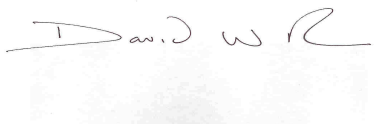
Public Document Pack

Health Policy and Performance Board

Tuesday, 8 November 2011 at 6.30 p.m.
Council Chamber, Runcorn Town Hall



Chief Executive

BOARD MEMBERSHIP

Councillor Ellen Cargill (Chairman)	**Labour**
Councillor Joan Lowe (Vice-Chairman)	**Labour**
Councillor Dave Austin	**Liberal Democrat**
Councillor Sandra Baker	**Labour**
Councillor Mark Dennett	**Labour**
Councillor Margaret Horabin	**Labour**
Councillor Martha Lloyd Jones	**Labour**
Councillor Chris Loftus	**Labour**
Councillor Andrew MacManus	**Labour**
Councillor Carol Plumpton Walsh	**Labour**
Councillor Geoff Zygadllo	**Labour**
Mr P Cooke	**Co-optee**

Please contact Lynn Derbyshire on 0151 471 7389 or e-mail lynn.derbyshire@halton.gov.uk for further information.

The next meeting of the Board is on Tuesday, 10 January 2012

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

Part I

Item No.		Page No.
1.	**MINUTES**	
2.	**DECLARATIONS OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS)** Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda, no later than when that item is reached and, 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.	
3.	**PUBLIC QUESTION TIME**	**1 - 3**
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5.	**DEVELOPMENT OF POLICY ISSUES**	
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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.

Agenda Item 3

REPORT TO: Health Policy & Performance Board

DATE: 8 November 2011

REPORTING OFFICER: Strategic Director, Policy & Resources

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: Health Policy and Performance Board

DATE: 8 November 2011

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
THURSDAY, 14TH JULY 2011

Present: Debbie Ainsworth (DA)
Emma Bragger (EB)
Cllr Ellen Cargill (EC)
Glenda Cave (GC)
Dympna Edwards (DE) (Chair)
Dwayne Johnson (DJ)
Diane Lloyd (DL)
Eileen O'Meara (EO'M)
Dave Sweeney (DS)
Karen Tonge (KT)
Jim Wilson (JW)
Cllr Marie Wright (MW)
Lorraine Crane (LC)
Steve Burrows (SB)

In attendance:
Hazel Coen (HC)
Steve Dooré (SD)
Marina Nistotskaya (MN)
Sue Scott (SC)

		ACTION
1.	**Apologies** Gerald Meehan, Sue Wallace-Bonner, Mike Kenny, Ian Stewardson, Sue Parkinson, Yeemay Sung	
2.	**Minutes of the Previous Meeting (12 May 2011)** Page 3 Item 6 – Child Health Profile: the obesity figure of 21.6% related to 2009. The minutes were agreed as a correct record.	
3	**Matters Arising** **H&WBB Presentation** – copy of presentation forwarded to EB. **NEDs in H&WB Board** – DJ/JW discussed and recommendations will be taken forward and presented to the Council Exec Board in September. The first meeting will be established in October. DJ to amend and forward document to DE for distribution to members of the Board. **Performance Sub Group** – Agenda item. **SLA** – Still outstanding from C Walsh. Receipt anticipated in the next few days. **Resident Survey**- Agenda item. **Target Wellbeing Questionnaire** – complete.	
4	**Community/LinK Feedback** KT referred to the tabled report and advised current work under Health Engagement Project included: - Health 'e' Times newsletter - Information guide for commissioning, quality assurance and specific quality standards. - Organising third sector event in partnership with the PCT. - Development of Here to Help catalogue - Piloting the EVOLVE project	

	Laura Neilson was the contact person for any queries relating to the above. Following discussion DL advised she would forward an email to LC who would ensure the children's voluntary sector were represented. DL advised SP had forwarded an update; this was circulated with papers, any comments or queries to be directed to Sue Parkinson.	**DL**
5	**NHS Transition Update: NHS Future Forum** DE provided an update following of NHS changes following the NHS Listening Exercise. There would be a greater role for Health and Wellbeing boards, a staggered implementation of reforms and Public Health England would be independent of the Department of Health. JW stated they were currently awaiting an announcement from David Nicholson who had met with Cluster Chief Executives on 12th July.	
6	**Performance Group Update** JW advised meetings had taken place and target areas were suggested in the report. **Alcohol** – document tabled showed the Actual for 2011. DS to work on validation before next Performance Group meeting. **Breastfeeding**- Look at Halton specific information. **Obesity** – Year 6 final target 13/14 cannot be reduced by 1% as this will be under the national average. Reception – PCT figures as opposed to Halton figures. EO'M to amend. HC tabled paper showing comparison of Halton with national averages and local rates. **All Age All Cause Mortality** – This has been modelled on a 1% reduction year on year. **Under 18 Conception** – HC advised that we needed to report actual conceptions as well as rates as the base population varied. **Smoking** – EO'M advised need to look at quit rate per 100,000 to have a correct reflection of progress made. **Mental Health** – DS highlighted ideas from performance group, they now have baseline and trajectory. The 2010 target of 800 would be used. Following discussion it was agreed the targets would be taken for one year and revised. **Social Care** – HC advised it had been agreed to target older people as a group, this had been agreed with S Wallace-Bonner on the basis of past performance. This was agreed. **Drugs and Alcohol** – DS advised they were looking at 2 indicators – a good indicator of recovery is employment, currently looking at this. DA advised Ashley House have referrals to JobCentrePlus, it was felt this indicator could be measured. LC requested discussion continue on a second indicator. JW advised to performance manage targets information was required; unfortunately the partnership were not receiving the information and leads should be actively	**EO'M**

	encouraged to provide the information. DE suggested contact be made with leads, providing them with a schedule of when the information is required by. For the next meeting looking to have the performance data populated.	**DL**
7	**Residents Survey** SC and MN tabled a document. The government have withdrawn the need to carry out the Place Survey survey, however, Halton Borough Council would carry out it's own survey in September to 7,000 residents. Three main areas had been agreed – Alcohol/Smoking/Mental Health. Following discussion it was agreed a publicity campaign be carried out prior to the survey to promote uptake. It was also agreed questions around alcohol/weight be looked at giving consideration as to how the information would be used. In addition, EC suggested surveys be available at health centres.	**SC, EOM**
8	**Community Engagement Strategy** SD advised an audit had been conducted with 5 objectives: - Citizen focused local decision making - Accessible and inclusive engagement - Open, efficient and effective engagement - Innovative engagement - Using and responding to citizen initiated engagement. The action plan had been populated and a further event would take place next year. EC suggested SD arrange to meet with the residents of Castlefields. KT advised people were frustrated that once consultations are held and suggestions put forward they receive no feedback. SD advised they would like sign up to the strategy and actions around mapping activity/providing strategic lead from each organisation, joint ownership needed to be developed. JW advised the strategy should go to partners individual Boards. SD advised the strategy had been accepted by the LSP Board with the proviso that having gone to the Partnership boards, amendments may be made. DS advised Social Enterprise was not included and agreed to email information to S Dooré.	**DS**
9	**Consultation on the new Healthy Weight Strategy** EO'M referred to the document and advised they were looking to develop a new strategy. She referred to the Vision for the Future document and advised the vision was moving away from treatment, into the environment. The strategy objectives were: - Tackle the obesogenic environment - Train service providers and community members - Deliver a wide range of accessible physical activity and healthy eating and cooking options - Implement NICE approved programme of weight management interventions commissioned in 2009/10. Following discussion it was agreed the Board supported this strategy.	
10	**Asset Based Approach to Improving Health and Wellbeing** DE gave a presentation on the above (copy to be circulated with minutes). There is increasing emphasis in current policy on not just looking at the needs and deficits but taking a community development approach to identify and develop community strengths. Health profiles issued last week benchmark on: - Marmot Review of Health Inequalities – participation highlighted. DE asked whether the balance was currently right. Discussion took place on how to	

	move matters forward in our work programme. If community groups felt unable to participate there was a need to look at how this could be taken forward and build resilience. It was agreed to - look at opportunities to build this approach into the JSNA - delivery programmes reflect some of the work that is ongoing and how we strengthen. - Build community engagement and development approach into the working of the Health and Wellbeing board.	
11	**Feedback from HBC Senior Managers Health Event 27.6.11.** DJ gave feedback from the event to engage HBC staff in the public health agenda. This included - Opportunity for services to look at the Public Health agenda, work in partnership and look at efficiencies. - Professionally look at efficiencies/opportunities to deliver services in a different way through departments/organisations. - Share ideas going forward and have discussions with partner organisations. Hold similar events with voluntary organisations to prepare for 2013. EB advised from the evaluation forms a number of individuals had stated they would take action immediately. DJ advised a further meeting was planned and an action plan developed. A wider series of events will be organised. An update would be given at the next meeting.	**DJ**
12	**NWPHO Health Profile 2011** EO'M circulated two documents relating to the health profile. It was noted this information was a snapshot and did give year on year information. Discussion took place over profiles, DS advised self harm was being captured elsewhere. DE advised she had been asked to add to the profile by the PCT management team. EO'M confirmed some of the data was out of date: excess winter deaths – this had actually improved but was not reflected in the data. More up to date data was available in the Health JSNA. Please find the link to the JSNA below. www.halton.gov.uk/jsna	
13	**Any Other Business** **Safer Halton Budget Meeting** – DJ advised it had been agreed due to a number of schemes coming to an end, business cases should be presented to the LSP for further funding. There could be slippage in the current budget; if this was the case the LSP will consider this for 2013. Consideration needed to be given to schemes that we wanted to continue beyond 31 March 2011. DL stressed the need to ensure that SLA's were in place as soon as possible for existing projects.	
14	**Date of Next Meeting** The next meeting will take place on Thursday, 8th September at 9.30-11.30 am, The Willow Room, First Floor, Municipal Building, Widnes	

REPORT TO: Health Policy & Performance Board

DATE: 8th November 2011

REPORTING OFFICER: Strategic Director, Communities

SUBJECT: Redesign of Community Nursing Services

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform the PPB of the changes to community nursing services provided by Bridgewater Community NHS Trust resulting from the redesign and re-specification of those services.

2.0 **RECOMMENDATION: That the PPB note the content of this report.**

3.0 **SUPPORTING INFORMATION**

3.1 Mr David Tanner, Head of Community Commissioning, NHS Halton and St Helens will deliver a presentation to explain the proposed changes to the community nursing services and how they will impact and achieve the maximum benefit for patients.

4.0 **POLICY IMPLICATIONS**

4.1 National policy (Government Changes in Response to the NHS Future Forum) has placed a duty on emerging Clinical Commissioning Groups to work with Local Authorities to promote integrated services for patients, both within the NHS and between health, social care and other local services.

4.2 The redesign of the community nursing service will establish neighbourhood (clusters of GP practices) based integrated nursing teams. This provides the foundation for further integration of health and social care services in to Community Multidisciplinary Teams (CMDTs).

4.3 The Mersey PCT Cluster has also expressed that establishing such integration is one of the main priorities for 'out of hospital care' over the next 12-18 months

5.0 **FINANCIAL IMPLICATIONS**

5.1 The redesign of Community Nursing Services has been achieved within the existing resources identified in the health contract.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The specification for Integrated Nursing Services is an 'all age' specification for general nursing needs

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

None identified.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 Risks to the successful delivery of the project were identified at an early stage and have been managed throughout the development process. These have been largely operational issues that have been successfully dealt with. In a similar fashion, any implementation risks will be recorded and managed appropriately. None of these are sufficiently significant to warrant inclusion on the PCT's corporate risk register.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 There is a duty in the overarching NHS Contract for Community Services, which governs this specification, for the provider to ensure all services are fully compliant with relevant legislation.

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

None under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 8 November 2011

REPORTING OFFICER: Strategic Director, Communities

SUBJECT: Learning Disability Partnership Board – Annual Self Assessment Report 2010/11

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the Board with the Valuing People Now: Partnership Board Annual Self Assessment Report 2010-11 and outline the process involved in its completion.

2.0 **RECOMMENDATION: That the Board note the contents of the report**

3.0 **BACKGROUND INFORMATION**

3.1 The Partnership Board Annual Self Assessment Report is an optional requirement for all Learning Disability Partnership Boards to complete in order to determine progress on implementing Valuing People Now.

3.2 In 2009/10 all Partnership Boards in England submitted a return to their regional Programme Boards. In December the Department of Health published Valuing People Now: Summary Report March 2009-September 2010 which incorporated findings from the self assessments.

3.3 The national and regional infrastructure to ensure progress in delivering Valuing People Now ended earlier this year. The Coalition Government has confirmed its ongoing support for the policy.

3.4 In the North West region, local authorities are continuing to support the work of the North West Training and Development Team to promote the rights of people with learning disabilities and share good practice across the region.

3.5 The Improving Health and Lives: Learning Disabilities Observatory is collating the 2010/11 assessments on behalf of the Department of Health.

4.0 HALTON'S SELF ASSESSMENT

4.1 The self assessment has been completed by relevant officers of the Council and senior managers of NHS Halton & St Helens. Members of the Partnership Board, including senior officers, elected members, people with learning disabilities and family carers and, had the opportunity to comment on and amend the report prior to its formal sign off by the Co-Chairs, and representatives for family carers and adults with learning disabilities.

4.2 The self assessment was submitted to the Learning Disabilities Observatory by the 29th July deadline and a copy is attached as Appendix 1.

5.0 POLICY IMPLICATIONS

5.1 Linked to the implementation of Valuing People Now, a number of strategies/policies have been and will continue to be developed. Progress will be overseen by the Communities Directorate, Senior Management Team as well as the Partnership Board.

6.0 FINANCIAL IMPLICATIONS

6.1 To support progress of Valuing People Now, commissioning responsibility for non-health related services transferred from the PCT to the Council in April 2009. From April 2011, the funding for these services has passed directly to the Council as the non-ring fenced Learning Disability Health Reform Specific Grant.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 Children & Young People in Halton

The principles of Valuing People Now relate to adults with learning disabilities, however, adult social care starts to have contact with children at age 14 when they commence the transition period from Children Services to Adult Social Care. The self assessment and policies referred to in 4.00 above will have a positive impact for these young people with a learning disability in Halton.

7.2 Employment, Learning & Skills in Halton

Valuing Employment Now was published in June 2009 and a number of local recommendations and work priorities were identified to further employment opportunities to offer paid work rather than voluntary placements for people with learning disabilities. This remains a priority within the Partnership Board Business Plan 2011-2013.

7.3 **A Healthy Halton**

The health of people with learning disabilities is a key priority in Valuing People Now and the Primary Care Trust in conjunction with family carers and people with learning disabilities is required to complete a separate annual Health Self-Assessment. From this and the Partnership Board Self Assessment an action plan will be developed to have a positive impact on the health of people with learning disabilities and their families in Halton. A PCT led steering group, which includes representation from Council managers, will oversee implementation.

7.4 **A Safer Halton**

None identified.

7.5 **Halton's Urban Renewal**

None identified.

8.0 **RISK ANALYSIS**

8.1 Completion of the self assessment is not mandatory but the exercise last year demonstrated the value gained in measuring Halton's progress in delivering Valuing People Now and informing work priorities. In view of this the Partnership Board felt that the assessment should be completed again for 2010/11.

9.0 **EQUALITY AND DIVERSITY ISSUES**

9.1 Valuing People Now addresses issues of equality and diversity for adults and young people with learning disabilities. The policy extends beyond health and social care to promote the rights of people with learning disabilities to access all mainstream services and be active participants in their local community.

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

Document	**Place of Inspection**	**Contact Officer**
Valuing People – Department of Health 2001	Runcorn town Hall	Angela McNamara Divisional Manager Commissioning
Valuing People Now – Department of Health 2009	Runcorn town Hall	Angela McNamara Divisional Manager Commissioning

APPENDIX 1

VALUING PEOPLE NOW

Local Learning Disabilities Partnership Board annual self assessment report

2010/11

Background

- In the Valuing People Now summary report (DH 2010) for 2009/10 the Care Services Minister said the report gave clear information so that local people can see what progress has been made and improve services for people with learning disabilities.
- All 152 partnership boards completed the report. This showed that partnership boards wanted to improve services everywhere. There were many examples of best practice.
- Good practice examples were in the summary report. They showed how people's lives could improve and how efficiencies could be made.

Why complete an annual self assessment report ?

- Local partnership boards can use information from their annual reports to make sure people with learning disabilities are represented in the new health and social care structures.
- The report will help partnership boards give clear information to the new local Health and Wellbeing Boards, HealthWatch, GP commissioners and the new health and social care outcomes frameworks.
- The reports will also make sure that key partners including people with a learning disability and family carers, their support organisations and a wide range of local agencies and providers work

together to make sure that the local delivery of Valuing People Now continues to be strong.

Changes to 2010/11 template

- You told us that you wanted some changes to the annual report form. This was to make it easier to complete. This would also mean that partnership boards and local authorities did not have a lot of extra work to do. The 2010/11 form concentrates on collecting information on **health, housing and employment.**
- The key questions are more straightforward and ask for less detail. This means the form is shorter. Local areas can add more information if they wish.

Benefits of local self assessment

- There is clear information on progress locally and where more action is needed on health, housing and employment.
- There is up to date information to use in local learning disabilities delivery plans.
- Information is available for Health and Wellbeing Boards to use in setting local targets and commissioning.
- There is evidence in each area for health and social care outcomes frameworks.
- Information is clear and available to everyone.

What Information to collect

- All information is about the financial year 1 April 2010 until 31 March 2011 unless the report says otherwise.
- Most information asked for will already be collected by councils and health services, so ask local learning disability leads in councils and PCTs first.

Who can access the annual self assessment reports?

- All local partnership boards are being encouraged to send their reports to the Learning Disabilities Observatory. The Observatory is funded by the Department of Health for three years (March 2010 to March 2013) to collect and publish information on the health and care of people with learning disabilities.
- All partnership board reports received by the Learning Disabilities Observatory will be published on the Observatory's website – www.ihal.org.uk
- The Department of Health is talking to the Observatory whether it will also be possible for the Observatory to publish an analysis of the reports received.

Name of learning disability partnership board: **Halton Adult with Learning Disabilities Partnership Board** Website address (if available):
Name of Local Authority: **Halton Borough Council** Name of Primary Care Trust/s: **NHS Halton and St Helens**
Name and contact details of partnership board lead officer: **Liz Gladwyn** Email: liz.gladwyn@halton.gov.uk Telephone: **01928 704433**

1.Local picture

1.1 Does your JSNA contribute to your understanding and commissioning plans for achieving Value for Money?

Yes	√	No	

If yes, state the key actions that are planned to achieve value for money in services commissioned / planned for people with learning disabilities:

- Develop workforce skill sets to offer local support to meet the complex needs of adults and young people in specialist out of area placements wishing to return to Halton.

- Access to early intervention and preventative support for older families of people with learning disabilities not currently known to services.

- Work with local voluntary sector and mainstream services to explore how they can offer greater flexibility in their service delivery to meet the potential demand of those purchasing support through personal budgets

If no – state plans to meet this requirement:

1.2 Number of adults with a learning disability who are known to the Local Authority

	Number
Age 18 to 64	**414**
Age 65+	**45**
Male	**247**
Female	**212**

Based on the number of adults with a learning disability who will have received an assessment or review from 1st April 2010 – 31st March 2011.

1.3 Number of young people (aged 14-18 years) with a learning disability

218

The local authority supports:

- 217 young people aged 14-18 years with a learning disability as of 31.3.2011 through a Statement of Special Educational Needs. This can be either through additional funding or through specialist provision

- 1 young person aged between 14-18 years with a learning disability through School Action Plus Enhanced provision. This is additional support to a school without the necessity of issuing a Statement of Special Educational Needs.

- The number of young adults with a learning disability expected to require support from Adult Social Care is fairly static at 8-10 per year but the complexity of the level of needs is increasing.

1.4 What are the top 3 priorities relating to people with learning disabilities highlighted in your JSNA ?

1. Increase training and employment opportunities. In Halton (2009/10) 3.7% of adults with learning disabilities are in employment. Nationally the figure is 6.8% and regionally 5.2%. (2010 performance has increased above these levels – see 4.1).

2. Addressing the complex needs of young people with profound learning and physical disabilities transferring to adult services

3. Adults with learning disabilities generally suffer poorer physical health than the general population, experience health inequalities through difficulties in accessing generic healthcare and screening programmes and have a shorter life expectancy. Develop a more effective range of community support services to enable people to avoid hospital admissions and, where this is not possible, to provide a fair, personal, effective and safe in-patient service

1.5 What is the local budget for services for adults with a learning disability?

	2010/11	**2011/12**
Social care	**£-**	**£13.10**
Health care	**£-**	**£-**
Joint	**£13.47m**	**£-**
Total	**£13.47m**	**£13.10m** **(Campus Re-provision Grant ended 31/3/11)**

1.6 Personalisation

How many adults with learning disabilities (known to social care) have a personal budget ?

2009/10	**2010/11**
5	17

1.7 Do children's services offer personal budgets ?

Yes	√	**No**	

1.8 How many young people aged 16-18 receive direct payments ?

2009/10	2010/11
29	26

4 new direct payments were awarded to young people.
2 became the responsibility of adult social care and are included in 1.6 above

2. The health of people with learning disabilities

2.1 Have you completed the regional health self-assessment and performance framework for 2010 /11 ?

Yes	No	In progress
√		

Where can it be found ? Please provide website or lead contact details :

On the PCT's website (www.haltonandsthelenspct.nhs.uk) under the "adult learning disability services" section of the "Your Services" tab.

Lead Contact:
Chris Bean
Senior Commissioning Manager, Partnership Commissioning
NHS Halton and St Helens
Chris.bean@hsthpct.nhs.uk
Tel: 01928 593 635

2.2 If you have answered 'in progress' or no, indicate when you expect this assessment to be started or completed

Started _____ **Completed** _____

2.3 If you have answered yes, please complete the following summary table based on the most recent results of that assessment.

RAG rating	Red	Amber	Green
NHS campus closure		√	
Addressing health inequalities		√	
Making sure people are safe		√	
Continuing to achieve other Valuing People Now health commitments		√	

2.4 How many adults with learning disabilities got an annual health check?

2009/10	2010/11
303	419

2.5 Please give details of the overall headline health needs of people known to services - from regional health self-assessment and performance framework.

The regional feedback can be found on the PCT's website (www.haltonandsthelenspct.nhs.uk) under the "adults learning disability services" section of the "Your Services" tab.

2.6 Local programmes/ developments supporting better health which have had the most positive outcomes (include lead contact details to share best practice):

- Health Checks – their continued promotion has resulted in 116 more checks being completed in 2010/11 compared to 2009/10 which is a 38% increase. Further engagement with services will be undertaken in 2011/12 as the number completed is about a third of the primary care learning disability register (circa 1,300).

- Positive Behaviour Support Service – the establishment of a service to work with individuals, family carers and professionals to promote the values set out in *Valuing People*, specifically to uphold people's rights; promote social inclusion and participation; promote individual choice and maintain and develop independence; recognising that people have a right to be treated with respect and dignity.

3. Where people live

3.1 Do you have a comprehensive learning disability housing needs analysis that is part of the local authority housing strategy?

Yes		**No**		**In progress**	√

3.2 If you answered yes, is this part of the local Joint Strategic Needs Assessment (JSNA) ?

Yes		**No**	

3.3 The proportion of people with learning disabilities living in their own home or with family

Number	% 2009/10	% 2010/11	% 2011/12 (projected)
	79.57	79.47	80

3.4 Percentage of overall learning disabilities social care spend used to fund residential and nursing home placements:

2009/10	2010/11	2011/12 (projected)
16. 6%	19.3%	19%

3.5 Please give data to show numbers of people (known to health and social care) living outside the local authority area:

Type of accommodation	Numbers	Cost
In residential settings	8	£677,170
In nursing home placements	1	£31,130
In supported living	8	£388,210
Other please state (Adult Placement)	1	£25,070
Totals	18	£1,121,580

3.6 Number of young people (aged 14-25 years) in out of area specialist education placements
14

3.7 Ordinary residence disputes (social care and health)

Ordinary residence disputes total	As a placing authority	As a host authority
	1	

3.8 What percentage of your market (in terms of expenditure) is provided by :

	%
In house (Local Authority)	38
3rd sector / charities (not for profit)	26
Private/ independent sector (for profit)	36
Other please state	-

3.9 Do you have a current local housing plan to support more people into supported living?

Yes	√	**No**	

If yes how many people will move into supported living during the next 3 years ?

15

3.10 Describe your local housing plans for people with learning disabilities during the next 5 /10 years:

- Work with RSL's to increase supply of accessible social housing
- Increase supply of Extra Care Housing
- Improve available information in a range of formats so people understand all available housing options
- Increase range of support to enable people to remain in their own home e.g. Community Network Schemes

3.11 Summary of best practice and / or plans to support changes in local housing provision and use of resources (including lead contact details for sharing best practice):

- Extra Care Scheme – anticipated completion Autumn 2012 for age 55+ to help address the needs of an ageing population
- Capital grant available outside HCA building framework to develop 2/3 bed wheelchair standard bungalow in next 12-18 month
- Partnership working with RSL's to identify and maintain an accessible homes register

4. Employment

4.1 Please show the proportion of people with learning disabilities in paid employment (including being self-employed) known to local authorities

Category	Total %	2009/10	2010/11	2011/12 (projected)
Working as a paid employee or self-employed (Less than 16 hours per week)	7%	33	31	Not yet available
Working as a paid employee or self employed (16 hours or more per week)	0%	0	0	Not yet available
Total	7%	33	31	Not yet available
Working as a paid employee or self-employed and in unpaid voluntary work	4%	16	16	Not yet available
In unpaid voluntary work only	17%	67	69	Not yet available

The above figures are based on adults aged 18-64.
The total % column has been calculated using the 2010/11 figure divided by 414 (number of adults aged 18-64 with a learning disability)

4.2 Do you have an up-to-date local employment strategy for people with learning disabilities in line with Valuing Employment Now: real jobs for people with learning disabilities?

Yes		No	√

Halton does not have a specific local employment strategy for people with learning disabilities, our approach is to support all people finding it difficult to find a job and we tailor our support according to the needs of the individual.

4.3 Are you implementing a plan for each young person aged 14-25 to get a job when they leave education? Evidence for this could include:

- **People getting paid jobs or self-employment when they leave education;**
- **Young people doing meaningful work experience in community-based settings;**
- **Support for young people to do paid evening and weekend jobs;**
- **Supported employment agencies working with schools for age 14;**
- **Person-centred transition planning with an employment focus as per *'How to guide: learning from the Valuing People Now employment demonstration sites', HMG, March 2011* (*www.valuingpeoplenow.dh.gov.uk/webfm_send/463*)**

Yes	√	**No**	

- As a result of the Transition Sub Group we have ensured that the college provides a broad range of vocational courses from foundation studies (pre level 1) upwards which includes work experience/tasters in community based settings with a view to employment being the progression route out of college

- The Transition Group is looking into social enterprises and job coaches

- Liaising with the Provider Federation to look at how young people with learning disabilities can access foundation learning and apprenticeships and whether any good practice exists across Greater Merseyside

- There is a new "Access to Apprenticeships" coming out in August and are awaiting further guidance on this

- Community Bridge Building Team provide voluntary work placements

- Halton Speak Out have secured funding to support a "Getting a Life" project with the focus being employment and they will work

with about 15 young people. This project runs from April 2011 - April 2014

- Job Centre Plus have a Work Programme and Work Choice

4.4 Total local authority spend on day services

£**1,904,333**

4.5 Total local authority spend on supported employment

£**67,539**

In Halton the Enterprise and Employment Division lead on employment for all disabled people and spend solely for learning disabilities is not easily identifiable – see 4.6 below for details of available support into employment.

4.6 Local models/ programmes used which have successfully supported people into employment (include lead contact details to share best practice)

Halton People into Jobs is the Council's job brokerage service that helps residents to find, secure and retain employment with local employers. As a Matrix accredited Information Advice & Guidance (IAG) provider, Halton People into Jobs has a team of 15 skilled and experienced advice and guidance employment officers that are qualified to at least NVQ Level 3 and who provide advice and guidance on all issues ranging from jobs and careers, learning & skills development, business start-up and self-employment. Working in partnership with Greater Merseyside Connexions Service, Halton People into Jobs has a Learning and Skills Council Next Step contact to provide advice and guidance to residents unemployed or in work that are aged 18 years and over.

Provision for people with disabilities:

Halton People into Jobs can also support customers via the Specialist Journey through the provision of specialist disability and self employment provision. Halton People into Jobs has a team of 17 job brokers, all of whom are qualified to NVQ3 in Advice & Guidance and are experienced in dealing with all customer groups to be supported by the Work Programme, whilst 6 job brokers have extensive experience of providing specialist supported employment services for disabled people.

- Steps2Work – designed to improve the employability skills of disabled adults who have an enduring mental health condition. Funding ends on 31st March 2011.

- Skills Boost – supports the delivery of an integrated employment and skills system by maximising opportunities for local people, from priority wards and disadvantaged priority groups to gain access to sustainable employment. Funding ends on 31st March 2011.

- Supported Employment – this project's aim is to find employment for people with a disability including learning disabilities, mental health conditions and people who have a physical and sensory disability

- Employment Retention Service – aim of this project is to reduce the numbers of people leaving work and moving on to Incapacity Benefit as a result of a health condition or disability by providing job retention advice to the employer and the employee. The support offered enables people that have a health condition or disability to enter, remain in or quickly return to work. Two officers work on this project, one a Job Retention Specialist and the other a Disability Specialist, with an excellent working knowledge of Access to Work and other initiatives. Funding ends of 31st March 2011.

Halton People into Jobs will be delivering the Work Programme in Halton via a sub contract arrangement with the two successful Prime Contractors, Ingeus Deloitte and A4e. Delivery will commence in early July 2011.

5. North West Priority – Friendships, Relationships, Citizenship

5.1 Changing Places

Number and location of Changing Places:

- **Grangeway Community Centre**
- **Murdishaw Community Centre**
- **Upton Community Centre**
- **Independent Living Centre**
- **Kingsway Leisure Centre**

Are the details of these available on the NWTDT and or Changing Places website?

Details forwarded to be added to their website(s)

5.2 Hate Crime

Number of Hate Crime reports filed with the police against people with a learning disability from your Partnership Board area:

- From April 2010 to March 2011, there were a total of 92 hate incidents reported, with 3 of those being related to disability. The under reporting of disability hate crime incidents is a national issue and not unique to Halton. The Halton Strategic Partnership has developed a Hate Crime Reduction Strategy and along with partners, has been working with colleagues to increase the number of community reporting centres; identifying agencies and organisations that residents already use and then training staff within these. The Partnership has also been working with local organisations and their clients to empower them to report incidents no matter who the culprit may be.

Is there a formal link between your Partnership Board and the Adult Safeguarding Board?

- Yes

How does this link work?

- The Divisional Manager for Assessment and Care Management, who is a member of the Learning Disability Partnership Board is also a member of the Safeguarding Adults Board and can put forward items for the Safeguarding Adults Board agenda at any time.

- The Safeguarding Adults Coordinator receives the agenda and minutes for each Learning Disability Partnership Board meeting

- Safeguarding Adults is a standing item on the Learning Disability Partnership Board agenda

- The Safeguarding Adults Coordinator attends a Learning Disability Partnership Board meeting twice a year to provide an update on progress of the local Safeguarding Adults agenda, including presentation of the Safeguarding Adults Board's Annual Report to the

Learning Disability Partnership Board and People's Cabinet and to take any comments back to the Safeguarding Adults Board or initiate actions

- The Safeguarding Adults Coordinator has the opportunity to put forward items for the Learning Disability Partnership Board agenda for each meeting

5.3 Friendships and Relationships

Is there a strategy in your area to support the development of Friendships and Relationships?

Work has started on producing accessible information to support a scheme of work being carried out during the last two years of school and the first year of college. This is designed to look at all aspects of relationships and friendships.

The development of a strategy to consolidate current work would be advantageous for the forthcoming year.

How does this work?
For example: do Person Centred Plans and support plans reflect the importance of friendships? Is training given; to staff? to people with disabilities? to families?

The Having a Life project (based on the Getting A Life Project) has a vision that by March 2014, there will be more examples of young people with severe learning disabilities working in paid employment, living full lives, enjoying friendships and relationships and that we will have demonstrated what needs to happen at a local, regional and national level to make this a reality for people.

Person Centred Plans and Support Plans reflect the importance of friendships and relationships. These are completed with the individual, their family plus paid and unpaid support.

Health staff have had training on sexual health and relationships. As part of the wider work being undertaken, group sessions for women and men **plus** staff, have been carried out within day services and with a local carers group. One to one sessions are undertaken when required.

5.4 People with very high support needs

How does your board make sure it includes the needs and views of people with very high support needs, profound disabilities and challenging behaviours , and those of their families in it's work?

There is a newly developed 'Positive Behaviour Support Service' based in Halton. It is aimed at those people who receive services who have a learning disability and who also present with behaviour that challenges services and working alongside their families. The service is available to all age groups and there is a specialist children's arm and a specialist adult's arm of the service. People receiving services and their families residing in Halton, Knowsley and St Helens (adults only) and people receiving services from NHS Halton and St Helens are able to access the service and Halton Borough Council is the service provider. The Board has a specific steering group for people with profound learning disabilities working closely with families.

5.5 Ethnic minorities

How does your board make sure it reflects the needs and issues of the local ethnic minorities in your area?

Halton has a relatively small Black and Minority Ethnic Community. From data taken from Census 2001, 98.8% of Halton's population would state their ethnic group as white. The board ensures a personalised approach in relation to the needs of ethnic minorities. We will spot purchase any services required and tailor them to the needs of the individual. For instance, we would make use of interpreters, have documents such as support plans, translated in to a particular language on request. We would address individual religious spiritual or dietary needs for instance.

Does the board itself reflect those minorities?

The Board does reflect on people with ethnic minorities in all its strategic planning processes.

6. Other local developments/ good practice of note

Briefly highlight any other developments / good practice that you would like to highlight for sharing, including lead persons contact details (this may include regional and locally agreed priorities). It would be very helpful to show good practice which involves family carers :

- An evening was carried out with a local group of carers and individuals with a learning disability, to look at men's and women's health.
- Learning Disability week was used to raise awareness within the acute trust regarding people with learning disabilities and support they might need.
- The Big Health Day has happened in Halton and feedback was received from self advocates and carers on how they think things are going in Halton.
- The Halton Health Passport was officially launched in June.
- GP surgeries are being supported to carry out the annual health checks for people with a learning disability by the health workers within the Adult Learning Disability Team.

7. Declaration/ agreement

Name of Partnership Board:

We confirm that we have been engaged in the completion of the annual report and confirm the data and information given in this report are accurate (as far as is known) and that this report has been agreed by Board members.

It was formally agreed at a meeting of the Partnership Board on:

Signed (Co- chairs): Cllr Wright and A.Stringer

Print full name Councillor Marie Wright

Print full name Adam Stringer

On behalf of members with a learning disability :

Signed : L. Green

Print full name : Laura Louise Green

Comments :

On behalf of members who are family carers :

Signed : D.A Hines

Print full name David Albert Hines

Comments :

To improve access to information and to share best practice you may wish to publish your report on the Learning Disabilities Observatory funded by the Department of Health to collect information on the health and care of people with learning disabilities. The website is at www.ihal.org.uk.

Please send your completed report or a link to the report on a local website to the following email address: partnershipboardreport@ihal.org.uk

If you have any queries, please send a message to this email address, or contact Professor Gyles Glover, Director of the Observatory on: 0191 334 0400.

Please send your report by 29 July **2011.**

REPORT TO: Health Policy & Performance Board (HPPB)

DATE: 8th November 2011

REPORTING OFFICER: Strategic Director, Communities

SUBJECT: 'Caring for our Future: Shared ambitions for care and support' Consultation

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide HPPB with an overview of the Government's *Caring for our Future: Shared ambitions for care and support* consultation document.

2.0 **RECOMMENDATION: That the Members**

i) Note contents of the report; and

ii) Make comment as appropriate, in response to the consultation questions for inclusion into the local response.

3.0 **SUPPORTING INFORMATION**

3.1 On 15 September 2011, the Government launched *Caring for our Future: Shared ambitions for care and support* – an engagement with people who use care and support services, carers, local councils, care providers, and the voluntary sector about the priorities for improving care and support.

3.2 *Caring for our Future* is an opportunity to bring together the recommendations from :-

- The Law Commission (published in May 2011) : The Commission report said that adult social care law is outdated and confusing, making it difficult for people who need care and support, their carers and local authorities to know what they are entitled to. It recommended bringing together all the different elements of social care law into a single, modern, adult social care statute.

- The Commission on the Funding of Care and Support (published in July 2011): The Commission recommended that the amount that people have to spend on care over their lifetimes should be capped, although people in care homes should continue to pay a contribution towards their living costs. The Commission also recommended that the current

system of means-tested support should be extended, so that more people can get additional help in paying for care.

- The Government's Vision for Adult Social Care (published in November 2010)

3.3 The recommendations from these Commissions etc will be used as a basis for exploring what the priorities for reform should be and the HPPB are invited to comment on the consultation to inform these future discussions.

3.4 The Government have identified six areas where they believe there is the biggest potential to make improvements to the care and support system, as follows:-

3.4.1 **Improving quality and developing the workforce**

How can the quality of care be improved and how can the workforce be developed in order to do this?

3.4.2 **Increased personalisation and choice**

How can people be given more choice and control over the care and support they use and help make informed decisions?

3.4.3 **3.4.3 Ensuring services are better integrated around people's needs**

How can better connections be built locally between the NHS and other care services?

3.4.4 **Supporting greater prevention and early intervention**

How can more effective prevention and early intervention support be given to keep people independent and in good health?

3.4.5 **Creating a more diverse and responsive care market**

How can we ensure that there is a wide range of organisations that provide innovative and responsive care services?

3.4.6 **The role of the financial services sector in supporting users, carers and their families**

What role can the financial services sector play in supporting care users, carers and their families?

3.5 As part of *Caring for our Future*, the Government also want to hear people's views on the recommendations made by the Commission on Funding of Care and Support and how these proposals should be assessed, including in relation to other potential priorities for improvement. The Commission's recommendations present a range

of options, including on the level of a cap and the contribution that people make to living costs in residential care, which could help to manage the system and its costs.

3.6 As this is such an important issue for the Local Authority and its partners, in relation to the future provision of Adult Social Care, Halton wish to submit a local response to the consultation exercise and as such Halton Council Social Care Divisional Managers, Commissioners, Workforce Development staff, Key Health Stakeholders (5 Borough Partnership, Hospitals, PCT and Public Health), Domiciliary Care and Residential Care providers and Registered Housing Providers were invited to comment on the consultation questions.

Opportunities have also been taken to raise the consultation with partners during events/meetings that were already scheduled e.g. Health Partnership Board held on 13th October 2011.

A full list of consultation questions can be found in **Appendix 1**

3.6 The engagement exercise will run until early December, but the Government are asking for written comments as early as possible in order to inform discussions. **The deadline for written comments is 2nd December 2011**

3.7 The discussion will inform a Government White Paper on Social Care reform and a progress report on Funding Reform that will be published in **Spring 2012**.

3.8 Further details regarding the engagement exercise can be found on the DoH Website at the following link:

http://caringforourfuture.dh.gov.uk/

The Commission on Funding of Care and Support report can be found at :

http://www.dilnotcommission.dh.gov.uk/our-report/

4.0 POLICY IMPLICATIONS

4.1 Whilst the detail of the implications for the Local Authority will not be known until the White Paper is published, it can be assumed that there will be a number of potentially significant implications for the Council.

4.2 Local HealthWatch, which the Local Authority will be both accountable to and accountable for, may have a role to play in supporting any changes as a result of the White Paper.

4.3 In particular, HealthWatch may have a role in supporting people to have more choice and control over the care and support they use by

providing help to make informed decisions, ensuring services are better integrated around people's needs and improving quality through HealthWatch's role in gathering information and submitting recommendation reports.

4.4 The Health and Wellbeing Board and Clinical Commissioning Groups will have a role to play in supporting any changes that are identified in the forthcoming White Paper, with the Joint Strategic Needs Assessment indentifying where prevention measures could be put in place.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Until the White Paper is published it is not possible to indentify specific financial implications, however making changes to the funding system for care and support, as discussed in the Commission on Funding of Care and Support's report, would impact on all aspects of the care and support system.

5.2 The financial implications of the White Paper will need to be considered along side competing priorities in the current financial climate. These implications may be come clearer with the progress report on Funding Reform due in Spring 2012.

5.3 One of the recommendations contained within the Law Commission report published in May 2011, was a recommendation concerned with *'building a single, streamlined assessment and eligibility framework',* which would lead to the potential of significant financial and resource implications for not only Halton but nationally.

5.4 Other potential implications may include:

- Greater role for commissioners in developing the care and support market in order to meet diverse and increasing needs.
- De-commissioning of existing services.
- Relationship building/management locally between the NHS and other care services – in a time where there is a lot of organisational change in all sectors.
- Establishing relationships with financial services in supporting care users, carers and their families – demystifying the financial support sector.
- Impact on social care staff in terms of their training, development and registration requirements
- Impact on the Complaints process and quality of information

- Greater emphasis on the work associated with early intervention and prevention (i.e. Team around the Family approach)

- Impact on the role of the Local HealthWatch, Health and Wellbeing Board and Clinical Commissioning Group in terms of supporting any changes that are identified in the forthcoming White Paper, as a result of this consultation.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The consultation is only concerned with Adult Social Care

6.2 Employment, Learning & Skills in Halton

There may be employment opportunities developed as a result of developing the care and support services market to meet increased and diverse needs. This may also impact on workforce development.

6.3 A Healthy Halton

Any changes as a result of the consultation will impact directly on the health and wellbeing of Halton residents in how they access care and support services and what services are to be made available.

6.4 A Safer Halton

The consultation does not impact on community safety

6.5 Environment and Regeneration in Halton

Depending on the outcome of the consultation the impact on urban renewal is not yet known. Physical outlets for delivery of care and support services may need to be adapted, increased etc

7.0 RISK ANALYSIS

7.1 Until the White Paper is published it is not possible to identify specific risks at this time. However, with any significant changes to care and support appropriate risk and impact assessments will need to be undertaken as part of any change.

8.0 EQUALITY AND DIVERSITY ISSUES

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

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

Document	Place of Inspection	Contact Officer
Caring for our future: shared ambitions for care and support	http://caringforourfuture.dh.gov.uk/	Louise Wilson
The Commission on Funding of Care and Support report	http://www.dilnotcommission.dh.gov.uk/our-report/	Louise Wilson

Appendix 1

Caring for our Future

Consultation Questions

1. What are the priorities for promoting improved quality and developing the future workforce?

a. Should there be a standard definition of quality in adult social care as quality can often be interpreted differently? What do we mean by it and how should it be defined? How could we use this definition to drive improvements in quality?

b. How could the approach to quality need to change as individuals increasingly fund or take responsibility for commissioning their own care? How could users themselves play a stronger role in determining the outcomes that they experience and designing quality services that are integrated around their personal preferences?

c. How could we make quality the guiding principle for adult social care? Who is responsible and accountable for driving continuous quality improvement within a more integrated health and care system?

d. What is the right balance between a national and local approach to improving quality and developing the workforce? Which areas are best delivered at a national level?

e. How could we equip the workforce, volunteers and carers to respond to the challenges of improving quality and responding to growth in demand? How could we develop social care leadership capable of steering and delivering this?

f. How could we improve the mechanisms for users, carers and staff to raise concerns about the quality of care? How could we ensure that these concerns are addressed

2. What are the priorities for promoting increased personalisation and choice?

a. How could we change cultures, attitudes and behaviour among the social care workforce to ensure the benefits of personal budgets, including direct payments, are made available to everyone in receipt of community based social care? Are there particular client groups missing out on opportunities at the moment?

b. What support or information do people need to become informed users and consumers of care, including brokerage services? How could people be helped to choose the service they want, which meets their needs and is safe

too? How could better information be made available for people supported by public funds as well as those funding their own care?

c. How could the principles of greater personalisation be applied to people in residential care? Should this include, as the Law Commission recommends, direct payments being extended to people [supported by the State] living in residential accommodation? What are the opportunities, challenges and risks around this?

d. How could better progress be made in achieving a truly personalised approach which places outcomes that matter to people, their families and carers at its heart? What are the barriers? Who has responsibility and what needs to change (including legislative

3. How can we take advantage of the Health and Social Care modernisation programme to ensure services are better integrated around people's needs?

a. What does good look like? Where are there good practice-based examples of integrated services that support and enable better outcomes?

b. Where should services be better integrated around patients, service users and carers – both within the NHS, and between the NHS and local government services, in particular social care (for example, better management of long term conditions, better care of older people, more effective handover of a person's care from one part of the system to another, etc)?

c. How can integrated services achieve better health, better care and better value for money?

d. What, if any, barriers to integration should be removed, and how can we incentivise better integration of services at all levels?

e. Who needs to do what next to enable integration to be progressed in a pragmatic and achievable way?

f. How can innovation in integrated care be identified and nurtured?

4. What are the priorities for supporting greater prevention and early intervention?

a. What do good outcomes look like? Where is there practice-based evidence of interventions that support/enable these outcomes?

b. How could organisations across the NHS and Local Government, communities, social enterprises and other providers be encouraged and incentivised to work together and invest in prevention and early intervention including promoting health and wellbeing?

c. How could we change cultures and behaviour so that investment in prevention and early intervention is mainstream practice rather than relying on

intervention at the point of crisis? How could we create mechanisms that pay by results/outcomes?

d. How could individuals, families and communities be encouraged to take more responsibility for their health and wellbeing and to take action earlier in their lives to prevent or delay illness and loss of independence? How could we promote better health and wellbeing in society?

e. How could innovation in prevention be encouraged, identified and nurtured?

5. What are the priorities for creating a more diverse and responsive care market?

a. How would you define the social care market? What are the different dimensions we need to consider when assessing the market (e.g. type of provision, client group, size of provider, market share)?

b. How could we make the market work more effectively including promoting growth, better information for commissioners (local authorities and individuals), improved quality and choice and innovation?

c. Does there need to be further oversight of the care market, including measures to address provider failure? If so, what elements should this approach include, and who should do it?

d. Looking to the future, what could be the impacts of wider reforms on the market? What possible effects would the following have on the market: the recommendations of the Dilnot Commission's report, the roll out of personal budgets and direct payments, and the drive to improve quality and the workforce?

6. What role could the financial services market play in supporting users, carers and their families?

a. In the current system, what are the main barriers to the development of financial products that help people to plan for and meet the costs of social care?

b. To what extent would the reforms recommended by the Commission on Funding of Care and Support overcome these barriers? What kinds of products could we see under such a system that would be attractive to individuals and the industry?

c. What else could Government do to make it easier for people to plan financially for social care costs?

d. Would a more consistent system with nationally consistent eligibility criteria, portability of assessments and a more objective assessment process support the development of financial products? If so, how?

e. Would the reforms recommended by the Commission on Funding of Care and Support lead to an overall expansion of the financial services market in this area? How would this affect the wider economy?

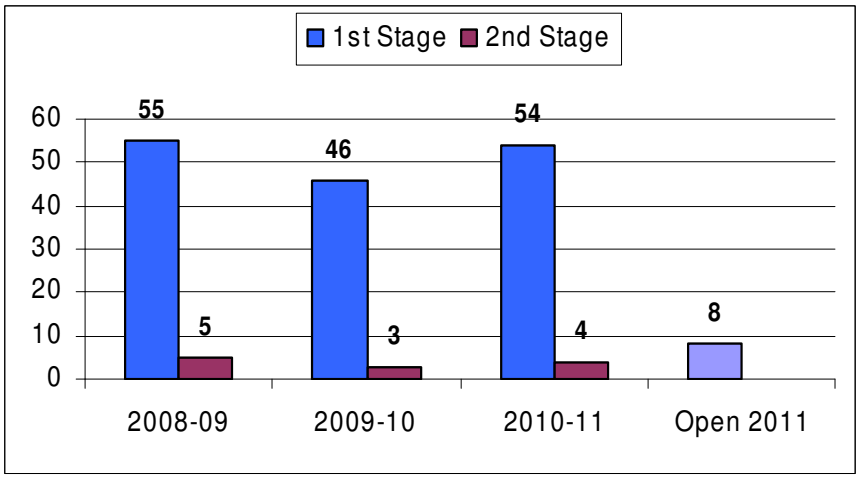
f. What wider roles could the financial services industry play in, eg:
– raising awareness of the care and support system
– providing information and advice around social care and financial planning
– encouraging prevention and early intervention
– helping people to purchase care, or purchasing it on their behalf
– helping to increase the liquidity of personal assets?

7. Do you have any other comments on social care reform, including the recommendations of the Commission on Funding of Care and Support?

REPORT TO:	Health Policy and Performance Board
DATE:	8th November 2011
REPORTING OFFICER:	Strategic Director, Communities
SUBJECT:	Adult Social Care Customer Care Report for the year 1 April 2010 to 31 Mar 2011
WARDS:	All

1.	**PURPOSE OF REPORT**
1.1	To report and provide an analysis of complaints, compliments and other enquiries processed under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and to meet statutory requirement to publish an Annual Report.
2.	**RECOMMENDATION**
	That members of the Board: **i) Consider and comment on any of the key learning points identified as a result of complaints.**
3.	**SUPPORTING INFORMATION**
3.1	From April 2009 a common approach to handling complaints in the NHS and Adult Social Care was introduced so that complaints could be tailored to the individual and handled more flexibly. From an organisation viewpoint it allows a more efficient and effective way of responding to, and learning from complaints thus providing the best outcome for the both the individual and for the services.
3.2	The new complaints approach replaced a 3 stage process – an initial investigation and response, a detailed Stage 2 independent investigation and, where requested, a Stage 3 Review Panel hearing, to review the Stage 2 investigation. This has been replaced by a format where, right at the start, the Customer Care Team works with the person making the complaint to agree the details of the complaint and what would resolve it. At that point, how it is to be handled and the likely timescales, taking into account complexity and complainant's availability etc, are explored and agreed, although they can be further negotiated as required.
3.3	The new procedures allow more flexibility, focusing on getting the right outcome rather than satisfying any defined process or timescale; which are now negotiated and agreed with the complainant. We have found through evolving experience, this approach is more person centred and encourages greater flexibility in approach in finding solutions to complaints (e.g. mediation).

3.4	This is consistent will the philosophy of the new procedures and early evidence suggests that, whilst it can sometimes take longer than compared to the old scheme timescales, it does encourage greater focus on getting a satisfactory outcome.
3.5	A 2 stage approach is sometimes still appropriate, with the second stage being invoked where it becomes apparent that a more detailed investigation is required, which may still be investigated by an independent person, or a more complex alternative solution explored (e.g. through detailed mediation or including other agencies).
3.6	If a complainant remains dissatisfied with the outcome of this statutory complaints process, they retain the right to refer their complaint to the Local Government Ombudsman.
3.7	The Customer Care Team monitors the responses and records and reports learning from various types of feedback including:
	• **Statutory Complaints;** defined as "an expression of dissatisfaction or disquiet about an action, decision or apparent failings of local authority adult social care services provision, which requires a response" • **A Customer Care issue;** where people want to raise a concern but not make a formal complaint, or where clarification on an issue or concern has been sought and provided. • **MP** / **Councillor enquiries** on behalf of a constituent. • **Representations**; the term representations is used when making collective reference to Customer Care, MP and Councillor enquiries and they are included in reports to inform learning. • **Compliments**; it is just as important that we learn what people are happy about so compliments are recorded and reported in the same way.
4.	**ANNUAL REPORT 1st April 2010 to 31st March 2011**
4.1	As explained in the supporting information, a stage 2 process is sometimes still employed. Consequently they have been reported separately for comparison.
4.2	**Statutory Complaints closed at Stage 1** There have been 54, in the year, showing an increase of 8 from the previous year. Of those 54 there were 4 that progressed to Stage 2.

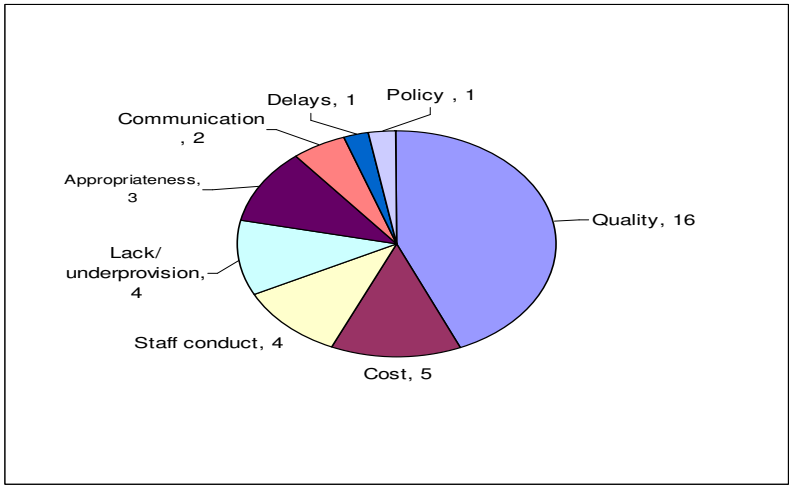


During the year 4936 people received a service following a Social Care Assessment. 55 made a complaint (1.09% approx)

4.3 **Outcome of closed Stage 1 Statutory Complaints**

Of the 54 Statutory Social Care Complaints, 20 (37%) were upheld and 17 (31%) Partially Upheld, 32% were not upheld.

4.4 **Category of closed Stage 1 Statutory Complaints that were upheld in full or part**



Of the Statutory Complaints upheld in full or part at Stage 1, 29% relate to the Quality of Service, Cost at 9% and Staff conduct at 7%.

NB Complaints may cut across more than one category, for example communication may be linked to lack/ under provision, cost or staff conduct

4.5 **Timescales Stage 1 Statutory Complaints**

Complaint Completion Timescales	2006/7	2007/8	2008/9	2009/10	2010/11*
1. Within time agreed with complainant	N/A	N/A	N/A	N/A	93%
2. Within 20 days or to successful resolution	65%	76%	73%	80%	72%

***Notes of clarification of the 2010/11 figures**

- The new procedures encourage timescales to be agreed with the complainant and the row 1 figure illustrates that those targets were met in 93% of cases.
- To allow comparisons to be made with previous years, the row 2 figure for 2010/11 has been adjusted to reflect cases where the extended deadline has been agreed (beyond the 20 days target) under the new procedures, specifically to enable a successful resolution to be reached (where previously they otherwise would have likely been closed within 20 days).
- The 72% figure coincided with unusual influencing factors in the year (including a period where safeguarding referrals doubled following a successful promotional campaign, along with prolonged periods of long term absence and vacancies within the Customer Care Team). Without those influences, it is anticipated that there will be an improvement in this measure in the 2011/12 year.

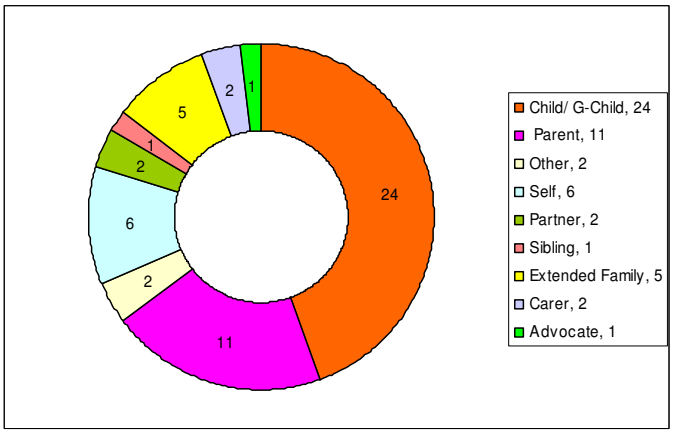
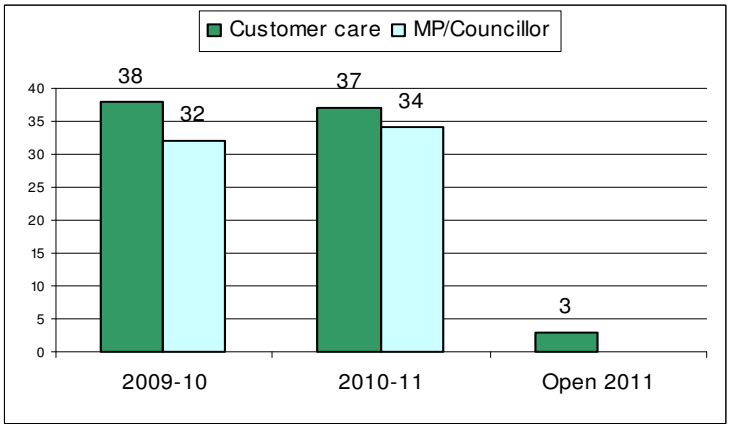
4.7 **Stage 2 complaints**

ITEM	2006/07	2007/08	2008/09	2009/10	2010/11
Complaints proceeding to Stage 2 (Independent Investigation)	2	0	5	3	4

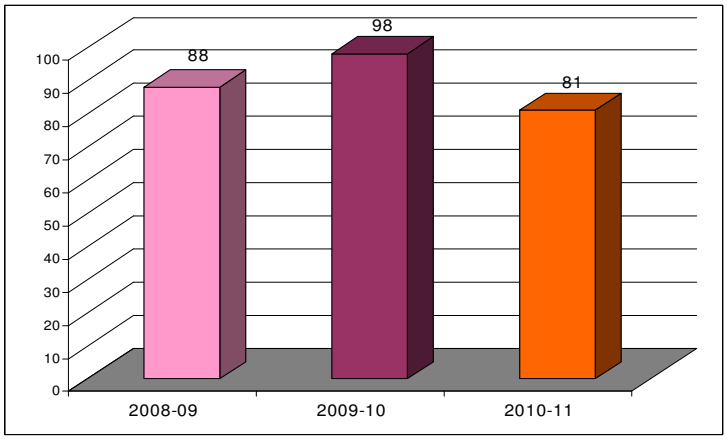
There have been 4 complaints classified at stage 2. One was an investigation was undertaken by an Independent Investigator with the other 3 being conducted internally by Senior Managers. 3 of these Stage 2 complaints were partially upheld and 1 was completely upheld.

4.8 **Category of people making the complaint**

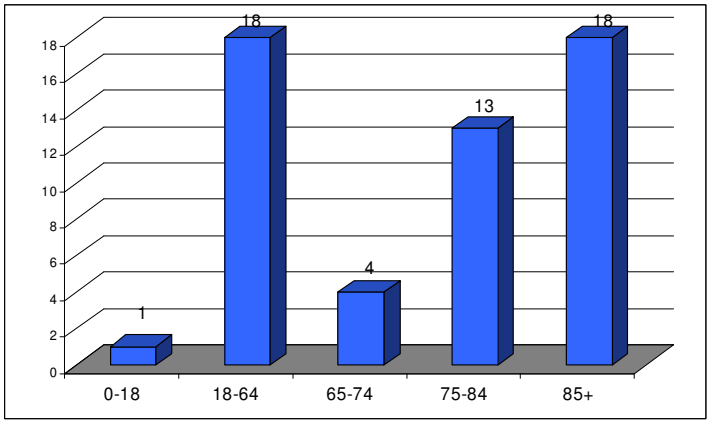
- 89% of complainants made are by people representing/ supporting the person using the services.
- 80% are related, this is an increase from 68% last year.
- Last year 24% were service users compared to this year 11%. This can be attributed to the vulnerability of individuals who access adult social care services.

	
4.9	**Number of Customer Care and MP/Councillor Enquiries** (see 3.4 definition) closed in the year.
	
	47 of the Customer Care and MP/Councillor enquiries relate to social care issues, with the remainder being housing related. During the year 4936 people were in receipt of a service following a Social Care Assessment with 47 (1% approx) making an enquiry via an MP, Councillor or their representative.
4.10	**Complaints with Dignity and Safeguarding elements** Complaints are monitored to identify where there are elements relating to the Safeguarding and Dignity of the Service User and, where appropriate, to trigger investigations under the Safeguarding procedures.
4.11	**Provider Monitoring Feedback** The Contracts Team has a process in place where feedback on providers commissioned by the Council can be provided. Similarly they can be used to trigger any Safeguarding or Dignity issues and the learning is used to monitor and improve service delivery.
4.12	**Learning and Service improvement** Analysis of all forms of available feedback (complaints, compliments and other comments) allows us to reflect on the lessons that can be learned,

	and use this learning to inform and develop the services we provide and commission.
	During the last year, resulting improvements have included: • A new transport reporting system has been developed, that can be updated on a weekly basis to reduce the risk of overcharging. . • Clearer documentation was developed about charges for services which has helped reduce complaints of misunderstanding of this area, • Procedures have been changed to ensure personal assessment and Keysafe details are secure • Introduction of a pilot electronic monitoring project of Provider staff care visits, to monitor for missed, late or short calls. • Following complaints, a Care Agency was placed on intensive monitoring visits by the contracts team. • Halving of complaints regarding the waiting time for an assessment for an adaptation, and the provision of those adaptations. • Communication between the clients, their family/representative and services is a theme identified in complaints and cuts across all services. Issues involving individual workers are addressed via managers during the supervision process to inform individual learning. • A joint complaints protocol has been agreed, with the 5 Borough Partnership, Halton & St Helen's NHS, Knowsley and St Helens councils and local hospital trusts, on how complaints that concern more than one of the organisations will be handled. Intermediate Care will follow the same principles.
4.13	**Feedback from Complainants** We evaluate our complaints system by asking people how satisfied they were with the way their complaint was handled. Of those who replied 82% were satisfied with both the response and outcome of their complaint compared to 65% and 55% respectively in the preceding year.
4.14	**Compliments** Compliments have been received across a broad range of service areas. Illustrative examples include: • "Thanks for the caring thoughtful understanding care given by team members after her discharge from hospital also their help to keep her dignity" • "Thanked team for getting banister fitted 2 weeks after initial contact very happy with it don't know how they coped without it."

	• "Words cannot describe the major impact that you have made on my journey to becoming well again…."
	
5.0	**POLICY IMPLICATIONS**
5.1	Complaint analysis can highlight where policy needs to be strengthened, reviewed, or amended to improve service delivery. Comments, Complaints and Compliments are essential feedback in developing services and policies. There are no implications identified in this year.
6.0	**RISK ANALYSIS**
6.1	Failure to implement an efficient service could result in the local authority being challenged for not dealing with complaints in a timely and efficient manner and could result in the customer not receiving a service which could then detrimental to their health, safety and well being.
6.2	Whilst complaints can result in changes for individuals, collectively they are a key source of information to help us develop the services we provide or commission.
7.0	**FINANCIAL/RESOURCE IMPLICATIONS**
7.1	Learning from complaints has the potential to reduce financial consequences and help inform the development of efficient and cost effective services.
8.0	**EQUALITY AND DIVERSITY ISSUES**
8.1	No matter who complains they receive the same equality of access and provision. Work is ongoing to improve the complaint pathway for complainants and joint working with our Health Partners through a Regional Customer Care Group.
8.2	All service users who were the subject in a Statutory Complaint had an ethnicity of White British. Data on equality and diversity are recorded and analysed and reported upon if exceptions are noted. There are no exceptions to report since 1 April 2010.

8.3	**The age profile** of service users who were the subject of a complaint shows that 33% are between the ages of 18-64 with 65% being over 65 years. The age profile of service users generally are that 29% are between the ages of 18-64 with 71% being over 65 years.



* The 1 service user under 18yrs related to housing adaptations.

8.4 **Prevalence of complaints by client group 1/4/10 to 31/3/11**

Learning Disability		**Physical & Sensory Disability**		**Mental Health (inc dementia)**		**All clients**	
Complaints	9	Complaints	31	Complaints	14	Complaints	54
Caseload	384	Caseload	3848	Caseload	610	Caseload	4936
AS %	2.34	AS %	0.81	AS %	2.30	AS %	1.09

8.5	The above table indicates that those clients, or their representatives, from the learning disability and mental health areas are more likely to complain. The physical and sensory disability caseload reflects the high number of older people with such conditions. These often may be less complex needs with lower level support, which may explain the lower level of complaints received.
9.0	**IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**
9.1	**Children and Young People in Halton** From March 2011 one Customer Care Team now services both Adults and Children's Directorates; this allows close working on relevant complaint issues. There is a close relationship between the social care services particularly to support young people during transition from Children and Young Peoples services to Adult Social Services.

9.2	**Employment, Learning and Skills in Halton** Social care aims are often closely associated with these, to improve people's life chances and to be as independent as possible. Any findings from a comment, complaint or compliment relating to this priority will be used to inform the relevant service.
9.3	**A Healthy Halton** Another core aim in social care is to prevent or delay reliance on institutional care, enabling people to be as independent as possible. Any findings from a comment, complaint or compliment relating to this priority will be used to inform the relevant service.
9.4	**A Safer Halton** Adult social care has a close relationship with protection procedures for the vulnerable adults, the frail etc. Any findings from a comment, complaint or compliment relating to this priority will be used to inform the relevant service.
9.5	**Halton's Urban Renewal** Many social care initiatives surround housing issues, enabling people to live as independently as possible in their community. Any findings from a comment, complaint or compliment relating to this priority will be used to inform the relevant service.
10.0	**LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

Document	Place of Inspection	Contact Officer
The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009	Runcorn Town Hall	John Gibbon

REPORT TO: Health Policy & Performance Board

DATE: 8th November 2011

REPORTING OFFICER: Strategic Director, Communities

SUBJECT: Quality Assurance of Commissioned Services

WARDS: All

1.0 PURPOSE OF REPORT

1.1 To inform members of the role of the Quality Assurance Team within the Communities Directorate and to provide an overview of the quality of commissioned services.

2.0 RECOMMENDATION: That the Board note the contents of the report.

3.0 SUPPORTING INFORMATION

3.1 In accordance with its statutory duties Members of the Council carry out Inspections on registered Council establishments.

3.2 At the present time these visits are conducted by Cllr Mike Hodgkinson and Cllr Pamela Wallace. However, Cllrs Ellen Cargill, Stan Parker and Geoff Zygadllo are currently completing an induction to carry out Inspections on Council establishments.

Visits to the following Council establishments are conducted on a monthly basis:

Registered Residential establishment.

- Oak Meadow, Peelhouse Lane, Widnes.

3.3 The majority of health, social care and support services are commissioned through the independent sector and there is no statutory requirement for Members to visit services provided by the independent sector.

3.4 Residential Care Homes and Domiciliary Care Agencies are registered with CQC, the statutory body charged with regulation of registered residential and nursing care services. However, it is the responsibility of the Communities Directorate to commission local services and a significant part of that role is the quality assurance of services delivered within our Authority.

Role of the Quality Assurance Team

3.5 Halton's quality assurance framework monitors the quality of local services against national CQC standards and our own local

contractual terms and conditions. At an organisational level services are quality assured through an accreditation process. This is information collected at an organisational level on an annual basis to ensure that the Council is contracting with legitimate and financially viable organisations.

However, the core work of the Quality Assurance Team involves direct contact with local services. The Quality Assurance Team carries out scheduled monitoring visits and unannounced spot checks on all registered services.

One purpose of the visits is to evaluate the quality of the service by auditing, for example, the adherence to and application of:

- Safeguarding practices and procedures
- Safer recruitment practices
- Medication policies and practices
- Practices to promote dignity
- Practices to promote independence
- Financial management polices and procedures
- Health and Safety policies and procedures

Another purpose of the visits is to observe practice within the services and to observe staff interaction with service users. This supports an evaluation of the quality of a service in respect to the level of dignity afforded to people using our services. In addition to observations made whilst walking around services, Quality Assurance Officers will spend time talking to service users, family members and staff in order to establish a more robust view on the quality of care being delivered.

3.6 The Quality Assurance Team (QAT) also collates intelligence on the quality of local services from a range of sources such as:

- feedback from service users, family and carers,
- feedback from front line social care teams,
- complaints
- safeguarding referrals
- CQC reports
- Performance reports
- Satisfaction questionnaires from service users, family members, carers and stakeholders

This local intelligence is used to determine the current quality of each service in the borough on a weekly basis.

3.7 Whilst the Quality Assurance Team monitor the quality of a service as a whole, its work is complemented by the quality assurance carried out by front line care teams. Front line care teams, carry out

person centred reviews with individuals in receipt of care including those placed within residential care homes. Reviews are carried out with the individual at the residential home six weeks after they move into a residential home and on an annual basis thereafter.

3.8 In addition to the visits carried out by the QAT team and front line social workers, services may also be visited by members of the local Link's. As you are aware local Link's have the statutory power to enter into any health or social care establishment and Halton Link's have scheduled a number of visits to registered services.

3.9 The above quality assurance is undertaken on a local basis. However, all registered Residential and Domiciliary Care services are also monitored by CQC.

Quality of Commissioned Services in Halton

3.10 In Halton there are currently 201 commissioned services across Adult Social Care, including 29 registered Residential Care Homes, 12 Registered Domiciliary Care Providers and 58 registered Supported Living services, 7 registered Adult Placements, 2 registered Respite Services and 1 Community Enablement Service.

3.11 The Quality Assurance Team use of a wide range of quantitative information and qualitative feedback to assess the quality of local services. During the period April 2010 to March 2011, the Quality Assurance Team (4 officers) carried out **161** inspection visits. Appendix 1 illustrates the assessment of the overall quality rating for services in Quarter 2, 2010/11 (July - September).

Services Rated Good /Excellent	144
Services Rated Adequate	12
Services Rated Poor	2
Non-Rated Services	43
Total Number of Services	**201**

The majority of commissioned services are providing good or excellent quality care (Green) to Halton residents.

3.12 However, where the quality has been assessed as Adequate (Amber), providers must submit an improvement plan to the Quality Assurance Team. When a service is assessed as Poor (Red), in addition to the submission of an improvement plan, the service is subject to intensive monitoring and is placed on suspension until it has demonstrated significant improvement.

The team is currently monitoring the implementation of 14 improvement plans and we have only 2 services on suspension.

3.13 Of the 43 non-rated services, 32 are approved providers on our framework agreement for the provision of supported living for people with Learning Disability or a Mental Health Disability. These providers were assessed as Good/Excellent when accepted onto the framework, but are listed as non-rated as they will be re-assessed at the point at which they are commissioned to provide a service.

3.14 The remaining 11 non-rated services are voluntary sector contracts. Responsibility for the quality assurance of these services transferred to the QAT in 2010/11 and the services have been added to the monitoring schedule for 2010/11.

3.15 In addition to the high level analysis of quality provided in appendix 1, the following provides more detail in respect to one aspect of the quality of Domiciliary Care. In Halton we have a standing list of 12 registered Domiciliary Care providers, out of which, 9 currently provide care in Halton.

3.16 One of the most significant ways in which domiciliary care services can fail to provide a good quality service to people, is by missing scheduled calls. This not only causes the individuals and their families great upset but can also leave vulnerable people at risk.

3.17 Taking into consideration the potential risk, the team has a policy of no tolerance in relation to missed calls and actively challenges providers in respect to every incident and keeps a record of service actions taken by a provider.

3.18 As part of the quality assurance of domiciliary care, the team monitors the number of times that a provider fails to turn up on scheduled care visits. This information is collated from providers on a weekly basis and on an ongoing basis from people that use services, their families and carers; and from operational social work teams. The incidence rate of missed calls is reviewed on a regular basis and is used as one of the key triggers for service review.

3.19 The following table lists the level of missed calls reported in Quarter 2, 2011 (July- Sept).

Q2 Complaints Relating to Missed Calls	No of alleged missed calls	No of care visits carried Out in Q2	% of visits that are alleged missed calls
28	**48**	**160,725**	**0.03%**

The above feedback illustrates, the incidence of missed calls is low.

Out of the 160,725 visits commissioned in Q2, there were 48 recorded missed calls, which equates to 0.03% of all visits. All missed calls are taken seriously and follow up contact is made with the provider for them to provide an explanation.

4.0 POLICY IMPLICATIONS

4.1 Feedback from people that use services and information regarding the quality of services is fed back to the commissioning team to ensure that services are constantly changing and evolving to meet people's needs.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**
Services commissioned by the Communities Directorate that are cross cutting, such as Homelessness services, are required to meet quality standards that Safeguard Children.

5.2 **Employment, Learning and Skills in Halton**
A number of commissioned services improve outcomes for vulnerable people by supporting them to maximise opportunities to gain employment or participate in education and skills training.

5.3 **A Healthy Halton**
All services are commissioned to improve or maintain the health and well being of vulnerable people.

5.4 **A Safer Halton**
All services are required to safeguard vulnerable adults and where applicable vulnerable young people. Outcomes from commissioned services include reduced risk of harm from domestic violence, reduced risk of re-offending, reduced risk from substance misuse, and an increase in the number of people that feel safe in their home.

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

6.0 EQUALITY AND DIVERSITY ISSUES

6.1 All commissioned services are required to comply with Equality Legislation and local quality standards for dignity and respect.

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

None under the meaning of the act.

Appendix 1 - Local Quality Rating

Type of Registered service	Green (Excellent/Good)	Amber (adequate)	Red (Poor)
Residential Care Home	21	6	2
Domiciliary Care Agency	9	3	0
Supported Living Service	56	2	0
Adult Placements	7	0	0
Respite Services	2	0	0
Community Enablement Service	1	0	0
Non Registered Support Services			
Extra Care Scheme	0	1	0
Sheltered Housing Scheme	18	0	0
Dispersed Community Alarms	3	0	0
Peripatetic Warden Service	1	0	0
Floating support Services	12	0	0
Advocacy/Service user Involvement Services	2	0	0
Homeless Hostels	5	0	0
Housing Solutions Service	1	0	0
Homelessness Prevention Services	4	0	0
Domestic Abuse Services	2	0	0
Totals Rated Services	144	12	2

REPORT TO: Health Policy and Performance Board

DATE: 8th November 2011

REPORTING OFFICER: Strategic Director Policy & Resources

SUBJECT: Business Planning 2012-15

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 To offer a timely opportunity for Members to contribute to the development of Directorate Business Plans for the coming financial year.

2.0 RECOMMENDATION

The Board indicates priority areas for service development and improvement over the next 3 years.

3.0 SUPPORTING INFORMATION

3.1 Each Directorate of the Council is required to develop a medium-term business plan, in parallel with the budget, that is subject to annual review and refresh. The process of developing such plans for the period 2012-2015 is just beginning.

3.2 At this stage members are invited to identify a small number of priorities for development or improvement (possibly 3-5) that they would like to see reflected within those plans. Suggested proposals would include:

- Integration of Public Health
- Review of Homelessness Services
- Care Closer to Home
- Safeguarding & Dignity

Strategic Directors will then develop draft plans which will be available for consideration by Policy and Performance Boards early in the New Year.

3.3 Service Objectives and Performance Indicators and targets will be developed by each Department and this information will be included within Appendices to the Directorate Plan.

3.4 These Departmental objectives and measures will form the basis of the quarterly performance monitoring received by the Board during the year. It is proposed that this Departmental information will be reorganised by priority in line with the new performance framework from 2012/13.

3.5 It is important that Members have the opportunity to provide input at this developmental stage of the planning process, particularly given the anticipated funding announcements, to ensure that limited resources may be aligned to local priorities.

3.6 It should be noted that plans can only be finalised once budget decisions have been confirmed in March and that some target information may need to be reviewed as a result of final outturn data becoming available post March 2012.

3.7 The timeframe for plan preparation, development and endorsement is as follows:

	Information / Purpose	**Timeframe / Agenda on Deposit**
PPB	Discussion with relevant Operational / Strategic Directors concerning emerging issues, proposed priorities etc.	**November 2011 PPB round**
Directorate SMT's	To receive and endorse advanced drafts of Directorate Plans	**SMT dates to be agreed with all Strategic Directors**
Corporate Management Team	To receive and comment upon / endorse advanced drafts of Directorate Plans	**By Mid December 2011**
PPB's	Advanced draft plans including details of relevant departmental service objectives/milestones and performance indicators	**January PPB Cycle**
Executive Board	To receive advanced drafts of Directorate Plans	**9th February 2012**
Full Council	To receive advanced drafts of Directorate Plans	**7th March 2012**

4.0 POLICY IMPLICATIONS

4.1 Business Plans form a key part of the Council's policy framework.

4.2 Elected member engagement would be consistent with the new "Best value guidance", announced in September 2011, to consult with the representatives of a wide range of local persons.

4.3 Plans also need to reflect known and anticipated legislative changes.

5.0 OTHER IMPLICATIONS

5.1 Directorate Plans will identify resource implications.

6.0 IMPLICATIONS FOR THE COUNCILS PRIORITIES

6.1 The business planning process is the means by which we ensure that the six corporate priorities are built into our business plans and priorities, and thence cascaded down into team plans and individual action plans.

6.2 From 2012/13 it is proposed that with the introduction of the new performance framework Departmental Reports now be available to members via the intranet. Also priority based reports for each respective Policy & Performance Board be introduced, containing details stated within the Appendices of the Directorate Business plans.

7.0 RISK ANALYSIS

7.1 Risk Assessment will continue to form an integral element of Directorate Plan development. This report mitigates the risk of Members not being involved in setting service delivery objectives.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Those high priority actions that result from Impact Review and Assessment will be included within Directorate Plans and will continue to be monitored through Departmental Performance Monitoring Reports.

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

There are no relevant background documents to this report

REPORT TO: Health Policy & Performance Board

DATE: 8th November 2011

REPORTING OFFICER: Strategic Director, Communities

SUBJECT: Cheshire and Merseyside Vascular Review

WARD(S): Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Board on the latest position with regards to the Cheshire and Merseyside Vascular Review.

2.0 **RECOMMENDATION: That :**

i) Note content of the report

ii) Agree that these proposals constitute a significant variation to services provided to the residents of Halton and as such agree to a joint scrutiny of proposals as outlined in paragraph 3.2 and 3.3.

3.0 **SUPPORTING INFORMATION**

3.1 Following the meeting of the Health Policy and Performance Board on 23rd August 2011 where the Board considered the possible implications of the Cheshire and Merseyside Vascular Review, it can now be reported that the review has been completed and the project board now wish to consult on the final proposals of the review.

3.2 Due to the significant impact that the proposals would have on local communities and the Acute Trust it should be concluded that under Regulation 4 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 SI No. 3048 regulations, the proposals pose a substantial variation in the provision of vascular services and as such be subject to joint scrutiny by Halton Borough Council (BC), Warrington BC and St. Helens BC. Warrington Council have agreed to lead the process and are currently taking legal advice on the process as this is a highly complex matter because it covers 9 geographical areas and their needs to be some mechanism to coordinate the scrutiny process ensuring due diligence.

3.3 As such a joint meeting would be organised as soon as practicably possible and appropriate terms of reference would be drawn up giving the meeting powers to take appropriate decisions.

4.0 **POLICY IMPLICATIONS**

4.1 None.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None.

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

6.1 **Children & Young People in Halton**

There are no policy implications as a direct result of this report however the health needs of children and young people are an integral part of the Health priority.

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

None identified.

6.3 **A Healthy Halton**

The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 As part of the joint scrutiny of the proposals, a thorough assessment of the implications on local services and the Acute Trust will need to be undertaken.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

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

None.