work will play an important role within the emerging dignity agenda as well as cutting across a number of key targets and objectives, it is clear to see the diversity of the work being carried out.

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

None identified.

**DEVELOPMENT OF AN INTERGENERATIONAL STRATEGY FOR  
PEOPLE LIVING IN HALTON**

**TERMS OF REFERENCE**

**CONTEXT**

The development of an intergenerational strategy for people living in Halton is critical to delivering key policy aims, to help people live independently, develop community cohesion and ensure that services fit individual need. Halton Borough Council is therefore looking to develop this strategy through the use of an external consultant. We expect the work will take no more than 10 to 15 days and all work must be completed by November 30<sup>th</sup> 2010.

**TARGET AUDIENCE**

It is essential that members of the Halton Community, independent and statutory agencies providing services and the agencies responsible for delivering policies and strategies have an agreed framework for commissioning services and delivering outcomes for local people in the borough.

**KEY PRINCIPLES**

Multi-agency commissioning must be demonstrated through applying a number of key principles, including:

- A clear Vision Statement supported by core values.
- A commissioning rationale based on national and local data with clear objectives, which can inform commissioning decisions at different levels of the process.
- Agreed strategic objectives, which are open and transparent to local people as well as to other commissioning agencies and providers.
- A process which proactively enables all stakeholders to contribute to the development of services.

**TERMS OF REFERENCE FOR THE BRIEF**

The strategy should also put in place a framework that according to the Audit Commission will give a clear idea of:

- The type of services needed in the future;
- The volume of services required
- The quality and price of services

- How current supply can be changed, innovation encouraged and redundant or inefficient services decommissioned?
- The expected outcomes of any work commissioned.

The brief will therefore examine:

1. Identify existing and future needs of people in relation to intergenerational working. This data will be collated by ward and aggregated across the Borough as a whole system.
2. Examine the future demand for services in the Borough for intergenerational work and examine methods of sustainability.
3. Examine the future shape of services through needs analysis and identification of key gaps.
4. Consult with members of Halton community, independent and statutory agencies providing Health and wellbeing services and the agencies responsible for developing policies and strategies about their views of existing and future needs, service demands, and their vision for services in the future.
5. Prepare an intergenerational strategy for people living in Halton which reflects the areas detailed above.
6. Complete financial mapping exercise to support the strategy.



**REPORT TO:** Health Policy and Performance Board

**DATE:** 14 September 2010

**REPORTING OFFICER:** Strategic Director - Resources

**SUBJECT:** Sustainable Community Strategy 2011 – 2026

**WARDS:** All

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

- 1.1 This report seeks to update Members on the progress of the new Sustainable Community Strategy (SCS) 2011-2026 and present the emerging vision, key objectives and long term priorities that the plan seeks to deliver upon. The content of this report serves as an introduction to a presentation to be given during the meeting that covers the detail of the content within the emerging draft SCS.
- 1.2 The drafting of a new SCS offers the opportunity to revisit the high level objectives under each of the current five key priorities and reflect the current public priorities and needs. There are a multitude of changes proposed for the public sector and uncertainty over financing mechanisms, but these factors will not change the long term challenges the borough faces. It is important the overarching priorities for the borough are scrutinised so that decisions about the allocation of resources can be made when organisational architectures and funding mechanisms become clearer.

### **2.0 RECOMMENDATION: That**

- (1) Members consider and comment upon the five overarching priorities for the emerging Sustainable Community Strategy 2011-2026.
- (2) Members consider the suggested vision, strategic objectives and challenges contained in Section 6.0 and their alignment with their knowledge of local needs.

### **3.0 SUPPORTING INFORMATION**

- 3.1 The purpose of the Sustainable Community Strategy is to look at what life in Halton is like now, set out how we would like it to change and identify the key things (objectives) required to make this change happen. It is a statutory requirement.
- 3.2 The targets in Halton's existing strategy run to 31 March 2011, Halton Strategic Partnership must therefore produce a new Sustainable Community Strategy for adoption by the Council by April 2011.

- 3.3 The Sustainable Community Strategy will not be delivered in isolation but will dovetail with the wide framework of statutory plans the Council and partners produce to steer corporate direction and inform the community. Examples include the Children and Young People’s Plan, Local Development Framework, and Local Transport Plan. The new Sustainable Community Strategy (SCS) will cover the period from 2011 to 2026. This is the time scale as other major plans, such as the Core Strategy and Local Transport Plan 3, allowing coordinated delivery.
- 3.4 The available evidence, such as the State of the Borough Report, Places Survey, and Joint Strategic Needs Assessments for Health and Community Safety has been reviewed. This information was the subject of a presentation to Full Council on 21 July 2010. From this evidence, it is apparent that the high level vision and five strategic priorities of Halton’s current SCS continue to reflect the long term and intransigent nature of Halton’s challenges and therefore it is proposed that they remain largely unchanged.
- 3.5 The current phase of work is to seek endorsement of the proposed emerging issues / themes and long term challenges that Halton needs to tackle. Once these have been agreed, detailed policy options can be worked up to provide a range of potential interventions to deal with the challenges that Halton faces. The most effective and realistic of these alternatives will be chosen by the Council and its partners later this year for the five year delivery plan.
- 3.6 The five year delivery plan will contain the detail of the planned intervention and prevention activities that will be undertaken to bring about positive change upon Halton priority areas. The inclusion of a five year delivery plan will allow for a regular review of the selected intervention and prevention measures on a shorter timescale to enable changing circumstances throughout the lifetime of the full SCS to be reflected.

3.7 Timescales and Approval Process

3.8 The key dates in the drafting process are as follows:

<b>Date</b>	<b>Stage</b>
September PPBs	Consultation report on emerging themes and challenges at Policy and Performance Boards.
September SSPs	Consultation report on emerging themes and challenges at Special Strategic Partnership (SSP) meetings.
29 September	Approval of draft SCS for public consultation by Halton Strategic Partnership Board (HSPB).
14 October	Approval of draft SCS for public consultation by Executive Board.
29 October	My Halton event. Publicise public consultations.
November	Public consultation on Core Strategy Development

	Plan Document and draft Sustainable Community Strategy.
December	Final draft SCS issued to elected members and Partners for consultation.
27 January 2011	Executive Board to ratify strategy and sign off final document
11 February	Halton Strategic Partnership Board (HSPB) to ratify strategy and sign off final document
20 April 2011	Adoption at Full Council meeting.
April 2011	Implementation begins.

#### **4.0 POLICY IMPLICATIONS**

4.1 The SCS will impact upon many policy areas and have wide ranging impacts on, but not exclusively, social inclusion, poverty, equality and diversity, physical development, environmental quality and health care.

#### **4.2 SCS Vision**

4.3 The overall vision contained in the last SCS would still appear to be relevant and it is not recommended that this be changed:

*Halton will be a thriving and vibrant borough where people can learn and develop their skills, enjoy a good quality life with good health; a high quality, modern urban environment; the opportunity for all to fulfil their potential; greater wealth and equality; sustained by a thriving business community; and within safer, stronger and more attractive neighbourhoods.*

#### **4.4 SCS Priorities**

4.5 A summary of the priorities suggested for the SCS are covered in section 6.0 of this report.

4.6 The selection of remedies to tackle the long term challenges under each of the five SCS Priorities will reflect a focus on a united multi-agency response, the holistic understanding of the total public sector investment within an area, and activities that provide early intervention and prevention rather than reactive measures and cures for avoidable situations.

#### **5.0 OTHER IMPLICATIONS**

5.1 The draft Development Plan at Annexe A takes into account statutory guidance on the development of Sustainable Community Strategies and the duty to inform, consult and involve local people. It is imperative that partners continue to play an integral role in the development of the Strategy through the Halton Strategic Partnership structure.

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

6.1 For each of the Council's priorities the SCS drafting process allows the review of the baseline information and evidence that underpins this current priority and associated Key Objectives. The new SCS will ensure that the most pressing priorities are identified and addressed.

## **6.2 A Healthy Halton**

6.3 There are no proposed changes to the title of this strategic priority. The vision for this priority will be:

6.4 *To create a healthier community and work to promote well being and a positive experience of life with good health, not simply an absence of disease, and offer opportunities for people to take responsibility for their health with the necessary support available.*

6.5 The strategic objectives of this priority are as follows:

- To understand fully the causes of ill health in Halton and act together to improve the overall health and well-being of local people
- To lay firm foundations for a healthy start in life and support those most in need in the community
- To reduce the burden of disease and preventable causes of death in Halton
- To respond to the needs of an ageing population improving their quality of life and thus enabling them to lead longer, active and more fulfilled lives.
- To remove barriers that disable people and contribute to poor health

6.6 The long term policy priorities for this priority will include:

- Reducing death rates from some of the major causes of death in Halton by reducing smoking levels, increasing exercise and physical activity, improving diet and improving the early detection and treatment of disease.
- Reducing health inequalities by addressing the wider determinants of health such as poverty, unemployment, education, housing and crime.
- "Building" healthy individuals from the earliest stages of life.
- Addressing the needs of older people, enabling them to lead longer, active and healthier lives.
- Increasing community participation and engagement in health issues at an appropriate level based on the health needs of individual communities.
- Developing planned health services (such as planned operations and routine appointments for existing health problems).
- Early detection and screening for depression.

- Developing urgent care services (health services you need in an emergency or when your GP practice is closed).
- Optimising organisational and partnership working arrangements to ensure effective delivery of public health and health improvement.

## **6.7 Employment, Learning and Skills in Halton**

6.8 There are no proposed changes to the title of this strategic priority. The vision for this priority will be:

6.9 *To create an economically prosperous borough that encourages investment, enterprise and business growth, and improves the opportunities for learning and development together with the skills and employment prospects of both residents and workforce so that they are able to feel included socially and financially.*

6.10 The strategic objectives of this priority are as follows:

- To develop a strong, diverse, competitive and sustainable knowledge-based local economy.
- To foster a culture of enterprise and entrepreneurship and make Halton an ideal place to start and grow economic activity
- To develop a culture where learning is valued and raise skill levels throughout the adult population and in the local workforce
- To promote and increase the employability of local people and remove any barriers to employment to get more people into work
- To maximise an individual's potential to increase and manage their income, including access to appropriate, supportive advice services.

6.11 Research indicates that the long term challenges for this priority include:

- Narrow the gap between deprived and non-deprived areas within the borough
- Development and investment
- Enterprise and business support
- Promotion and marketing
- Targeted investment in skills, a vibrant employment market and creating a strong culture of entrepreneurship.
- Ensure that no area of Halton has unemployment at more than 20% above the borough average
- To reduce the number of adults of working age claiming out of work benefits in the worst performing neighbourhoods
- Encourage digital inclusion and digital life skills
- Tackle worklessness, focussing on reducing the number of Job Seeker Allowance claimants
- Tackle the low wage economy
- Encourage the growth of new businesses and improve business survival
- Improve the skill base within the borough including vocational qualifications.

## 6.12 Children and Young People in Halton

6.13 There are no proposed changes to the title of this strategic priority. The vision for this priority is:

6.14 *Halton's ambition is to build stronger, safer communities which are able to support the development and learning of children and young people so they grow up feeling safe, secure, happy and healthy, and are ready to be Halton's present and Halton's future.*

6.15 There are three options for the strategic objectives contained in the SCS for this priority. The option chosen for the SCS will also be the basis for the new Children & Young People's Plan that will also be written and published by April 2011. The three policy options are to:

- 1) Continue to frame all work within the existing four overarching priorities for children and young people. These are:
  - Children and young people are physically, emotionally and sexually healthy
  - Every young person is successful when they leave school
  - Children and young people do well wherever they live and whatever their needs
  - Children and young people feel safe at home , in school and in their communities
- 2) Amend the priorities in line with the five Every Child Matters outcomes.
- 3) Develop new priorities that reflect both the development of additional areas of focus within Halton's Children's Trust since the current priorities were implemented, and also the new policy framework for children's services being developed by the government.

6.16 Research indicates that the long term challenges for this priority include:

- Emotional health of children and young people
- Positive activities for young people
- Supporting the teenage pregnancy strategy
- Supporting the childhood obesity strategy
- Support for young people to achieve through education, employment or training (reducing NEET)
- Remove socio-economic barriers to early development
- Continue to improve educational attainment
- Reduce child poverty
- Encourage a healthy weight for children
- Creating opportunities / facilities / amenities for children and young people

- Ensure that low cost transport options are available to allow children and young people to access the activities that matter to them.

### **6.17 A Safer Halton**

6.18 There are no proposed changes to the title of this strategic priority. The vision for this priority will be:

*6.19 To ensure pleasant, safe and secure neighbourhood environments, with attractive, safe surroundings, good quality local amenities, and the ability of people to enjoy life where they live in strong and resilient communities.*

6.20 The strategic objectives of this priority are as follows:

- To investigate and tackle the underlying causes of crime and disorder and respond effectively to public concern by reducing crime levels
- To reduce fear of crime and increase public confidence in the police, council and other agencies to respond to reports of crime and anti social behaviour
- To tackle alcohol and drug/substance misuse problems, and the resulting harm that is caused to communities, families and individuals
- To create and sustain better neighbourhoods that are well designed, well built, well maintained, safe and valued by the people who live in them, reflecting the priorities of residents
- To tackle the problem of domestic abuse in all its forms, supporting the victims and their families and taking enforcement action against perpetrators.
- To reduce the levels of crime that disproportionately affects some of the more deprived areas
- Safeguarding adults who are more vulnerable within the community to physical, financial, sexual and emotional abuse.
- Safeguarding vulnerable children, who are often part of families where there are drug and alcohol problems or where relationships are abusive or violent
- To consult and engage with communities to identify problems and put in place effective measures to address them.
- To monitor and work together to tackle any potential tensions within communities, in particular those that may lead to extremist activity.
- To promote community cohesion and adopt a zero tolerance to all forms of hate crime within Halton, so that no-one is unfairly victimised

6.21 Research indicates that the long term challenges for this priority include:

- To address public perceptions of crime and drug abuse, through more effective communication of information and of positive news stories and locality working/ community engagement.

- To tackle alcohol related crime and anti social behaviour through greater enforcement activity, focused on the night time economy and in other problem areas
- To tackle drug abuse and drug related crime, through provision of effective treatment services and interventions for users and taking appropriate enforcement action. Collaborative working through Ashley House is central to success
- To deliver a wider integrated offender management programme to repeat offenders. This will involve a partnership approach to offer support to perpetrators, such as access to drug and alcohol treatment services to help them to change their behaviour. Where this approach fails we will take appropriate enforcement action.
- To reduce the number of fatal and serious road accidents through enforcement activities, bike safety, driver engagement days and community speed watch projects. Particular attention will be given to educating young people on the risks and causation factors e.g. alcohol.
- To tackle serious acquisitive crime, including burglary, personal and business robbery and vehicle crime with a focus on bringing offenders to justice, targeting prolific offenders, providing accessible crime prevention advice, responding to victims, promoting 'Crimestoppers', disrupting the stolen goods market and delivering 'Smartwarter' property marking neighbourhoods within those high risk communities.
- Tackling public perceptions of drug dealing in the borough through undertaking a Mapping exercise to show where drug perceptions are out of line with actual drug-related activity and making the public aware of police activity to tackle drugs. Use of the New Places Survey data 2010
- Tackle anti social behaviour within neighbourhoods, through a 'whole family' approach.
- Providing activities, advice and support for young people within Halton, particularly for older children and teenagers.
- Tackling domestic abuse within Halton, supporting the victim and their families and taking appropriate action to deal with offenders. In particular we need to identify interventions that work to address repeat offenders where current approaches are not working.
- Safeguarding adults, identifying abuse early and working together to put in place effective measures to address these. Raise awareness of domestic abuse issues to vulnerable people, such as LGBT, disabled, elderly, those with long term illnesses and BME who for whatever reason are not reporting domestic abuse. As part of improving the levels of reporting in response to these groups, train and develop the skills of the workforce dealing with families, so that all staff have basic awareness of the domestic abuse issues so identification and the response is improved. Domestic abuse and alcohol are often underlying factors in child neglect and abuse and resulting behavioural problems in young people
- Safeguarding vulnerable children, in particular those that come from families where there is a history of domestic abuse or drug and alcohol



problems. Adopt a 'think family' approach, to ensure that we tackle the underlying causes and not just address the problem.

- To promote understanding and recognition that DA is a crime not a relationship issue to be tolerated. We need to target the whole community not just the victims to address the general trend of people reporting domestic abuse mainly to friends and family and not the police. This trend has been highlighted in a recent data analysis of the BCS and some local data indicating that 60% told friends and family in 2008/9 vs 16% telling the police.
- Improving local conditions and encouraging people to get involved to help shape what happens in their local area via the continued provision of Locality Area Forums, Police Community Action Meetings (CAMs), Homewatch Schemes and 'Face the People' Sessions.
- Support our diverse community where all residents are able to live without fear of abuse or hate crime
- Improving safety and security for transport users
- Designing out crime and managing spaces to maximise natural surveillance etc, so that people feel safer

## **6.22 Halton's Urban Renewal**

6.23 It is proposed to change the title of this strategic priority to 'Halton's Environmental Quality and Urban Regeneration'. The vision for this priority will be:

*6.24 To transform the urban fabric and infrastructure, to develop exciting places and spaces and to create a vibrant and accessible borough that makes Halton a place where people are proud to live and see a promising future for themselves and their families.*

6.25 The strategic objectives of this priority are as follows:

- Ensure that development achieves high standards of design, safety and sustainability including in regard to its contribution to, and effects of, climate change and provides a positive contribution to its locality.
- To create and sustain a twenty first century business environment with the required variety and quality of sites and premises. Improving digital, road, rail, freight and green infrastructure that will support high levels of investment and economic growth and increase Halton's competitiveness
- To promote the Borough's major employment sites
- Realise the potential of the Mersey Gateway Bridge and the Silver Jubilee Bridge in Halton in order to fully achieve economic growth and environmental benefits, fully deliver sustainable travel options and reduce congestion.
- To revitalise the town centres into dynamic, well-designed high quality commercial, social and cultural areas that can continue to meet the needs of local people, investors, businesses and visitors;

- Ensure Halton's residents enjoy access to a network of community services and facilities providing opportunities to pursue active and healthy lifestyles and allowing them to participate fully in their local community
- Manage the multifunctional value of the Borough's Green infrastructure resource, whilst protecting and seeking enhancements to important local habitats, geology and landscapes, aquatic environments and species
- To ensure Halton designs in and maintains high levels of accessibility to places and spaces, so that opportunity and need are matched, and provide excellent connectivity to the wider world through transport and ICT links;
- Minimise waste generation and maximise reuse, recycling, composting and energy recovery within the Halton waste stream to support sustainable and effective waste management.
- Provide good quality, affordable accommodation to meet the needs of all sections of society
- To enhance, promote and celebrate the quality of the built and natural environment in Halton including tackling the legacy of contamination and dereliction, to further improve the borough's image and boost the confidence and aspirations of local people and business.

6.26 Research indicates that the long term challenges for this priority include:

- Long term commitments for new development:
  - Widnes Waterfront including Venture Fields
  - Windmill Hill
  - Castlefields
  - Canal Quarter
  - West Bank
  - 3MG
  - Sandymoor
  - Daresbury
- Work with partners and the local community to support The Mersey Gateway Bridge to fully realise its social, economic and environmental benefits.
- Fully utilise the borough's rail, road, commercial waterways and digital and other infrastructure in order to maximise the potential for economic development and sustained economic growth, whilst reducing congestion and air pollution.
- Adapt to climate change and pursue low carbon management and low carbon economy.
- Improve municipal and household recycling rates to bring it in line with regional and national rates
- Improve and maintain the Borough's transport and highway network to promote greater accessibility and connectivity and resilience whilst contributing to improved air quality and sustainable development.
- Continue to reduce CO<sub>2</sub> emissions within the Borough (including industry and road transport).

- Provide high quality, reliable and accessible low carbon public transport to ensure people can reach work/education/training/health services and social activities. Improve public transport information and local bus services and promote cycling and walking
- Increase the provision of decent homes at a price that people can afford including a focus on the need for extra care housing
- Continue to maintain a hierarchy of Parks and open spaces
- Conserve and manage the historic and natural environment in order to maximise the social, cultural and environmental benefits through its contribution to improving the Borough's image.
- Work with partners, private sector organisations and the local community to achieve Borough wide digital connectivity.
- Continue to pursue casualty reduction rates and targets on our roads focusing more particularly on high risk groups including young people and motorcyclists.

## **6.27 Cross Cutting Issues**

The following issues require a comprehensive and integrated approach to tackle them and therefore the issues are too broad to be encompassed by a single theme:

- Providing for the ageing population
- Narrowing the gap between deprived and non-deprived areas within the borough addressing health and socio-economic inequality.
- Improving educational attainment and increasing access to training opportunities for those living in deprived areas
- Improving access to services such as social and leisure facilities, supermarkets, health services and transport.
- Understanding how knowledge and perceptions of health related issues can affect the local population
- Reducing social isolation
- Maximising community resources and facilitating effective community engagement and participation in public sector activities in Halton.
- Integrated delivery of services
- Increase community satisfaction with Halton as a place to live.
- Running services effectively and efficiently to meet customer needs and increase public satisfaction with all public services in Halton.
- Promoting equality in service provision, working to ensure there is no discrimination and actively promoting good relations between different sections of the community
- Ensuring socio-economic factors are taken into account at all stages of the strategic decision taking and policy making processes

## **7.0 RISK ANALYSIS**

7.1 It is vital that rapid progress is made on the Sustainable Community Strategy to ensure that Halton Strategic Partnership continues to be clear about its priorities for service delivery, setting out the steps needed to bring about improvements to those areas of greatest concern to the people of Halton.

7.2 Delay to the SCS will:

- Reduce the Partnership's ability to take account of the local community's aspirations, needs and priorities;
- Have serious implications for Partnership co-ordination between all the public, private, voluntary and community organisations that operate locally.
- Potentially reduce the effectiveness of the Partnership through fragmentation of strategies.

7.3 These risks are mitigated by a monthly review of all significant risk factors highlighted by the project's risk assessment.

7.4 The availability of funding will impact upon the range of options and activities that can be put forward in the delivery plan component of the final SCS. Until a clearer financial picture emerges following the Comprehensive Spending Review in October no decision on the range of measure can be made.

## **8.0 EQUALITY AND DIVERSITY ISSUES**

Building stronger communities through community engagement must continue to be a key outcome for the strategy. The Halton Strategic Partnership is already committed to equality regardless of age, sex, caring responsibility, race, religion, marital status, maternity issues, gender reassignment, socio economic need, sexuality or disability.

## **9.0 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>
A Community Strategy for a Sustainable Halton 2006-2011	Municipal Building, Widnes	Tim Gibbs
Refresh SCS 2006-2011 (published September 2009)	Municipal Building, Widnes	Tim Gibbs



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

**DATE:** 14<sup>th</sup> September 2010

**REPORTING OFFICER:** Chief Executive

**SUBJECT:** Performance Management Reports for 2009/10

**WARDS:** Boroughwide

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

1.1 To consider and raise any questions or points of clarification in respect of the 1st quarter performance management reports on progress against service plan objectives and performance targets, performance trends/comparisons, factors affecting the services etc. for;

- Prevention & Commissioning
- Complex Needs
- Enablement Services

### **2.0 RECOMMENDATION: That the Policy & Performance Board;**

- 1) Receive the 1st quarter year-end performance management reports;
- 2) Consider the progress and performance information and raise any questions or points for clarification; and
- 3) Highlight any areas of interest and/or concern where further information is to be reported at a future meeting of the Policy and Performance Board.

### **3.0 SUPPORTING INFORMATION**

3.1 The departmental objectives provide a clear statement on what the services are planning to achieve and to show how they contribute to the Council's strategic priorities. Such information is central to the Council's performance management arrangements and the Policy and Performance Board has a key role in monitoring performance and strengthening accountability.

3.2 The quarterly reports are on the Information Bulletin to reduce the amount of paperwork sent out with the agendas and to allow Members access to the reports as soon as they have become available.

- 3.3 It also provides Members with an opportunity to give advance notice of any questions, points or requests for further information that will be raised to ensure the appropriate Officers are available at the PPB meeting.

#### **4.0 POLICY IMPLICATIONS**

There are no policy implications associated with this report.

#### **5.0 OTHER IMPLICATIONS**

There are no other implications associated with this report.

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

The quarterly performance monitoring reports demonstrate how services are delivering against the objectives set out in the relevant service plan. Although some objectives link specifically to one priority area, the nature of the cross-cutting activities being reported means that to a greater or lesser extent a contribution is made to one or more of the priorities listed below;

##### **6.1 Children and Young People in Halton**

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

##### **6.3 A Healthy Halton**

##### **6.4 A Safer Halton**

##### **6.5 Halton's Urban Renewal**

##### **6.6 Corporate Effectiveness and Efficient Service Delivery**

#### **7.0 RISK ANALYSIS**

N/A

#### **8.0 EQUALITY AND DIVERSITY ISSUES**

N/A

#### **9.0 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>
N/A		

## Departmental Quarterly Monitoring Report

<b><u>Directorate:</u></b>	Adult and Community Directorate
<b><u>Department:</u></b>	Prevention and Commissioning Services
<b><u>Period:</u></b>	1 <sup>st</sup> April 2010 – 30 <sup>th</sup> June 2010

### 1.0 Introduction

This monitoring report covers the Prevention and Commissioning Services first quarter period up to period end 30<sup>th</sup> June 2010. It describes key developments and progress against key objectives and performance indicators for the service. With regard to 'other' objectives and performance indicators it provides details of those that are either amber or red.

The way in which the Red, Amber and Green, (RAG) symbols and Travel Indicator symbols have been used to reflect progress to date is explained in Appendix 8.

### 2.0 Key Developments

Commissioned stroke reading group to support people with communication issues post stroke.

Improved performance joint home from hospital and shopping service.

Prevention and Early Intervention strategy approved at Exec Board.

Established the first two dementia peer support groups in Widnes and Runcorn.

Consultation on options for future delivery of hearing impaired services closed and findings are being considered by commissioners.

Major provider working with commissioners to reconfigure services to personalise service delivery and deliver efficiencies.

Considering options for the development of peer advocacy linked to therapeutic earnings.

The TASC Board chaired by the Strategic Director has recruited new members which includes representation from users and carers.



The RAS live pilot has been evaluated and extended to cover all annual reviews offering support planning and personal budgets. This will enable us to continue to test and refine the RAS model using greater numbers. The co produced information materials have been produced and are currently being used in the RAS live pilot. A series of five booklets have been developed which will inform personal assistants of their responsibilities and that of their employers. A universal information strategy has been developed and resources allocated to implement.

### 3.0 Emerging Issues

Consideration will need to be given to the implications for partnership working with the NHS following publication of the White Paper Quality & Excellence: Liberating the NHS.

The on going training programme has been expanded to include a programme of workshops developed to assess providers arrangements for the implementation of personalisation. Further work is being undertaken by the Transformation Team to develop a model for the future commissioning requirements for personal assistants given the anticipated increase in demand as a consequence of the personal budget uptake.

A survey has been undertaken to identify the training needs of personal assistants and the responses to the questionnaire will help us understand what sort of training and support personal assistants will need.

A risk enablement policy and process is in development to mitigate the potential safeguarding risks posed by individual budgets.

### 4.0 Service Objectives / milestones

#### 4.1 Progress against 'key' objectives / milestones

<b>Total</b>	<b>5</b>		<b>4</b>		<b>1</b>		<b>0</b>
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All key objectives/milestones are being reported in this section and details can be found in Appendix 1.



**4.2 Progress against ‘other’ objectives / milestones**

Total	5		0		5		0
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There are five amber and no red objectives to report this quarter as detailed in Appendix 2.

**5.0 Performance indicators**

**5.1 Progress Against ‘key’ performance indicators**

Total	3		2		1		0
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Details of ‘key’ indicators can be found in Appendix 3

**5.2 Progress Against ‘other’ performance indicators**

Total	3		0		2		1
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There are 2 amber and only 1 red indicator as detailed in Appendix 4

**6.0 Risk Control Measures**

Where a Key Service Objective has been assessed and found to have an associated ‘High’ risk, progress against the application of risk treatment measures are normally only reported in quarters 2 and 4. However, due to the fact that work on the areas of risk is currently impending action is being reported this quarter in Appendix 5.

## **7.0 Data quality statement**




The author provides assurance that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, sourced externally, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

## **8.0 Appendices**

- Appendix 1 Progress Against 'key' objectives / milestones
- Appendix 2 Progress against 'other' objectives / milestones
- Appendix 3 Progress against 'key' performance indicators
- Appendix 4 Progress against 'other' performance indicators
- Appendix 5 Progress against risk control measures
- Appendix 6 Financial Statement
- Appendix 7 Explanation of use of symbols



**Appendix 1: Progress Against 'key' objectives / milestones**

Ref	Objective
PCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for the community of Halton.

Milestones	Progress Q 1	Supporting Commentary
Working in partnership with the PCT, ensure appropriate mechanisms are in place to enable the Local Authority to appropriately commission services for people with learning disabilities (AOF 6 & 7)		Commissioning Strategy is being updated. Discussions continue with the PCT on agreeing budget for transfer to the council in 2011
Contribute to the safeguarding of vulnerable adults and children in need, by ensuring that staff are familiar with and follow safeguarding processes <b>Mar 2011</b> . (AOF6)		Training for safeguarding vulnerable adults has been agreed for this year , to date there has been increased uptake by staff. Agreed that there will be a joint sub group for safe recruitment across adults and children's services
Continue to establish effective arrangements across the whole of adult social care to deliver self directed support and personal budgets <b>Mar 2011</b> (AOF6)		A training programme has been undertaken in conjunction with Helen Sanderson Associates to address the training needs of adult social care. A champions group has been developed to build confidence and expertise within teams.

**Appendix 1: Progress Against 'key' objectives / milestones**

Ref	Objective
PCS 2	Effectively consult and engage with the community of Halton to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required

Milestones	Progress Q 1	Supporting Commentary
Continue to support the development of the LINKs to ensure it provides an effective mechanism for community engagement <b>Mar 2011</b> (AOF 32)		Regular meetings continue to take place between LINKs and Senior managers in Adults And Community. Staff contribute to LINKs workshops.
Continue to negotiate with housing providers & partners in relation to the provision of further extra care housing tenancies, to ensure requirements are met (including the submission of appropriate funding bids) <b>Mar 2011</b> . (AOF6 & 7)		Potential sites and opportunities to develop Extra Care Housing continue to be explored on a regular basis. Cosmopolitan Housing Association has submitted a bid to build 90 units of Extra Care to the Homes and Communities Agency.

**Appendix 1: Progress Against 'key' objectives / milestones**

Ref	Objective
PCS 3	Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs

Milestones	Progress Q 1	Supporting Commentary
No Key objectives/milestones identified.	-	-







## Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
PCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for the community of Halton.

Milestones	Progress Q 1	Supporting Commentary
<i>Continue to implement, monitor and review the rollout of the Single Assessment Process. <b>Mar 2011</b> (AOF 6 &amp; 7)</i>	?	Stage 3 of Implementation has been in place since Feb 2008. In Feb 2010 senior management agreed to the establishment of a "task and finish" group to complete an audit of implementation with staff. Feedback from this audit which took place in April/May confirms the view that implementation of SAP within Halton has not been across the whole system. A report detailing future implementation options will be taken to relevant organisational management teams in July 2010 for a decision.
<i>Introduce Supporting People 'Gateway' or single point of access service <b>Mar 2011</b> (AOF 6, 30 and 31)</i>	?	Timescales for introduction of gateway service linked to introduction of CBL scheme, so some delays. However, regional group has approved purchase of Abitras System, which offers a module for the provision of a gateway service.
<i>Revise and update the Supporting People Plan to ensure effective services are in place (AOF 6) <b>Sept 2010</b></i>	?	Strategic direction for the programme approved in 2009/10 needs to be reconsidered in view of recent government announcements that grant levels may significantly reduce from 2011. However, work is underway to produce a plan taking proposed cuts into account.
<i>Introduce a Choice Based Lettings scheme to improve choice for those on the Housing Register seeking accommodation <b>Dec 2010</b> (AOF11 and 30.)</i>	?	Some delays to progress with regional scheme in obtaining Board approvals. However, scheme is now progressing well, revised timescale for implementation is summer 2011.

**Appendix 3: Progress Against 'key' performance indicators**



Ref	Description	Actual 2009/10	Target 2010/11	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
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Service Delivery							
<b><u>PCS15</u></b>	% of VAA Assessments completed within 28 days	69%	75%	77.7%			Target exceeded. 18 completed cases for Quarter 1. Of which 14 were completed within 28 days.
<b><u>NI 136</u></b>	People Supported to live independently through Social Care Services	3297	3350	3448			Performance in supporting people to remain in their own home remains consistent across all client groups. There has been slight reduction in those supported with a Physical and Sensory Disability and this fluctuation is due to death rates in Q1. A target has not yet been set for this PI.
<b><u>NI 130</u></b>	Social Care Clients receiving self directed support (DP's/Individualised Budgets)	16.80	30	10.87			Indicator based on clients and carers receiving self directed support as a percentage of clients and carers receiving community based services. In total 447 clients and carers are in receipt of self directed support.






**Appendix 4: Progress Against 'other' performance indicators**

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
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<b>Cost &amp; Efficiency</b>							
PCS1	% of client group expenditure (ALD) spent on domiciliary care services (Previously AWA LI2)	33%	-	59%	?		Q1 for 10/11 actual is higher than Q1 09/10 actual. Due to creditor invoices outstanding it is difficult to compare.
PCS2	% of client group expenditure (PSD) spent on domiciliary care services (Previously AWA LI3)	28%	-	22%	?		Q1 for 10/11 actual is higher than Q1 09/10 actual. Due to creditor invoices outstanding it is difficult to compare.

<b>Fair Access</b>							
PCS 4	Percentage of adults assessed in year where ethnicity is not stated Key threshold <10% (Previously AWA LI4 & OP LPI5)	0.27	0.5	4.86			The number of clients assessed where ethnicity is not stated relates to 17 clients. Exception reports are produced of these clients for Administration teams to action to ensure target will be met at year end.

**Appendix 5: Progress against risk control measures**

PCS 1	Adult Safeguarding: the council will be subject to a safeguarding inspection (date to be specified). The outcome of the inspection will impact on council performance 2010/2011	Inspection preparation through: multi- agency inspection group, sub groups, temporary additional capacity to support preparation		Preparation continues to progress
	Working with the PCT to ensure there are good mechanisms in place to commission appropriate services for people with learning disabilities, failure to do this will result in severe budget pressure	Close working with Finance Dept and colleagues in the PCT to agree future budget		Discussions continue with the PCT to agree final budget for next year for transfer
	Housing repossessions: Halton has been identified as a hot spot for repossessions. Failure to reduce will have a negative impact on Haltons CAA.	Housing Solutions Team to work with key partners including: Lenders, Courts, Welfare Benefits & CAB, RSL's, to develop and action a robust action plan to significantly reduce the number of repossessions across Halton.		Significant progress made. Action Plan in place- communication and publicity campaign underway- From April- June 10 52 households approached Housing Solutions for assistance –to date 17 cases have been successfully prevented from becoming homeless, 5 orders for suspended eviction have been obtained and the prevention fund has been used to assist four families. The current MRS case load is 10, out of which 2 at completion stage and the remaining 8 are at various stages throughout the process. The service has also successfully negotiated the re purchase of a shared ownership property with a local RSL.

<b>Appendix 6: Financial Statement</b>
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**ADULTS & COMMUNITY – PREVENTION & COMMISSIONING****Revenue Budget as at 30th June 2010**

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date	Actual Including Committed Items
	£'000	£'000	£'000	(overspend) £'000	£'000
<b>Expenditure</b>					
Employees	4,080	1,012	1,061	(49)	1,359
Premises Support	4	0	0	0	0
Other Premises	47	30	31	(1)	58
Supplies & Services	1,268	188	180	8	171
Contracts & SLA's	448	139	141	(2)	141
Transport	60	15	16	(1)	16
Community Care:					
Residential Care	4,201	900	844	56	844
Nursing Care	1,423	320	205	115	205
Homecare	3,742	827	691	136	691
Direct Payments	2,863	614	628	(14)	628
Supported Living	576	123	127	(4)	127
Day Care	235	50	39	11	39
Supporting People Payments to Providers	6,861	1,598	1,599	(1)	1,599
Other Agency	237	35	32	3	32
Asset Charges	61	0	0	0	0
	<b>26,106</b>	<b>5,851</b>	<b>5,594</b>	<b>257</b>	<b>5,910</b>
Total Expenditure					
<b>Income</b>					
Residential Fees	-1,502	-437	-392	(45)	-392
Nursing Fees	-331	-5	-2	(3)	-2
Direct Payment charges	-91	-21	-22	1	-22
Fees & Charges	-564	-130	-132	2	-132
Receivership Income	-19	-5	-9	4	-9
Sales Income	-21	-3	-2	(1)	-2
Rents Income	-100	-100	-100	0	-100
PCT reimbursement for salary costs	-488	0	0	0	0
Other PCT reimbursements	-233	-25	-28	3	-28
Government Grant Income:					
Supporting People Main Grant	-661	-159	-158	(1)	-158
Social Care Reform Grant	-653	-653	-653	0	-653
Mortgage Rescue Scheme	-78	-78	-78	0	-78
Homelessness Grant	-30	-30	-31	1	-31
Aids Support Grant	-11	0	0	0	0
Learning Disabilities Campus Closure	-94	-94	-94	0	-94
Other Income	-9	-8	-12	4	-12
	<b>4,885</b>	<b>-1,748</b>	<b>-1,713</b>	<b>(35)</b>	<b>1,713</b>
Total Income					
	<b>21,221</b>	<b>4,103</b>	<b>3,881</b>	<b>222</b>	<b>4,197</b>
Net Expenditure					

<b>Appendix 6: Financial Statement</b>
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**Comments on the above figures:**

In overall terms revenue spending at the end of quarter 1 is £222k below budget profile, due to expenditure relating to the community care budget being less than anticipated at this stage of the financial year.

The ongoing transfer of expenditure to continuing health care funding continues during the first quarter of the financial year however service users packages are now being reviewed by the Primary Care Trust and some have been found to no longer meet the continuing health care criteria. These service users care packages will now be met from the Local Authority's community care budget and this budget must be scrutinised closely throughout the year to ensure a balanced budget at year end. The community care budget, including income, is currently £252k under budget profile. The Community Care budget, across the Directorate, will be realigned during quarter 2 to reflect more accurately services provided to service users.

Employee costs are over budget profile by £49k due to the Principal & Practice Managers receiving back dated pay relating to the Job Evaluation process totalling £61k.

**PREVENTION & COMMISSIONING**  
**Capital Budget as at 30th June 2010**




	2010/11 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
IT	128	32	0	128
<b>Total Spending</b>	<b>128</b>	<b>32</b>	<b>0</b>	<b>128</b>

**HOUSING STRATEGY & SUPPORT SERVICES**  
**Capital Projects as at 30th June 2010**

	2010/11 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
<b><u>Private Sector Housing</u></b>				
<b>Housing Grants/Loans</b>	168	42	90	78
<b>Disabled Facilities Grants</b>	25	6	0	25
<b>Joint Funding RSL Adaptations</b>	278	70	74	204
<b>Energy Promotion</b>	37	9	0	37
<b>Housing Program 2009-2011 SCE</b>	1,640	410	36	1,604
<b>Housing Program 2009-2011 DFG</b>	568	142	0	568
<b>Unallocated c/fwd</b>	1,366	341	0	1,366
	<b>4,082</b>	<b>1,020</b>	<b>200</b>	<b>3,882</b>




<b>Appendix 7: Explanation of Symbols</b>
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Symbols are used in the following manner:

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

#### **Direction of Travel Indicator**

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

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

## Departmental Quarterly Monitoring Report

**Directorate:** Adult and Community Directorate

**Department:** Complex Care Services

**Period:** 1<sup>st</sup> April 2010 – 30<sup>th</sup> June 2010

### 1.0 Introduction

This monitoring report covers the Complex Services first quarter period up to period end 30<sup>th</sup> June 2010. It describes key developments and progress against key objectives and performance indicators for the service. With regard to 'other' objectives and performance indicators it provides details of those that are either amber or red.

The way in which the Red, Amber and Green, (RAG), symbols and Travel Indicator symbols have been used to reflect progress to date is explained in Appendix 6.

### 2.0 Key Developments

#### **Halton Home Improvement and Independent Living Services**

Contract with Safe Partnerships for provision of Handyperson service launched.

LSP funding for Affordable Warmth Coordinator agreed and recruitment process underway.

#### **Halton Supported Housing Network**

A project is currently underway to investigate options for the future delivery of the service and will be presented to senior management and Members in due course.

#### **Mental Health Services**

Review of community mental health services: a number of reviews are taking place both locally and across the footprint of the 5BoroughsPartnership. The purpose of these reviews is to provide an improved crisis response, a consistent and efficient community mental health service which is close to people's needs, and which intervenes at the earliest possible stage to prevent significant deterioration. These reviews have different end dates but are being connected together.

Personalisation: two successful events took place in 2010 with commissioners, and senior managers from the 5BoroughsPartnership and local authorities. These were aimed at improving awareness of personalisation and identifying actions which ensured delivery across all mental health services. Clear actions are to be identified and taken forward across the sectors.

Mental Capacity Act/Deprivation of Liberty Safeguards: a programme of work is being developed with residential and nursing care providers to ensure they are fully aware of their roles and responsibilities under these pieces of legislation.

Older People’s Mental Health Services: work continues to develop and deliver an Assessment, Care and Treatment Service (ACTS) for people diagnosed with dementia. A project manager has been appointed and a project plan is being developed. The purpose of this service will be to intervene and assess people at an earlier stage, with a range of multidisciplinary and specialist service responses which will provide a needs-led and integrated service.

### 3.0 Emerging Issues

#### Halton Home Improvement and Independent Living Services

An independent review of Supported Housing Network tenants’ finances to be commissioned to ensure that tenants have flexible access to and control of their finances and are assisted appropriately.

#### Mental Health Services:

Police referrals: Cheshire Police are often the first point of contact in the community for identifying people with complex needs who may be vulnerable. They have a referral system which alerts authorities to these needs, but these are not currently being managed effectively. This is an opportunity for service redesign to ensure that current resources are used as effectively as possible, and this will be developed further in the next Quarter.

Deprivation of Liberty Safeguards: as case law continues to define how DoLS should be applied, it is clear that the scope of this legislation is widening. The implications of this for Halton will be evaluated.

### 4.0 Service Objectives / milestones

#### 4.1 Progress against ‘key’ objectives / milestones

<b>Total</b>	<b>3</b>		<b>3</b>		<b>0</b>		<b>0</b>
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All key objectives are performing on or above target as detailed in Appendix 1

**4.2 Progress against ‘other’ objectives / milestones**

Total	1		0		1		0
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For quarter 1 information is available on the 1 amber indicator as detailed in Appendix 2



**5.0 Performance indicators**

**5.1 Progress Against ‘key’ performance indicators**

Total	1		0		1		0
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This indicator is reported in Appendix 3

**5.2 Progress Against ‘other’ performance indicators**

Total	9		0		5		4
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Currently there are 5 amber indicators to report and 4 red indicators this quarter as detailed in Appendix 4.

**6.0 Risk Control Measures**

Where a Key Service Objective has been assessed and found to have an associated ‘High’ risk, progress against the application of risk treatment measures will be reported in quarters 2 and 4



## **7.0 Data quality statement**


The author provides assurance that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, sourced externally, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

## **8.0 Appendices**


- Appendix 1 Progress Against 'key' objectives / milestones
- Appendix 2 Progress against 'other' objectives / milestones
- Appendix 3 Progress against 'key' performance indicators
- Appendix 4 Progress against 'other' performance indicators
- Appendix 5 Financial Statement
- Appendix 6 Explanation of use of symbols

**Appendix 1: Progress Against 'key' objectives / milestones**

Ref	Objective
CCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs


Milestones	Progress Q 1	Supporting Commentary
Implement the Local Dementia Strategy, to ensure effective services are in place <b>Mar 2011</b> . (AOF6 & 7)		Project Manager now appointed and multi-agency agreement to project plan.

Ref	Objective
CCS 2	Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required

Milestones	Progress Q 1	Supporting Commentary
Continue to survey and quality test service user and carers experience of services to evaluate service delivery to ensure that they are receiving the appropriate outcomes <b>Mar 2011</b> (AOF 32)		Review and revision of surveys underway.

**Appendix 1: Progress Against 'key' objectives / milestones**

Ref	Objective
CCS 3	Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs


Milestones	Progress Q 1	Supporting Commentary
Consider with our PCT partners the recommendations and implications of the review of Halton's section 75 agreement <b>Mar 2011</b> (AOF 33,34 and 35)		Detailed proposals for new governance and commissioning arrangements produced. Subject to final agreement by senior managers. White paper on future of NHS will impact.

**Appendix 2: Progress against 'other' objectives/milestones**

Ref	Objective	
CCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs	
Milestones	Progress Q 1	Supporting Commentary
<i>Contribute to the implementation of the Council wide Volunteering Strategy as a means to improving services to communities</i> <b>Mar 2011</b> (AOF 21)	?	Resource implications currently being considered.

**Appendix 3: Progress against 'key' performance indicators**



Ref	Description	Actual 2009/10	Target 2010/11	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
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Service Delivery							
<b><u>NI 145</u></b>	Adults with Learning Disabilities in Settled accommodation	81.99%	90%	79.57%	?		The data for this is dependent on the ALD team loading client level data against the appropriate Carefirst categories. This information is not routinely collected at present and is currently subject to a year-end manual data collection process.



**Appendix 4: Progress against 'other' performance indicators**

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
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**Cost & Efficiency**

CCS 1	% of client group expenditure (MH) spent on domiciliary care services (Previously AWA LI1)	24%	-	28%			Q1 for 10/11 actual is lower than Q1 09/10 actual. Due to creditor invoices outstanding it is difficult to compare.
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**Fair Access**

CSS 2	Number of learning disabled people helped into voluntary work in the year (Previously AWA LI5)	56	43	8			In Q1 2009/10 40 people were helped into voluntary employment. The variance has resulted in a downward trend in Q1.
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**Service Delivery**






CSS 6	Adults with physical disabilities helped to live at home (Previously AWA LI11)	8.15	8.00	7.88			Q1 performance relates to 593 clients, 10 less than the previous year.
CSS 7	Adults with learning disabilities helped to live at home (Previously AWA LI12)	4.24	4.30	4.20			Q1 performance relates to 316 clients, 25 less than the previous year.

**Appendix 4: Progress against 'other' performance indicators**





Ref	Description	Actual 2009/10	Target 2010/11	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
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**Area Partner National Indicators:**

The indicators below form part of the new National Indicator Set introduced on 1<sup>st</sup> April 2008. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.

NI 39	Hospital Admissions for Alcohol related harm	2548.6E	2309	616		N/A	Data based on a two year average has been used as the data warehouse is in the final stage of an essential upgrade. Direction of Travel cannot be determined as no data was available for Q1 2009 to allow a year on year comparison to be made.
NI 120	All-age all cause mortality rate	Male: 803.8e  Female: 597.3e	Male 755  Female 574	Male 831.9  Female 565.5			The data for quarter 1 shows an annual figure for mortality up until the May 2010. The figures show promising reductions in mortality for females in particular. Both Male and Female rates continue to drop in comparison to 2007/08 baseline figures resulting in a positive direction of travel.
NI 121	Mortality rate from all circulatory diseases at ages under 75	88.8e	78.31	92.7			Data for Q1 is based on an annual rate up until the end of May 2010. Since the year end 2009 (unverified data) there has been a slight rise in CVD mortality under the age of 75. This may be due to natural variation but needs to be monitored closely. However there has been an overall trend downward but there would need to be accelerated to meet the year end target.

**Appendix 4: Progress against 'other' performance indicators**

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
NI 122	Mortality from all cancers at ages under 75	166.8e	126.41	146.4			The current reduction to 146.4 looks promising but should be viewed cautiously as it may be due to natural fluctuations in deaths rather specific interventions. However the programmes in place to deliver on this target should be starting to impact on the rate.
NI 126	Early access for women to maternity services	1319e	3229 85.5%	83.21%			The definition for this line states that it should be reported as a percentage. The Vital Signs target for the PCT is 85.5%.



## Appendix 5: Financial Statement

## ADULTS &amp; COMMUNITY – COMPLEX CARE

## Revenue Budget as at 30th June 2010

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£000	£000	£000	£000	£000
<i>Expenditure</i>					
Employees	5,177	1,206	1,128	78	1,189
Premises Support	32	0	1	(1)	1
Other Premises	76	12	11	1	1
Food Provisions	4	1	0	1	0
Supplies & Services	1,671	263	261	2	295
Transport	707	176	170	6	233
Departmental Support Services	193	2	1	1	1
Emergency Duty Team	100	0	0	0	0
Aids & Adaptations	113	29	48	(19)	58
Contribution to Joint Equipment Service	231	0	0	0	0
Community Care:					
Residential Care	594	137	133	4	133
Nursing Care	136	31	35	(4)	35
Home Care	198	46	62	(16)	62
Supported Living	142	33	13	20	13
Direct Payments	52	12	27	(15)	27
Day Care	3	1	3	(2)	3
Asset Charges	1,372	0	0	0	0
<b>Total Expenditure</b>	<b>10,801</b>	<b>1,949</b>	<b>1,893</b>	<b>56</b>	<b>2,051</b>
<i>Income</i>					
Residential Fees	-90	-19	-6	(13)	-6
Fees & Charges	-64	-14	-18	4	-18
Rents Income	-28	0	0	0	0
PCT Contribution to Care	-362	0	0	0	0
Health Contribution to care	-148	0	0	0	0
HBC Support Costs Income	-21	0	0	0	0
PCT Reimbursement	-1,360	0	0	0	0
Capital salaries	-84	0	0	0	0
Government Grants:					
Supporting People Grant	-1,076	-268	-260	(8)	-260
Preserved Rights Grant	-90	0	0	0	0
Handyman Grant	-70	-70	-70	0	-70
DFG	-40	-40	-44	4	-44
Other Income	-205	0	-1	1	-1
<b>Total Income</b>	<b>-3,638</b>	<b>-411</b>	<b>-399</b>	<b>(12)</b>	<b>-399</b>
<b>Net Expenditure</b>	<b>7,163</b>	<b>1,538</b>	<b>1,494</b>	<b>44</b>	<b>1,652</b>

<b>Appendix 5: Financial Statement</b>
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**Comments on the above figures:**

In overall terms revenue spending at the end of quarter 1 is under budget profile by £44k. This is due to expenditure on the staffing budget being less than anticipated during the first quarter of the financial year. There are several vacant front line service posts which are expected to be filled during the next quarter so this under spend is not likely to continue for the remainder of the year. The community care budget, however is currently £22k over budget profile, resulting in a lower under spend overall for the department at this point of the year. In particular the Homecare & Direct Payments budgets are under pressure as an increasing number of service users are being supported at home using home care and telecare services or opting to choose a direct payment to enable them to arrange their own care package as this offers more flexibility and choice. The corresponding reduction in residential care has also led to a reduction in residential income. Work is currently underway to realign the community care budgets across the Directorate and should be completed by quarter 2 report. This will reflect, more accurately, the services provided to service users.

Food provisions budget is under budget profile due to the Meals on Wheels service delivering more hot meals and tea packs resulting in additional income.




The Aids & adaptations budget continues to be under pressure, as expected, as more service users are supported within their own homes as opposed to residential placements. This budget will be closely monitored throughout the year to ensure it is contained within the departments budget.

*COMPLEX CARE***Capital Budget as at 30th June 2010**

	2010/11 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
Mental Health Centre	101	25	0	101
<b>Total Spending</b>	<b>101</b>	<b>25</b>	<b>0</b>	<b>101</b>




Appendix 6: Explanation of Symbols
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Symbols are used in the following manner:

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

#### **Direction of Travel Indicator**

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

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

## Departmental Quarterly Monitoring Report

**Directorate:** ADULT & COMMUNITY  
**Department:** ENABLEMENT SERVICES  
**Period:** 1<sup>st</sup> April 2010 – 30<sup>th</sup> June 2010

### 1.0 Introduction

This monitoring report covers the Enablement Services first quarter period up to period end 30<sup>th</sup> June 2010. It describes key developments and progress against key objectives and performance indicators for the service. With regard to 'other' objectives and performance indicators it provides details of those that are either amber or red.

The way in which the Red, Amber and Green, (RAG), symbols and Travel Indicator symbols have been used to reflect progress to date is explained in Appendix 8.

### 2.0 Key Developments

Oak meadow: A programme of modernisation underway, including refurbishment, transitional care arrangements and day care provision.

Re-ablement services reviewed and initial evaluation completed- report to SMT in August

Intermediate care review is underway with a particular focus on capacity and demand.

Implementation of the Telecare strategy underway.

Implementation of the Early Intervention and prevention strategy underway.

### 3.0 Emerging Issues

Transforming community services- implications for partnership arrangements may be an issue.

**4.0 Service Objectives / milestones**

**4.1 Progress against 'key' objectives / milestones**

<b>Total</b>	<b>2</b>		<b>2</b>		<b>0</b>		<b>0</b>
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Details of these key milestones can be found in Appendix 1


**4.2 Progress against 'other' objectives / milestones**

<b>Total</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>
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All 'other' milestones are on target and will be reported in quarter 2

**5.0 Performance indicators**

**5.1 Progress Against 'key' performance indicators**

<b>Total</b>	<b>1</b>		<b>0</b>		<b>0</b>		<b>0</b>
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The key indicator is derived from a national user survey which is conducted every 2 years. Last undertaken in 2009/10. Details can be found in Appendix 2

**5.2 Progress Against 'other' performance indicators**

<b>Total</b>	<b>3</b>		<b>0</b>		<b>3</b>		<b>0</b>
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In this quarter there are 3 amber performance indicators as detailed in Appendix 3

## **6.0 Risk Control Measures**

Where a Key Service Objective has been assessed and found to have an associated 'High' risk, progress against the application of risk treatment measures are normally only reported in quarters 2 and 4.

## **7.0 Data quality statement**



The author provides assurance that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, has been sourced directly from partner or other agencies, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

## **8.0 Appendices**

- Appendix 1 Progress Against 'key' objectives / milestones
- Appendix 2 Progress against 'key' performance indicators
- Appendix 3 Progress against 'other' performance indicators
- Appendix 4 Financial Statement
- Appendix 5 Explanation of use of symbols

**Appendix 1: Progress Against 'key' objectives / milestones**

Ref	Objective
EN1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people

Milestones	Progress Q 1	Supporting Commentary
Ensure intergenerational issues are taken into account whilst implementing the Early Intervention/Prevention Strategy to improve outcomes for Older People in Halton <b>Mar 2011.</b> (AOF6 & 7)		Intergenerational Radio Programmes have been developed and accompanying C. D's are soon to be marketed and distributed
Following the evaluation of Telecare Services during 2009/10, develop and implement an action plan based on the recommendations to ensure the continued development and use of Telecare <b>Mar 2011</b> (AOF 6 & 7)		Telecare strategy and implementation plan completed and agreed at executive board in July 2010. Implementation group established. Recruitment underway.

## Appendix 2: Progress Against 'key' performance indicators


Ref	Description	Actual 2009/10	Target 2010/11	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
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Quality							
<b>NI 128</b>	User reported measure of respect and dignity in their treatment	92.99	95	N/A	N/A	N/A	Indicator derived from a national user survey which is conducted every 2 years. Last undertaken in 2009/10 and is expected to be repeated in 2011/12.



**Appendix 3: Progress against 'other' performance indicators**

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
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Cost & Efficiency							
EN 2	% of client group expenditure (OP/ILS) spent on domiciliary care services (Previously OP L12)	24%	26%	26%	?		Q1 for 10/11 actual is higher than Q1 09/10 actual. Due to creditor invoices outstanding it is difficult to compare.

Quality							
NI 131	Delayed Transfers of Care	N/A	-	9.52	?	N/A	<p>The data is extracted from Unify and can be refreshed by providers.</p> <p>The Hospital Discharge Project which was set up to review and redesign the hospital discharge process is nearing completion. The outcome of this work will have an impact on the discharge process and will contribute to further reductions in delayed transfers of care.</p> <p>The target is being reassessed in relation to this and borough rather than PCT targets of borough</p>

**Appendix 3: Progress against 'other' performance indicators**

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
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**Area Partner National Indicators:**

The indicators below form part of the new National Indicator Set introduced on 1<sup>st</sup> April 2008. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.

NI 134	The number of emergency bed days per head of weighted population	-	-	14638	?	N/A	<p>The data is based on a two year average.</p> <p>The target used in 2009/10 was a whole PCT target for Vital Signs (Halton &amp; St Helens combined), not Halton specific.</p> <p>The PCT are in the process of calculating 2009/10 data for Halton only, which will allow Halton-specific target setting for 2010/11.</p> <p>Actual numbers are beginning to reduce as GPs become aware of alternative methods of treatment. 2010/11 should see a real impact from Admissions Avoidance Scheme.</p>
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<b>Appendix 4: Financial Statement</b>
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## ADULTS &amp; COMMUNITY – ENABLEMENT

## Revenue Budget as at 30th June 2010

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£000	£000	£000	£000	£000
Expenditure					
Employees	2870	717	740	(22)	806
Other Premises	62	15	15	1	48
Supplies & Services	122	13	9	3	18
Training	5	1	1	0	1
Transport	56	10	10	0	10
Central Support Services	11	0	0	0	0
Contract & SLAs	1	1	0	1	1
Food Provisions	47	1	0	1	4
Community Care:					
Home Care	10	1	0	1	0
Adult Stroke Services Grant	85	0	0	0	0
Preserved Rights Grant	61	0	0	0	0
Asset Charges	55	0	0	0	0
Contribution to Intermediate Care Pool	1633	502	490	12	624
<b>Total Expenditure</b>	<b>5,018</b>	<b>1,261</b>	<b>1,265</b>	<b>(3)</b>	<b>1,512</b>
Income					
Other Fees & Charges	-211	-3	-3	0	-3
Other Reimbursements	-122	0	0	0	0
ABG: Supporting People Main	-502	-93	-93	0	-93
ABG: Stroke Services Grant	-85	-85	-85	0	-85
<b>Total Income</b>	<b>-920</b>	<b>-181</b>	<b>-181</b>	<b>0</b>	<b>-181</b>
<b>Net Expenditure</b>	<b>4,098</b>	<b>1,080</b>	<b>1,083</b>	<b>(3)</b>	<b>1,331</b>

**Comments on the above figures:**

In overall terms revenue spending at the end of quarter 1 is over budget profile by £15k, excluding the Intermediate Care Pool Budget. This is due in the main to Employee costs being higher than expected, as a result of the Principle & Practice Managers receiving their JE back pay in Period 2 which amounts to approximately £32k.

Departmental and Central Support Services are still to be finalised and we would expect these figures to be included in Q2.

Note: A summary of the H.B.C. Contribution to Intermediate Care Pooled Budget can be found on the following page:

<b>Appendix 4: Financial Statement</b>
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ADULTS &amp; COMMUNITY – ENABLEMENT

**Contribution to Intermediate Care Pooled Budget****Revenue Budget as at 30th June 2010**

	Annual Revised Budget £000	Budget To Date £000	Actual To Date £000	Variance To Date (overspend) £000	Actual Including Committed Items £000
Expenditure					
Employees	1,328	470	461	9	495
Supplies & Services	47	30	27	3	122
Transport	9	2	2	0	7
Other Agency Costs	249	0	0	0	0
<b>Total Expenditure</b>	<b>1,633</b>	<b>502</b>	<b>490</b>	<b>12</b>	<b>624</b>
Income					
Total Income	0	0	0	0	0
<b>Net Expenditure</b>	<b>1,633</b>	<b>502</b>	<b>490</b>	<b>12</b>	<b>624</b>




ENABLEMENT

**Capital Budget as at 30th June 2010**

	2010/11 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
Social Care & Health				
Oakmeadow Phase 2	60	15	0	60
<b>Total Spending</b>	<b>161</b>	<b>40</b>	<b>0</b>	<b>161</b>




Appendix 5: Explanation of Symbols
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Symbols are used in the following manner:

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

#### **Direction of Travel Indicator**

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

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