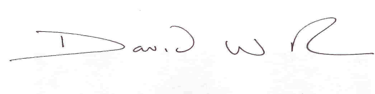
Public Document Pack

Health Policy and Performance Board

Tuesday, 11 September 2012 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 Sandra Baker	Labour
Councillor Mark Dennett	Labour
Councillor Valerie Hill	Labour
Councillor Miriam Hodge	Liberal Democrat
Councillor Margaret Horabin	Labour
Councillor Chris Loftus	Labour
Councillor Pauline Sinnott	Labour
Councillor Pamela Wallace	Labour
Councillor Geoff Zygadllo	Labour
Mr J Chiocchi	LiNK Co-optee

Please contact Lynn Derbyshire on 0151 511 7975 or e-mail lynn.derbyshire@halton.gov.uk for further information.

The next meeting of the Board is on Tuesday, 6 November 2012

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

Part I

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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.	
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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: 11 September 2012

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.

Agenda Item 4

REPORT TO:	Health Policy and Performance Board
DATE:	11 September 2012
REPORTING OFFICER:	Chief Executive
SUBJECT:	Shadow Health & Wellbeing Board Minutes
WARD(s):	Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Health and Social Care Portfolio which have been considered by the Health & Wellbeing Shadow Board Minutes 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.

SHADOW HEALTH AND WELLBEING BOARD

At a meeting of the Shadow Health and Wellbeing Board on Wednesday, 20 June 2012 at Karalius Suite, Stobart Stadium, Widnes

Present: Councillors Polhill (Chairman), Philbin and Wright and S. Banks, S. Barber, H. Coen, D Hebden, D. Johnson, D. Parr, P. Cooke, Dr M. Forrest, A. McIntyre, E O'Meara, M. Pickup, N. Sharpe, D. Sweeney, A. Williamson, J. Wilson and S. Yeomans.

Apologies for Absence: J Lunt, G. Meehan, N. Rowe and Dr Richards

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB1 MINUTES OF LAST MEETING

The Minutes of the meeting held on 25th April 2012 were taken as read and signed as a correct record. P. Cooke reported that he had submitted apologies for the meeting.

HWB2 HEALTH PRIORITIES

The Board considered a report which sought their views on the Health and Wellbeing priorities which would form part of the Joint Strategic Health and Wellbeing Strategy. Agreement on the strategy priorities must be reached by early June 2012 to enable Commissioning Consortia Groups (CCG) to sign off commissioning intentions against these by the end of June. The strategy document would be completed and signed off by Autumn 2012.

Members were advised that priorities should be based on information from the Joint Strategic Needs Assessment (JSNA) and supplemented by information from other sources including, locality profiles, members of the public, Council Members, CCGs, Hospital Trusts, the third sector and local research. It was essential that all members of the HWBB, Council Members, CCGs, Policy and

Performance Boards and members of the public were engaged in setting health priorities. A range of consultation exercises had taken place through local community groups, forums and local publications and an extensive public consultation event took place on 30th May 2012. Following the public consultation exercise, priorities would be collated and presented to the Board.

As part of the consultation on the health priorities the Board divided into four groups to discuss the prioritisation framework and to decide upon the priorities that could be included in the strategy.

Each group presented their findings and commented on the health priorities that they had scored the highest against the prioritisation framework. Following feedback from each group it was suggested that the following had emerged as the Board's Health priorities:

- Cardio Vascular disease;
- Alcohol;
- Mental Health;
- Cancer;
- Accidents/falls;
- Child Development.

RESOLVED: That the Board propose the following list of health priorities be included within the Joint Strategic Health and Wellbeing Strategy:

- Cardio Vascular disease;
- Alcohol;
- Mental Health;
- Cancer;
- Accidents/falls;
- Child Development.

HWB3 HALTON CLINICAL COMMISSIONING GROUP – PROGRESS ON AUTHORISATION

The Board considered a report which advised on the progress of Halton Clinical Commissioning Group (CCG) towards authorisation as a statutory organisation as established by the Health and Social Care Act 2012.

It was reported that on the 24th May 2012 the NHS Commissioning Board Authority published the proposed configuration, member practices and indicative running costs allowances, and the complete list of authorisation waves, for 212 proposed CCGs for England. The proposal for Halton

CCG included:

- Halton CCG had expected an allocation of around £2.3m for running costs, however, the NHS CBA calculation had reduced this to £2.98m;
- Halton CCG would be in the third authorisation waive in October 2012;
- A 360° Stakeholder Survey would be undertaken by Halton CCG, (Ipsos MORI had been selected by the NHS CBA to conduct the survey);
- The Chair of the Health and Wellbeing Board, Sally Yeoman and Jim Wilson were nominated to take part in the 360° Stakeholder Survey;
- Halton CCG had recently advertised for applicants for seven Governing Body positions. It would hold meetings on the third Thursday of each month (except August) throughout 2012/13.

RESOLVED: That

1. the progress being made towards authorisation by Halton CCG be noted; and
2. the Chair of the Shadow Health and Wellbeing Board, Sally Yeoman and Jim Wilson be nominated to participate in a 360° Stakeholder Survey as part of the authorisation process for Halton CCG.

HWB4 COMMUNITY WELLBEING MODEL IN GENERAL PRACTICE

The Board considered a report of the Strategic Director, Communities which outlined the Community Wellbeing Model (CWP) in General Practice.

A CWP model looked beyond traditional disease models in healthcare in order to include the factors that had been shown to generate health and wellbeing with individuals and communities. Improved wellbeing not only led to the prevention of disease but outcomes beyond this which included improved physical health, stronger social cohesion and engagement, better educational attainment, improved recovery from illness, stronger relationships and improved quality of life.

It was proposed that the CWP Model be rolled out to

two practices initially as a pilot phase. The investment required to roll out the CWP Model to two practices had been calculated at £125,000 of which £75,000 had already been allocated by Halton Council and NHS Halton and St. Helens. The additional £50,000 was to be requested from the Sub-Committee.

The report outlined five overarching principles of the CWP Model. A central component of the model would be the creation of an integrated network between general practice and local agencies that promoted and protected individual and community wellbeing – especially those that provided psychosocial support to patients, and those that connected patients to wider assets in the community that were associated with positive health and wellbeing outcomes. Agencies involved included public health teams, the 3rd sector, housing trusts, the local authority and voluntary and community led groups.

In addition to the establishment of an integrated network, the CWP Implementation Plan detailed five priority areas for action in the general practice setting, which if implemented fully would further enhance the capacity of general practice to support individuals and communities to achieve improved health and wellbeing outcomes. The five priority areas for action included:-

- The practice environment;
- Provision of wellbeing activities;
- Skills and competencies of staff;
- Stakeholder engagement; and
- Marketing and Communication.

The CWP Working Group were currently engaged in a wider consultation to gather views and opinions as to what they believe a Community Wellbeing Practice ought to deliver. Further, Halton and NHS Halton and St. Helens had agreed a Service Level Agreement with a 3rd Sector provider – The Wellbeing Project CIC; to work alongside clinicians and senior managers to research and develop the CWP model. The Wellbeing Project would also project manage the implementation of the CWP initiative as details in its Service Level Agreement specification.

It was noted that a cross sector working group had been established to develop detailed plans and it was envisaged that this group would co-ordinate the roll out of the initiative to GP practices. A letter was circulated to all 17 GP practices which provided an outline of the CWP model and expressions of interest were sought. Consequently, 7

practices had registered an interest. Quarterly reports would be prepared by the CWP Working Group and these would be submitted to the CCG Sub-Committee as well as the monitoring systems in Halton Council and NHS Halton and St. Helens.

RESOLVED: That the report be noted.

HWB5 HEALTH & WELLBEING SERVICE

The Board considered a report of the Strategic Director, Communities on the Health and Wellbeing Service Partnership Agreement and the associated Implementation Action Plan.

The Government's vision for a new integrated and professional Public Health System was set out in the document Healthy Lives Healthy People: Our Strategy for Public Health. Members were advised that the new system would embody localism with new responsibilities and resources for Local Government to improve the health and wellbeing of their population within a broad framework set by the Government.

A response to these Government plans had been developed for Halton and was contained in the document Health and Wellbeing Service – Partnership Agreement 1st July 2012 – 31st March 2013 (The Agreement) which was attached to the report at Appendix 1.

It was noted that the Agreement set out a phased approach to implementation, as detailed in the report, and provided an opportunity to review the current approach to the delivery of health and improvement services, delivered by both health and local authority providers.

RESOLVED: That

1. the report be noted; and

2. the Partnership Agreement and associated Action Plan be supported and Board agree that the constituent partners sign off the Agreement.

HWB6 THE PRIORY HOSPITAL, WIDNES

The Board considered a report of the Operational Director of Integrated Commissioning Halton, on the current issues associated with the Priory Hospital, Widnes. The Priory Hospital, Widnes was a 72 bedded low/medium

secure hospital offering individualised care, treatment and rehabilitation for men and women aged 18 plus who were detained under the Mental Health Act (1983) or with a degenerative brain disorder. The hospital accepted referrals from a wide variety of public sector organisations throughout the UK, including special hospitals, psychiatric hospitals, prisons, courts, social services, NHS Mental Health Trusts, GPs, the Police and others.

As the host authority, the Council and the then PCT instigated an arm's length partnership. To further support the Priory the NHS Safeguarding Protocol was extended. This would mean that any safeguarding incidents would be investigated by the Forensic Social Worker within the Priory and quarterly updates could be fed back to the Halton Safeguarding Board. This would allow the flow of information and also the ability of the Council to support any major incidents or specific themes, but not to be the accountable investigating body. However, this was still under debate as the Care Quality Commission believe the Council accountable to investigate each safeguarding referral.

Members were advised that over the last 12 months 24 cases of safeguarding had been raised, the majority in the last 3 months, local media interest and numerous whistle blowing incidents had given rise to concern over the day to day running of the priory. The Council wrote on several occasions to the CQC stating their concerns. The Priory was asked to put a self-imposed suspension on any new referrals whilst the investigation was on-going. The self imposed suspension was implemented further supported by an unannounced visit from the CQC were more concerns had been raised.

It was noted that a meeting was held on 29th May between representatives of the Council, North West Specialised Commissioning and the CQC. The CQC reported that their formal investigatory visits and had found ten areas of concern, five of those (including safeguarding) warranted the need for a formal notice. Consequently, if the Priory did not meet their actions and timescales set out in the report, (still to be circulated) then the CQC enforce the next step in the process. However, when pressed CQC stated that although the Priory posed real concern they did not feel that any patient was in any imminent danger.

It was reported that following the meeting, actions were put in place and it was agreed Halton would meet with the Welsh Commissioning Body to inform them of the recent concerns. The feedback from the commissioners was

concerning as they described the review as shambolic and something they had never witnessed before. As a result, of the above concerns a number of immediate actions had taken place:-

- NWSCT had removed all their 5 patients out of the priory;
- The Midland Commissioner was awaiting confirmation for another placement to remove their patient.
- Following the Welsh meeting with the Priory they had removed 1 patient and were looking to recommend the move of the remaining patients.

Members were advised that Scott Massey and Sue Rothwell, Principal Managers within the Council for Mental Health had both indicated their concerns. They had witnessed little indication that a robust safeguarding system was in place and this was compounded by staff anxiety, lack of managerial support and clinical direction.

RESOLVED: That the Board notes the contents of the report and support the next steps outlined.

HWB7 SUSTAINABLE COMMUNITY STRATEGY YEAR END PROGRESS REPORT 2011/12.

The Board considered a report of the Strategic Director, Policy and Resources, which provided information on the progress in achieving targets contained within the 2011/2016 Sustainable Community Strategy (SCS) for Halton.

Members were advised that selected measures and targets for health and wellbeing priorities were summarised in Appendix 1 to the report and provided an update to the 2011/12 year end position, which included a summary of all indicators within the new SCS and additional information for those specific indicators and targets that fell within the remit of this Board.

RESOLVED: That the report be noted.

HWB8 CHILDREN & YOUNG PEOPLE'S PLAN ANNUAL REVIEW 2012

The Board considered a report of the Operational Director, Children’s Organisation and Provision, which highlighted the 2012 Annual Review of the Halton Children

and Young People's Plan 2011-14. The Review had been formally approved by the Halton Children's Trust Board in May 2012. The Review was a good practice exercise to reflect on the work undertaken by Halton Children's Trust over the last 12 months and to ensure the Plan remained fit for purpose. The annual review was a short summary document that provided a supplement to the Children and Young People Plan (a copy of the document was attached as an appendix to the report).

RESOLVED: That

(1) the contents of the report be noted;

(2) the Annual Review document be endorsed;

(3) the Board looks to utilise the Review to further strengthen links between the Board and Halton Children's Trust; and

(4) a more detailed presentation on the Children and Young People's Plan be presented to a future meeting.

HWB9 FEEDBACK FROM HEALTH AND WELLBEING BOARD SUB GROUPS

The Board received an update report on the work of the three Sub-Groups that support the work of the main Board and the minutes of their meetings on 16 May, 17 May and 22 May were included for information.

It was reported that it had been suggested that the Partnership Commissioning Sub-Group and Public Health Commissioning Sub-Group be merged and Eileen O'Meara would chair the newly formed Sub-Group.

RESOLVED: That

1. the report be noted; and

2. the proposal that the Partnership Commissioning Sub-Group and Public Health Commissioning Sub-Group be merged be agreed.

Meeting ended at 4.15 p.m.

Agenda Item 5a

REPORT TO: Health Policy and Performance Board

DATE: 11th September 2012

REPORTING OFFICER: Strategic Director – Policy & Resources

PORTFOLIO: Health and Adults

SUBJECT: Adult Social Care User Survey 2011/12

WARDS: Borough-wide

1.0 PURPOSE OF REPORT

1.1 To inform Health Policy and Performance Board of the results of the Adult Social Care Survey for 2011/12.

RECOMMENDED THAT: The report is noted.

2.0 SUPPORTING INFORMATION

3.1 In line with Putting People First, the National Adult Social Care Survey was introduced for 2010/11 with the intention of surveying a cross-section of individuals receiving adult social care services. This differs from previous surveys prior to 2011/12, which were targeted at specific cohorts – for example, residents 65+ receiving home care, or residents receiving equipment. This is the second year that the statutory survey has been undertaken and it is scheduled to take place annually between January and March each year.

3.2 Changes to the Statutory Procedures for the 2011/12 Survey

Changes were made to the 2011/12 survey by the Department of Health following feedback from Councils arising from the first survey undertaken in 2010/11.

3.2.1 Changes to Capacity Checking

3.2.1.1 The main change was that Local Authorities were no longer required to check capacity for service users to be included within the sample due to the burden placed on social care teams in the 2010/11 survey. Local Authorities were required instead, to write to Care Home Managers in the local area to request that the Care Home Managers report back to the Council confirming whether service users resident within care homes (or Supported Living arrangements) had capacity to take part in the survey. In accordance with the statutory guidance, if no response was received from Care Homes, then it was to be assumed that service users did have capacity to take part. Briefings took place in September 2011 to inform Residential and Nursing Care Providers of this change.

3.2.1.2 **Implications of this Change:** The change to the process for checking capacity resulted in a number of non-responses from Care Homes locally for service users who did lack capacity. This led to the Performance Team contacting all Care Homes in the area who had not responded to the initial mailing letters to confirm capacity prior to reminder letters/surveys being distributed. Feedback has been sent to the NHS and Social Care Information Centre as regards this change in process and the implications which arose. Other North West Councils confirmed that Halton is not alone in raising concerns over this change to capacity checking.

3.2.2 Changes to Cohort used for sampling

3.2.2.1 In 2010/11 service users receiving only Professional Support were included in the sample. This caused some confusion among recipients of the survey, who did not identify themselves as receiving 'social services'. The same issue applied to those who also may have only received a one-off item of equipment and did not identify themselves as receiving 'social services'. In 2010/11, this appeared to adversely affect the response rate. Additionally, when providing cost data, we could not attribute a cost to those provisioned with Professional Support only – meaning that cost data could not be reported for these clients. For the 2011/12 Survey, Performance and Improvement Team and Management Accounts agreed that the Master Service Return (MSR) would be used to derive the sample, rather than an extract from Carefirst, as this would identify those with a package of care, who would be more likely to be able to identify themselves as receiving a 'social care service'. Also, for costing purposes, the MSR could be used to more accurately match clients with cost data.

3.2.2.2 **Implications of the Change:** Whilst using the MSR was effective in addressing the issues raised from the 2010/11 survey (as described in section 3.4), the implication for the results is that the respondents in the 2011/12 are reflective of a cohort with complex needs (i.e. receiving a package of care), versus a sample in 2010/11 who may have only received one-off pieces of equipment or professional support. This is clearly evidenced within the results to questions, for example Q15, Q16 and Q21 as shown in Appendix A.

3.3 Sample Size and Composition

3.3.1 752 surveys were sent by post during January 2012 to a sample of service users receiving adult social care services from Halton Borough Council (as at 30th September 2011). The survey forms are pre-determined by the Department of Health.

3.3.2 The total sample of respondents and non-respondents was split 35.5% Male: 64.5% Female, with 78% being aged over 65.

3.3.3The four different types of forms were distributed to;

- Clients resident in the community
- Clients in residential or nursing care
- Clients with learning disability resident in the community
- Clients with learning disability in residential or nursing care

3.4 Response Rates

Questionnaire Type	Number Sent	Number Returned	% Returned
Residents in own home	493	242	49%
Residents in care homes	160	60	37.5%
ALD in own home	93	36	38.7%
ALD in care homes	6	4	67%
TOTAL	**752**	**342**	**45.4%**

3.5 Results

3.5.1 The full set of results are reported in the appendices. A number of additional questions were added to the survey this year.

3.5.2 Highlights include:

- Overall satisfaction levels (Q1) for respondents extremely satisfied or very satisfied (67.7%) with the care and support they receive has increased in comparison to 2010/11 (61.7%).
- Quality of life also demonstrates a positive movement with more individuals reporting a better quality of life in general, compared to 2010/11.
- An overwhelming 89% reported that care and support services enable them to have control over their daily life (Q3b).
- A higher proportion of respondents reported feeling safe (Q7) in comparison to 2010/11.
- A higher proportion of respondents felt that there home is designed to meet there needs very well 59.3%, with 32.8% meeting most of their needs - Q17.
- Generally, the results are demonstrating a positive trend in comparison to the 2010/11 survey. There is one caveat to this however - the cohort included in the sample have more complex needs Q15,16 and 18– as described in Section 3.2.2. Health state in terms of pain management or discomfort, has also improved Q14 a) for the sample selected.

3.5.3 In contrast to the positive results it is to be noted that, a higher proportion of respondents reported to being extremely anxious or depressed - an increase of 0.8% (Q14b).

3.5.4 A higher proportion of respondents reported that someone answered the survey for them without asking them the questions – this may again be representative of a cohort with more complex needs (Q21).

4.0 POLICY IMPLICATIONS

4.1 The results of the survey may be used to feed into the development of local strategy, policies or procedures, or may lead to further local research/analysis.

5.0 OTHER IMPLICATIONS

5.1 The total direct costs of running the survey in terms of printing and postage was approximately £2K, exclusive of staff time in administering the survey on behalf of the Department of Health.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People

This survey relates to Adults service users only and indicates positive results for the wider family setting.

6.2 Employment, Learning and Skills in Halton

The care sector is a significant employer within the Borough, in which the demand for care services will grow, given the ageing population with higher level of needs. The survey demonstrated the effectiveness of commissioned services by the Local Authority by internal and external providers.

6.3 A Healthy Halton

All issues are outlined in the report which focuses directly on this priority.

6.4 A Safer Halton

Questions have been included in this survey(7a and 7b) which indicate positive results for respondents feeling safe in their home and also that the care and support services help service users in feeling safe.

6.5 Halton's Urban Renewal

The environment in which we live has a direct impact on our health and wellbeing. The survey shows a higher proportion of residents feel that their home is designed to meet their needs, demonstrating a positive contribution of the adaptations programme, in maintaining individuals independence.

7.0 RISK ANALYSIS

7.1 Monitoring performance is essential to ensure that resources and services are directed at those areas in most need. Therefore, failure to monitor performance could in turn have a detrimental impact on the local area.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Monitoring performance enables a more targeted approach to those areas who are suffering from some of the worst health inequalities. This in turn should ensure that the most vulnerable members of the community have access to services/ initiatives aimed at reducing these inequalities.

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

None within the meaning of the Act.

Contact Officer Hazel Coen DM (Performance & Improvement)

APPENDICES

Summary of Results– Adult Social Care User Survey. Comparison between 2010/11 and 2011/12

Appendix A

Adult Social Care Survey 2011/12 - Summary of Results

(All responses shown as percentages)

Q1 - Overall, how satisfied or dissatisfied are you with the care and support services you receive?

	Extremely Satisfied	Very Satisfied	Quite Satisfied	Neither	Quite Dissatisfied	Very Dissatisfied	Extremely Dissatisfied
2010/11	24.2	37.5	31.0	4.8	0.4	0.0	2.0
2011/12	26.8 ↑	40.9 ↑	25.1 ↓	4.4 ↓	2.1 ↑	0.4 ↑	0.4 ↓

Q2 - Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?

	So good it could not be better	Very Good	Good	Alright	Bad	Very Bad	So bad it could not be worse
2010/11	3.9	16.4	29.5	42.3	6.0	0.7	1.1
2011/12	7.3 ↑	26.7 ↑	30.6 ↑	32.2 ↓	4.4 ↓	0.8 ↑	0.7 ↓

Q2b - Do care and support services help you to have a better quality of life?

	Yes	No
2010/11	Not Reported	
2011/12	88.7	9.3

Q3a - Which of the following statements best describes how much control you have over your daily life?

	I have as much control as I want	I have adequate control	I have some control	I have no control
2010/11	32.2	47.0	18.3	2.5
2011/12	37.0 ↑	43.5 ↓	16.2 ↓	3.3 ↑

Q3b - Do care and support services help you in having control over your daily life?

	Yes	No
2010/11	Not Reported	
2011/12	89.2	10.8

Q4a - Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?

	I feel clean and able to present myself the way I like	I feel adequately clean and presentable	I feel less than adequately clean and presentable	I don't feel at all clean and presentable
2010/11	61.1	37.3	1.3	0.3
2011/12	67.2 ↑	30.2 ↓	2.6 ↑	0.0 ↓

Q4b - Do care and support services help you in keeping clean and presentable in appearance?

	Yes	No
2010/11	Not Reported	
2011/12	70.9	29.6

Q5a - Thinking about the food and drink you get, which of the following statements best describes your situation?

	I get all the food and Drink I want	I get adequate food and drink	I don't always get adequate or timely food and drink	I don't always get adequate or timely food and drink and I think there is a risk to my health
2010/11	67.3	29.4	2.3	1.0
2011/12	68.6 ↑	28.7 ↓	2.5 ↑	0.3 ↓

Q5b - Do care and support services help you get food and drink?

	Yes	No
2010/11	Not Reported	
2011/12	64.8	37.0

Q6a - Which of the following statements best describes how clean and comfortable your home is?

	My home is as clean and comfortable as I want	My home is adequately clean and comfortable	My home is not quite clean or comfortable enough	My home is not at all clean or comfortable
2010/11	71.5	26.0	2.6	0.0
2011/12	68.7 ↓	29.1 ↑	2.0 ↓	0.3 ↑

Q6b - Do care and support services help you in keeping your home clean and comfortable?

	Yes	No
2010/11	Not Reported	
2011/12	49.2	50.7

Q7a - Which of the following statements best describes how safe you feel?

	I feel as safe as I want	I feel adequately safe but not as safe as I want	I feel less than adequately safe	I don't feel safe at all
2010/11	53.1	39.2	6.4	1.3
2011/12	66.2 ↑	29.1 ↓	3.5 ↓	1.2 ↓

Q7b - Do care and support services help you in feeling safe?

	Yes	No
2010/11	Not Reported	
2011/12	79.1	20.9

Q8a - Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?

	I have as much social contact as I want with people I like	I have adequate social contact with people	I have some social contact with people but not enough	I have little social contact with people and feel socially isolated
2010/11	43.8	35.7	17.5	2.9
2011/12	52.8 ↑	32.5 ↓	11.0 ↓	3.8 ↑

Q8b - Do care and support services help you in having social contact with people?

	Yes	No
2010/11	Not Reported	
2011/12	56.8	42.7

Q9a - Which of the following statements best describes how you spend your time?

	I'm able to spend my time as I want, doing things I value or enjoy	I'm able to do enough of the things I value or enjoy with my time	I do some of the things I value or enjoy with my time but not enough	I don't do anything I value or enjoy with my time
2010/11	24.9	37.2	33.6	4.3
2011/12	34.7 ↑	37.8 ↑	24.1 ↓	3.5 ↓

Q9b - Do care and support services help you in the way you spend your time?

	Yes	No
2010/11	Not Reported	
2011/12	53.8	45.7

Q10 - Which of these statements best describes how having help to do things makes you think and feel about yourself?

	Having help makes me think and feel better about myself	Having help does not affect the way I think and feel about myself	Having help sometimes undermines the way I think and feel about myself	Having help completely undermines the way I think and feel about myself
2010/11	51.7	33.1	14.2	1.0
2011/12	63.3 ↑	29.8 ↓	6.3 ↓	0.6 ↓

Q11 - Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself?

	The way I'm helped and treated makes me think and feel better about myself	The way I'm helped and treated does not affect the way I think or feel about myself	The way I'm helped and treated sometimes undermines the way I think and feel about myself	The way I'm helped and treated completely undermines the way I think and feel about myself
2010/11	52.4	36.7	8.8	2.0
2011/12	65.5 ↑	29.4 ↓	4.8 ↓	0.3 ↓

Q12 - In the past year, have you found it easy or difficult to find information and advice about support, services or benefits?

	Very easy	Fairly Easy	Fairly Difficult	Very Difficult	I've never tried to find information or advice
2010/11	23.2	42.2	9.8	3.4	21.2
2011/12	27.1 ↑	38.4 ↓	7.1 ↓	3.9 ↑	23.5 ↑

Q13 - How is your health in general?

	Very Good	Good	Fair	Bad	Very Bad
2010/11	6.1	21.0	50.5	17.8	4.5
2011/12	12.1 ↑	27.6 ↑	43.5 ↓	14.0 ↓	2.7 ↓

Q14 - By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

a) – Pain or Discomfort

	No pain or discomfort	Moderate pain or discomfort	Extreme pain or discomfort
2010/11	25.2	49.2	25.6
2011/12	31.2 ↑	54.3 ↑	14.5 ↓

b) Anxiety or depression

	Not anxious or depressed	Moderately anxious or depressed	Extremely anxious or depressed
2010/11	50.5	45.0	4.5
2011/12	53.2 ↑	41.5 ↓	5.3 ↑

Q15 - Please tick in the box that best describes your abilities for each of the following questions labelled from a to d.

a) Do you usually manage to get around indoors (except steps) by yourself?

	I can do this easily by myself	I have difficulty doing this myself	I can't do this by myself
2010/11	58.2	34.3	7.5
2011/12	50.9 ↓	30.1 ↓	19.0 ↑

b) Do you usually manage to get in and out of a bed (or chair) by yourself?

	I can do this easily by myself	I have difficulty doing this myself	I can't do this by myself
2010/11	58.5	31.0	10.5
2011/12	56.3 ↓	24.9 ↓	18.8 ↑

c) Do you usually manage to feed yourself?

	I can do this easily by myself	I have difficulty doing this myself	I can't do this by myself
2010/11	87.4	11.3	1.3
2011/12	81.0 ↓	15.7 ↑	3.3 ↑

d) Do you usually deal with finances and paperwork - for example, paying bills, writing letters - by yourself?

	I can do this easily by myself	I have difficulty doing this myself	I can't do this by myself
2010/11	37.1	19.7	43.2
2011/12	26.6 ↓	13.4 ↓	60.0 ↑

Q16 - Please place a tick in the box that best describes your abilities for each of the following questions.

a) Do you usually manage to wash all over by yourself, using either a bath or shower?

	I can do this easily by myself	I have difficulty doing this myself	I can't do this by myself
2010/11	49.8	30.9	19.3
2011/12	33.7 ↓	26.3 ↓	40.0 ↑

b) Do you usually manage to get dressed and undressed by yourself?

	I can do this easily by myself	I have difficulty doing this myself	I can't do this by myself
2010/11	57.2	29.6	13.2
2011/12	48.5 ↓	28.3 ↓	23.2 ↑

c) Do you usually manage to use the WC/toilet by yourself?

	I can do this easily by myself	I have difficulty doing this myself	I can't do this by myself
2010/11	78.8	14.1	7.1
2011/12	65.2 ↓	17.4 ↑	17.3 ↑

d) Do you usually manage to wash your face and hands by yourself?

	I can do this easily by myself	I have difficulty doing this myself	I can't do this by myself
2010/11	85.9	10.3	7.1
2011/12	75.6 ↓	15.5 ↑	8.9 ↑

Q17 - How well do you think your home is designed to meet your needs?

	My home meets my needs very well	My home meets most of my needs	My home meets some of my needs	My home is totally inappropriate for my needs
2010/11	47.9	39.5	11.3	1.3
2011/12	59.3 ↑	32.8 ↓	7.4 ↓	0.5 ↓

Q18 - Thinking about getting around outside of your home, which of the following statements best describes your present situation?

	I can get to all the places in my local area that I want	At times I find it difficult to get to all the places in my local area that I want	I am unable to get to all the places in my local area that I want	I do not leave my home
2010/11	32.8	36.4	19.3	11.5
2011/12	33.7 ↑	20.3 ↓	22.8 ↑	23.2 ↑

Q19 - Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?

	Yes, from someone living in my household	Yes, from someone living in another household	No
2010/11	40.3	53.8	16.4
2011/12	35.9 ↓	63.0 ↑	15.1 ↓

Q20 - Do you buy any additional care or support privately or pay more to 'top up' your care and support?

	Yes, I buy some more care and support with my own money	Yes, my family pays for some more care and support for me	No
2010/11	29.4	7.0	65.6
2011/12	32.9 ↑	9.3 ↑	61.1 ↓

Q21 - Did you write the answers to this questionnaire by yourself or did you have help from someone else?

	Yes, I wrote the answers myself	No, I had help from a care worker	No, I had help from someone living in my household	No, I had help from someone living outside my household
2010/11	46.8	9.3	17.0	26.9
2011/12	32.8 ↓	14.0 ↑	15.4 ↓	37.9 ↑

Q22 - What type of help did you have?

	None, because I wrote the answers myself	Someone else read the questions to me	Someone else translated the questions for me	Someone else wrote down the answers for me	I talked through the questions with someone else	Someone answered for me, without asking me the questions
2010/11	45.2	30.7	11.6	32.0	20.8	4.0
2011/12	28.0 ↓	39.6 ↑	16.7 ↑	38.4 ↑	33.1 ↑	9.0 ↑

REPORT TO: Health Policy and Performance Board

DATE: 11th September 2012

REPORTING OFFICER: Strategic Director Policy and Resources

PORTFOLIO: Resources

SUBJECT: Performance Management Reports for Quarter 1 of 2012/13

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

1.1 To consider and raise any questions or points of clarification in respect of performance management of the Prevention and Assessment and Commissioning & Complex Care Departments for the first quarter of 2012/13 to June 2012. The report details progress against service objectives/ milestones and performance targets, and describes factors affecting the service.

2.0 RECOMMENDED: That the Policy and Performance Board

1) **Receive the first quarter performance management report;**

2) **Consider the progress and performance information and raise any questions or points for clarification; and**

3) **Highlight any areas of interest and/or concern where further information is to be reported at a future meeting of the Policy and Performance Board.**

3.0 SUPPORTING INFORMATION

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

3.2 In line with the revised Council's Performance Framework for 2012/13 (approved by Executive Board in 2012/13), the Policy and Performance Board has been provided with an overview report for the Health Priority; which identifies the key issues arising from the performance in Quarter 1.

3.3 The full Departmental quarterly reports are available on the Members' Information Bulletin to allow Members access to the reports as soon as

they have become available within six weeks of the quarter end. This also provides Members with an opportunity to give advance notice of any questions, points or requests for further information that will be raised to ensure the appropriate Officers are available at the PPB meeting. The Departmental quarterly monitoring reports are also available via the following link http://srvmosswfe1:40000/sites/Teams/PerformanceandImprovement/Pages/QuarterlyMonitoringReports.aspx

4.0 POLICY IMPLICATIONS

4.1 There are no policy implications associated with this report.

5.0 OTHER IMPLICATIONS

5.1 There are no other implications associated with this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Departmental service objectives and performance measures, both local and national are linked to the delivery of the Council's priorities. The introduction of a Priority Based Report and the identification of business critical objectives/ milestones and performance indicators will further support organisational improvement.

6.2 Although some objectives link specifically to one priority area, the nature of the cross - cutting activities being reported, means that to a greater or lesser extent a contribution is made to one or more of the Council priorities.

7.0 RISK ANALYSIS

7.1 Not applicable.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Not applicable.

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

9.1 None under the meaning of the Act.

Health PPB Thematic Performance Overview Report

Directorate: Communities Directorate

Reporting Period: Quarter 1– Period 1st April 2012 to 30th June 2012

1.0 Introduction

This report provides an overview of issues and progress for the Health PPB that have occurred during the first quarter 2012/13. It describes key developments and progress against key objectives and performance indicators for the service.

2.0 Key Developments

2.1 Eileen O'Meara has now been jointly appointed as Director of Public Health until 2013 prior to the formal transfer of the Public Health function into the Local Authority.

There have been a number of developments within the first quarter which include:-

I COMMISSIONING AND COMPLEX CARE SERVICES

Commissioning

Contractual Services

Lifeways who provided services under the Council's Framework Contract for the Provision of Supporting People and Social Care services served three months' notice in January 2012 of their intention to cease working in Halton. Alternative Futures has been commissioned through the framework and services were successfully transferred in April 2012. An annual saving of £11,000 has been achieved whilst maintaining the same levels of front line support.

Bredon Residential Respite Service currently offers short breaks to adults with learning disabilities who live with family carers. The contract with the current Provider ends in December 2012. The opportunity has been taken to revise the service specification to extend the service to support those with challenging behaviour, Autism specific condition or other complex needs. This service has now been put out to open Tender.

Complex Care

Mental Health Services

The reconfiguration of the way Mental Health services are provided within the 5Boroughs Partnership has continued through the year, in alliance with the Borough Council. A detailed Action Plan is being implemented to ensure that the key aims of the new service –to promote recovery and ensure that effective treatment is in place for all patients – are in place. Services are being rationalised, with some crossing local authority boundaries, and with new Assessment and Home Treatment services being established. It is intended that this work should be completed by the end of the financial year. The expectation is that this will result in increasing numbers of people being supported in the community, with less need for inpatient services.

The nature of local partnership arrangements and planning processes in Mental Health is also changing and particularly the development of the local Clinical Commissioning Group. The previous planning structure had been put in place to implement the 1999 National Service Framework for Mental Health; the ten-year time frame for this has now ended and it is appropriate to put new planning processes in place. A local Mental Health Strategic Partnership Board is being set up, charged with overseeing the design and delivery of high quality local Mental Health services.

II <u>PREVENTION AND ASSESSMENT SERVICES</u>

The Establishment of an Integrated Safeguarding Unit
Halton Borough Council are currently undertaking a 12 month pilot in conjunction with the local Clinical Commissioning Group (CCG) to establish an integrated adults safeguarding unit. The aim of the new model of delivery will be to provide a hub and spoke model which is an efficient, flexible and responsive service to the local population. The Unit will lead on adults safeguarding and dignity work across the Health and Social care economy. It will be headed up by a Principal Manager supported by two social workers, two nurses, a Safeguarding/dignity Officer, a Board Certified Behavioural Analyst and a GP. This will enable the unit to effectively operate particularly with its interface with the Community Nursing Teams, Acute Hospitals and Care Management Teams.

Telecare
The Telecare Services Association (TSA) has reviewed and awarded Halton's telecare service its accreditation and new European Standard award and platinum status for the second successive year. There is good evidence to show that this service is making a difference to individuals, their Carers and to the delivery of health and social care as a whole and places us in an excellent position to progress telehealth in the future.

Reconfiguration of Care Management
The reconfiguration, has involved the restructure of the current care management teams to create a dedicated multi-disciplinary duty function team. An Initial Assessment Team (IAT) is responsible for all new referrals, screening, signposting and initial assessments. There are two Operational teams dealing with complex work, (one in Widnes and one in Runcorn) that are to become locality based care management teams with workers aligned to GP practices. The new model was launched at the beginning of June 2012.

Learning Disability Partnership Board Annual Self Assessment
The 2011/12 assessment of Halton's progress in implementing the Government "Valuing People Now" strategy is in the process of being completed. The submission date for the self-assessment is 7th September 2012. The self-assessment will be presented to the People's Cabinet and the Learning Disability Partnership Board for approval and sign off.

The Partnership Board continues to meet on a bi-monthly basis with dedicated themes. In July 2011 the Learning Disability Partnership Board developed a Business Plan. The Business Plan includes 3 key actions for each of the 6 key themes from Valuing People Now e.g. health, employment etc. A lead officer has been identified to deliver each of the key actions, and those lead officers are contacted every quarter to provide progress updates on their key actions. The Business Plan updates have been presented to the Learning Disability Partnership Board which have helped to inform the annual self-assessment report and work priorities.

Learning Disability Nursing Team
The Learning Disability (LD) Nursing Team are continuing to work within the GP's surgeries to ensure that the Learning Disability register held by the surgeries are up to date and people on the register are invited to attend for their health check. There has been pro-active work to try to encourage surgeries to complete LD health checks throughout the year. The Learning Disability Nurses are attending the clinics to offer support, advice and guidance to practice nurses etc. and to support those people with a Learning Disability.

Health Promotion
A 12 week health promotion workshop for men commenced in February. This proved to be a real success and all men who joined completed the full course. There are plans to have a further group starting in September, as well as a women's group. Data relating to Health Action Plans (HAP) being completed by Providers is being collected and collated. A HAP audit will be undertaken in the autumn. A pathway for Dementia and Challenging Behaviour is being developed in conjunction with 5BP colleagues.

3.0 Emerging Issues

3.1 A number of emerging issues have been identified during the first quarter that will impact upon the work of the Directorate including:-

I COMMISSIONING AND COMPLEX CARE SERVICES

Learning Disabilities – Integrated Working Programme
A programme of work has now been initiated in conjunction with the NHS. This includes reviews for those identified as most vulnerable. The Adults with Learning Disabilities Partnership Board has received a report on progress and the joint working, and the outcomes, will be reported in the NHS Self-Assessment Framework to be submitted in October 2012.

Interim Report – Winterbourne View
The Department of Health review of Winterbourne View: Interim Report was published in late June. The Chief Executive of the NHS Commissioning Board Authority and Director-General of Social Care, Local Government and Care Partnerships have jointly written to all PCT's and Local Authorities to highlight the actions set out in the report and the need for Health and Social Care to work jointly at both national and local level to commission services to improve outcomes and enable people with learning disabilities to lead fulfilling and safe lives in the community. The final report is anticipated in Autumn 2012. Locally the Learning Disability Partnership Board Healthcare for All group will oversee progress. The Membership includes health and social care professionals, family carers and self-advocates.

Mental Health Services
In 2011, the government issued the latest national strategy for Mental Health 'No Health without Mental Health', which places a greater emphasis on managing Mental Health problems as a whole system, rather than solely being the remit of more specialist services. It focuses on the continuum of care needed throughout people's lifetimes and across all systems. This key policy document has now been followed by an Implementation Guide, which will be used locally to benchmark services and ensure that local delivery is effective. In Halton, the new Health and Wellbeing Board has made Mental Health its key priority for the coming year.

The changes in service delivery described above – the development of the Clinical Commissioning Groups and the reconfiguration of 5Boroughs services, means that previous partnership arrangements are no longer valid. As part of the work of the new Mental Health Strategic Partnership Board, new partnership arrangements will be identified and implemented.

There are significant pressures on local Mental Health Social Care Services. There has been an increase in the number of assessments required under the Mental Health Act 1983, which impacts strongly on the limited number of Approved Mental Health Professionals required for this role. In addition, there are more and more requests for Mental Health Social Services involvement in a range of activities.

As a result of this, a formal review is taking place of the role and function of the Mental Health Outreach Team, and wider consideration is being given to the shape of local social care Mental Health services in the years to come.

II PREVENTION AND ASSESSMENT SERVICES

Continuing Health Care
Work is currently progressing with the Clinical Commissioning Group to develop an Integrated approach to Continuing Health Care, with the development of pooled budgets and integrated commissioning. A Business Plan will be completed by September for consideration at the Board.

Halton Disability Partnership
Halton Disability Partnership has secured 5 year's funding through a Big Lottery Reaching Communities grant and consequently will be able to host the Disability Forum for the foreseeable future. They are currently working with the Council to develop some projects to support personalisation, a PA register, peer support, and information and advice.

Integrated Care Homes Support Team
Within Halton, there are plans to develop a multi-disciplinary 'Care Home Support Team' to provide additional support to residential and nursing homes, initially as a 12 month pilot project. The team will act as a bridge to support care homes to access existing health services, such as GP's, Community nurses, Geriatricians etc. It will work closely with the local authority Quality Assurance and Contract monitoring Services and the newly developed Safeguarding Unit. The service will have an educational role and provide enhanced support/training to care homes to improve overall standards of care and competencies within the care home sector.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of the 2012/13 Business Plan , the service was required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Register.

As a result, monitoring of all relevant 'high' risks will be undertaken and progress reported against the application of the risk treatment measures in Quarters 2 and 4.

5.0 Progress against high priority equality actions

There have been no high priority equality actions identified in the quarter.

6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Communities Directorate. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

I *Commissioning and Complex Care Services*

Key Objectives / milestones

Ref	Milestones	Q1 Progress
CCC1	Conduct a review of Homelessness Services to ensure services continue to meet the needs of Halton residents **Mar 2013** (AOF4)	✓
CCC1	Monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. **Mar 2013.** (AOF 4)	✓
CCC1	Implement the Local Dementia Strategy, to ensure effective services are in place. **Mar 2013**. (AOF 4)	✓
CCC1	Implement 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. **Mar 2013** (AOF 4)	✓
CCC1	Work with Halton Carers Centre to ensure that Carers needs within Halton continue to be met. **Mar 2013** (AOF 4)	✓
CCC1	Conduct a review of Domestic Violence Services to ensure services continue to meet the needs of Halton residents **Mar 2013** (AOF11)	✓
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. **Mar 2013** (AOF 21)	✓
CCC2	Continue to negotiate with housing providers and partners in relation to the provision of further extra care housing tenancies, to ensure requirements are met (including the submission of appropriate funding bids). **Mar 2013** (AOF18 & 21)	✓
CCC2	Update the JSNA summary of findings, following community consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton. **Mar 2013** (AOF 21 & AOF 22)	✓
CCC3	Consider with our PCT partners the recommendations and implications of the review of Halton's section 75 agreement in light of the publication of the Government White Paper 'Equity and Excellence: Liberating the NHS'. **Mar 2013.** (AOF21, AOF 24 & AOF 25)	✓

Supporting Commentary

Review of Homelessness Services
The Homelessness Strategy review for 2013 – 2017 is due to commence August 2012. The relevant Homeless Forum Sub Groups and Strategic Commissioning Group have now been devised and will form part of the consultation and review process. It is anticipated that the Strategy review and Action Plan will be completed and circulated by December 2012.

Autistic Spectrum Disorder
An Action Plan, in response to the National Autistic Society Review (available May 2012) is now in place. This will be regularly reviewed.

Local Dementia Strategy
The Associated Dementia Strategy and Implementation plan has been refreshed and will be signed off at the Dementia Steering Group on July 13th 2012. The action plan includes areas that have been completed e.g. dementia care advisors, dementia café etc. and areas that need to refocus to ensure completion; for example training and public awareness. A copy of the refreshed plan is available through Halton BC Commissioning department.

5Boroughs NHS Foundation Trust Mental Health redesign proposals
A local Steering Group has been set up to ensure the delivery of the Acute Care Pathway. Service specifications have been developed, key appointments have been made within the 5Boroughs, and a comprehensive local Action Plan is in place. The required changes are expected to be delivered by the end of the financial year.

Carers Centre
The Carers Centre are now through to the final stage of the Big Lotteries application for funding. They have submitted their finance plan and have been advised that they will have an outcome by the last week in August 2012. Depending on the outcome; this may result in 50% funding being returned to the Local Authority which will result in an efficiency saving. (In September 2011 SMT agreed to provide 50% match funding beyond March 2012)
Meanwhile, the Clinical Commissioning Group (CCG) has agreed to a proposal to increase Carer's provision by strengthening working between the Local Authority and Health and developing stronger referral pathways. This means that the Carers Centre will gain 1 x FT post and 2 x PT posts to ensure that Carers needs continue to be met; where Carers have prioritised and identified gaps in services.

Domestic Violence
A Domestic Abuse Project Group has been set up to consider how supported accommodation will be provided to Halton residents fleeing domestic abuse in the future. This pilot will consider alternative accommodation options alongside the traditional refuge provision model. Due to this pilot, the contract currently held by Women's Aid to provide the Halton Domestic Abuse Service consisting of Refuge Provision, Sanctuary Measures, Floating Support and Independent Domestic Violence Advocate (IDVA) service will continue to be funded until 2014. As part of the remit of this group an appraisal of all aspects of domestic abuse service provision is to be included to develop and shape a future service that meets the needs of our local client base.

Establishment of Local Healthwatch
Healthwatch specification has been drafted and additional support has been identified and offered to existing LINK to develop them into a viable Healthwatch organisation. The following tasks are currently being undertaken to ensure that all milestones for transition are met and relevant timescales are achieved:

- Complete and agree specification
- Complete consultation with different service areas
- Further agreement on cross boundary working for ICAS

- SMT decision to tender
- Completion of enhanced service provision for the Advocacy Hub.

Development of Extra Care Housing Provision
The position remains the same as per previous updates in that with 137 units of extra care housing in the development pipeline (with Naughton Fields opening in the autumn and the Boardwalk in 2014), no further development is being actively sought due to revenue constraints on the Council's supported housing budget.

Joint Strategic Needs Assessment
The JSNA summary of findings and other information from the JSNA has been used to inform the community consultation exercise for the development of the Joint Health and Well-being Strategy. The health priorities identified through this and other stakeholder engagement will be reflected in the Strategy.
There has been one data update (this is reviewed each quarter – next review scheduled for September 2012) and work has begun on reviewing specific chapters of the main JSNA, including ones for older people, disabilities and children.
The nature of JSNA summary updates will be reviewed and managed through the Health Strategy group which is a sub-group of the Joint Health and Well-being board.

Section 75 Agreements
Review of Section 75 Agreement completed and new governance arrangements proposed. These include close alignment with the newly formed Clinical Commissioning Group.

Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q1	Current Progress	Direction of travel
CCC 6	Adults with mental health problems helped to live at home per 1,000 population (Previously AWA LI13/CCS 8)	3.97	3.97	3.89	✓	↓
CCC 7	Total number of clients with dementia receiving services during the year provided or commissioned by the Council as a percentage of the total number of clients receiving services during the year, by age group. (Previously CCC 8)	3.4%	5%	3.6%	✗	N/A Refer to comment
CCC 8	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 9).	0	1.2	1	✓	↓
CCC 9	Number of households living in Temporary Accommodation (Previously NI 156, CCC 10).	6	12	6	✓	↑

CCC 10	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough) (Previously CCC 11).	4.71	4.4	Not availa ble	Not available	Not available
CCC 11	Carers receiving Needs Assessment or Review and a specific Carer's Service, or advice and information (Previously NI 135, CCC 14).	21.64%	25%	4.04%	?	

Supporting Commentary

CCC 6 - Performance is marginally down from the same quarter in 2011. Although the figures have reduced slightly as a proportion, this represents a very small number of actual people. This has occurred because the 5Boroughs are rationalising services and are focusing on fewer patients, but with more complex needs.

CCC 7 - Data was unavailable during Q1 2011 therefore no comparison can be made on direction of travel. The figure reported reflects those individuals recorded on Carefirst with a Care package recorded with a Sub Primary Client type of 'Dementia'. This is indicator is red as there has not been any demonstrable improvement in the records of the number of individuals recorded with Dementia receiving services via the Carefirst system.

CCC 8 - The Authority has now formed part of the Sub Regional No Second Night Out scheme. The service provides an outreach service to identify and assist rough sleepers. The Authority will continue to strive to sustain a zero tolerance towards repeat homelessness status

CCC 9 - Due to increased prevention measures in place, this has proven contributable towards the sustained reduction in temporary accommodation provision.

CCC 10 - Unfortunately, due to I.T. issues (logged with I.T.) the statistical report is not available. The information will be provided retrospectively in Q2.

CCC 11 - Performance in Q1 is lower compared to performance reported in Q1 2011/12 (6.28%), therefore the direction of travel is a downward trend. This is consistent with a downward trend overall in relation to performance for this indicator – 21.64% was achieved for 2011/12 versus a target of 25%. It is suggested that this reduction may be because a greater number of Carers are accessing services via the Carer's Centre. A national Carers survey is scheduled to take place in October/November and the Directorate will closely evaluate the views and experiences of Carers and feed the results into future service development.

II *Prevention and Assessment Services*

Key Objectives / milestones

Ref	Milestones	Q1 Progress
PA1	Support the transition of responsibility for Public Health and Improvement from NHS Halton & St Helens to Halton Borough Council. **Mar 2013**. (AOF 2 & 21)	✓
PA1	Implementation of the Early Intervention/Prevention strategy with a key focus on integration and health and wellbeing. **Mar 2013.** (AOF 3 & 21)	✓
PA1	Review current Care Management systems with a focus on integration with Health (AOF 2, AOF 4 & AOF 21) **Aug 2012**	✓
PA1	Continue to establish effective arrangements across the whole of Adult Social Care to deliver Self-directed support and Personal Budgets. **Mar 2013** (AOF 2, AOF 3 & AOF 4)	✓
PA1	Continue to implement the Local Affordable Warmth Strategy, in order to reduce fuel poverty and health inequalities. **Mar 2013** (AOF 2)	✓

Supporting Commentary

Transfer of Public Health to Halton Borough Council
Public health takes a whole population approach and this includes working with vulnerable people and hard to reach groups. These groups are included in all plans for delivery of all 17 core public health services that will be commissioned and delivered by Halton Borough Council. The Council also has a duty to hold Halton Clinical Commissioning Group (CCG) to account for delivery of services to the residents of Halton including vulnerable groups. Public health will enable this evaluation of CCG services. Public health has produced a Transition Plan that enables the safe transfer of public health to the Borough Council. This plan has been rated Green by the Department of Health. The Department of Public Health are now preparing a Legacy Document that must be in place by October 2012. This is being completed jointly with other Public Health teams across Merseyside.

Implementation of the Early Intervention/Prevention strategy
The Early Intervention and Prevention Strategy is fully implemented in Halton. Performance monitoring of service provision continues. Further work with Public Health to develop an integrated Health and Well-being service is underway.

Review of current Care Management Configuration
A new model for adult services has been launched at the beginning of June 2012. An Initial Assessment Team (IAT) is now responsible for all new referrals, screening, signposting and initial assessments. There are two operational teams dealing with complex work, (one in Widnes and one in Runcorn) that are to become locality based care management teams with workers aligned to GP practices.

Self-directed support and Personal Budgets
Arrangements are in place to offer self-directed support across the whole of Adult Social Care and personal budgets to all service users. Systems are continually monitored and reviewed for improvement.

Affordable Warmth
Actions to implement the Strategy are on-going and on target. Progress review September 2012.

Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q1	Current Progress	Direction of travel
PA 1	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously EN 1)	91.67	99	22.03	✓	⇩
PA 4	Number of people receiving Telecare Levels 2 and 3 (Previously PA 6)	240	259	267	✓	⇧
PA 5	Percentage of Vulnerable Adult Abuse (VAA) Assessments completed within 28 days (Previously PA 8)	90.80%	82%	84.28%	✓	⇧
PA 11	% of items of equipment, and adaptations delivered within 7 working days (Previously CCS 5, PA 14)	97.04%	97%	94.42%	✓	⇩
PA 14	Proportion of People using Social Care who receive self-directed support and those receiving Direct Payments (ASCOF 1C) (Previously NI 130, PA 29)	48.31%	55%	52.73%	✓	⇧
PA 15	Permanent Admissions to residential and nursing care homes per 1,000 population (ASCOF 2A) (Previously PA 31)	147.89	130	104.39	✓	⇧
PA 16	Delayed transfers of care from hospital, and those which are attributable to adult social care (ASCOF 2C) (Previously NI 131, PA 33)	1.86 (as at end March 2012)	3.0 (PCT Target)	2.08	✓	⇧
PA 17 (SCS HH 10)	Proportion of Older People Supported to live at Home through provision of a social care package as a % of Older People population for	15.7%	14.8%	15.93%	✓	N/A

	Halton					
PA 18	Repeat incidents of domestic violence (Previously NI 32, PA 28)	27.6%	27%	31%	?	
PA 19	Number of people fully independent on discharge from intermediate care/reablement services (Previously PA 5)	58%	42%	46%	✓	

Supporting Commentary

PA1 – This is the cumulative figure and equates to 376 people in receipt of intermediate care in the 65+ age bracket. The figure is slightly lower than the 428 (25.02) figure for the same period last year.

PA 4 - There has been an increase in referrals by approximately 30% on last year.

PA 5 –Target exceeded.

PA 11 – This figure excludes Visual Impairment or Deafness Resource Centre equipment as there have been no items loaded into the Carefirst system for June. Also, in terms of minor adaptations 61 items were delivered and only 30 were delivered inside the 7 days target. Both these issues have contributed to the overall Q1 figure being below target, and worse in comparison the same quarter 2011/12.

PA 14 - The proportion of people using social care who receive self-directed support and those receiving Direct payments has increased compared to Q1 in 2011/12. This is primarily due to the inclusion of Lifeline Clients with a Personal Budget who would not have been included in the 2011/12 figure.

PA 15 - At this stage in the year, the target is expected to be achieved. However, the winter months will more than likely see an increase in the number of admissions. Performance has improved from 0.58% compared to the same quarter 2011/12.

PA 16 - Delayed Transfers of Care remains a high priority for Halton CCG and LA. Performance as at June 2012 (2.08 per 100,000 population) demonstrates a significant improvement when compared with June 2011 (8.75 per 100,000 population). It is anticipated that various initiatives undertaken will lead to further improvement in performance.
Note: The target stated is as per Halton and St Helens PCT footprint, rather than Halton only.

PA 17 - The target has been exceeded during Q1. This is a revised indicator for 2012/13. During 2011/12 this measure was monitored per 1,000 population whereas this year it is monitored by percentage. This change in reporting is to align the reporting of this measure with the Sustainable Community Strategy.

PA18 - Performance has decreased in comparison to Q1 2011/12 which considered 42 cases at MARAC 10 of which related to repeat incidents - which equated to 28%.

PA19 - The figure for Q1 relates to people discharged from the service during the period. Compared to Q1, 2011/12 the figure has increased from 41%, which shows improved

performance for people discharged from intermediate care/reablement services.

Adult Social Care Outcomes Framework Indicators (2011/12)

Finalised statutory return information is available in Q1 2012/13 for the previous financial year's performance, as shown in the Table below.

Ref	Measure	10/11 Actual	11/12 Actual	12/13 Target	Direction of travel
CCC 18	Social Care-related Quality of life (ASCOF 1A) (Previously CCC 38)	18.9	19.7	19	⇧
CCC 19	The proportion of people who use services who have control over their daily life (ASCOF 1B) (Previously CCC 39)	79.2%	80.6%	80%	⇧
CCC 23	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	61.7%	69.2%	65%	⇧
PA 20	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (ASCOF 2B) (Previously NI 125, PA 32)	68.83%	74.07%	70%	⇧
PA 21	The Proportion of people who use services and carers who find it easy to find information about support – Adult Social Care Survey (ASCOF 3D) (Previously PA 34)	65.4%	65.5%	65%	⇧
PA 22	The Proportion of People who use services who feel safe – Adult Social Care Survey (ASCOF 4A) (Previously PA 35)	51.3%	66.2%	54%	⇧
PA 23	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B Previously PA 36)	N/A New Indicator for 11/12	79.1%	79.1%	N/A

Supporting Commentary

CCC 18 – This is a composite measure which brings together the outcomes from a number of questions asked as part of the Adult Social Care Survey. The set of eight questions are aggregated to provide an overall indication of quality of life. Out of a possible total score of 24, those included in the 2011/12 survey resulted in a score of 19.7. This score indicates a strong score for quality of life.

CCC 19 – Performance increased from 2010/11 to 2011/12, 80.6% of those who responded to the Adult Social Care survey in 2011/12 reported that positively that they have control over their daily life. To contribute to this score, respondents answered either;

‘I have as much control over my daily life as I want’ or “I have adequate control over my daily life”.

CCC 23 – Performance increased from 2010/11 to 2011/12, 69.2% of those who responded to the Adult Social Care survey in 2011/12 reported that they were either ‘extremely’ or ‘very’ satisfied with the care and support services they receive from Halton Borough Council.

PA 20 - Performance increased from 2010/11 to 2011/12, from 68.83% to 74.07%. This measures the benefit to individuals from re-ablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using reablement services. A higher figure is better.

PA 21 – Performance remained constant from 2010/11 to 2011/12, 65.5% of those who responded to the Adult Social Care survey in 2011/12 reported that they found information about support was either, ‘Very easy to find’ or ‘fairly easy to find’.

PA 22 - Performance increased from 2010/11 to 2011/12, 66.2% of those who responded to the Adult Social Care survey in 2011/12 reported ‘I feel as safe as I want’.

PA 23 - 79.1% of those who responded to the Adult Social Care survey for the first time in 2011/12 reported that support services helped them to feel safe. This indicator reflects directly whether the support services that Halton Borough Council provides has an impact on an individual’s safety. This is in comparison to PA21 which is a general measure of whether an individual feels safe – which could be as a result of a multitude of factors. A higher figure is better.

COMMISSIONING & COMPLEX CARE DEPARTMENT

Revenue Budget as at 30th June 2012

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
Expenditure				
Employees	7,345	1,746	1,736	10
Other Premises	319	142	151	(9)
Supplies & Services	2,195	166	169	(3)
Contracts & SLA's	477	44	22	22
Transport	170	43	41	2
Emergency Duty Team	103	0	0	0
Community Care:				
Residential & Nursing Care	895	159	125	34
Domiciliary Care	310	48	55	(7)
Direct Payments	133	38	28	10
Block Contracts	178	34	30	4
Day Care	15	6	7	(1)
Carers Breaks	203	1	1	0
Food Provision	25	6	4	2
Other Agency Costs	1,448	46	39	7
Payments To Providers	4,053	1,162	1,166	(4)
Grants To Voluntary Organisations	259	107	102	5
Total Expenditure	**18,128**	**3,748**	**3,676**	**72**
Income				
Residential & Nursing Fees	-69	-10	-12	2
Direct Payment Charges	-3	-1	-5	4
Community Care Income	-4	-1	-1	0
Sales & Rents Income	-184	-110	-117	7
Fees & Charges	-444	-52	-48	(4)
PCT Reimbursements : Care	-257	-8	-8	0
PCT Reimbursements :Service	-2140	-591	-594	3
Reimbursements	-250	-50	-48	(2)
Government Grant Income	-255	-34	-39	5
Transfer From Reserves	-700	-568	-568	0
Total Income	**-4,306**	**-1,425**	**-1,440**	**15**
Net Operational Expenditure	**13,822**	**2,323**	**2,236**	**87**
Recharges				
Premises Support	458	115	115	0
Transport	441	12	12	0
Central Support Services	2,403	557	557	0
Asset Charges	461	2	2	0
Internal Recharge Income	-88	0	0	0
Net Total Recharges	**3,675**	**686**	**686**	**0**
Net Departmental Total	**17,497**	**3,009**	**2,922**	**87**

Comments on the above figures:

Net operational expenditure is £87,000 below budget profile at the end of the first quarter of the financial year.

Employee costs are projected to be £40,000 below budget at the year-end. This results from savings made on vacant posts. The staff turnover savings target incorporated in the budget for this Department is £394,000, the £40,000 represents the value by which this target is projected to be over-achieved.

The Community Care element of Mental Health Services, for this financial year is forecast to be £185,000 below budget based on current data held for all known care packages. This figure is subject to fluctuation, dependent on the number and value of new packages approved, and the termination or variation of existing packages. At the end of quarter 1 the net position is £46,000 below budget profile.

Expenditure on Contracts and Service Level Agreements is projected to be £54,000 below budget at the year-end. This relates to savings in respect of payments to bed & breakfast providers for homelessness support. There has historically been significant variations in demand for this service, although current expenditure patterns are stable, and the projected underspend seems realistic.

Income is currently marginally above the target to date. Community Centres income is particularly vulnerable to economic pressures, consisting of a large volume of discretionary public spend relating to social activities. However, action has been taken to maximise income from room lettings, and it is currently anticipated that the target will be achieved. The figures in the table above include a projected over-achievement of Community Care income of £25,000 for the full year, which is included within the £185,000 projected net underspend for Community Care referred to above.

At this stage, net expenditure for the Complex & Commissioning Care Division is anticipated to be £300,000 below budget at the end of the financial year. Of this figure, £185,000 relates to Community Care.

Capital Projects as at 30th June 2012

	2012/13 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Renovation Grant	85	21	0	85
Disabled Facilities Grant	650	60	0	650
Stairlifts	250	63	61	189
Energy Promotion	6	1	0	6
RSL Adaptations	550	137	43	507
Choice Based Lettings	29	16	16	13
Extra Care Housing	463	0	0	463
User Led Adaptations	55	0	0	55
Bungalows At Halton Lodge	464	0	0	464
Unallocated Provision	109	0	0	109
Total Spending	**2,661**	**298**	**120**	**2,541**

COMMUNITIES – PREVENTION & ASSESSMENT DEPARTMENT

Revenue Budget as at 30th June 2012

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
Expenditure				
Employees	7,854	1,821	1,801	20
Other Premises	72	13	10	3
Supplies & Services	654	190	189	1
Consumer Protection Contract	386	106	106	0
Transport	116	25	25	0
Food Provision	17	4	4	0
Aids & Adaptations	113	13	13	0
Contribution to JES	231	0	0	0
Community Care:				
Residential & Nursing Care	8,619	1,546	1,801	(255)
Domiciliary & Supported Living	6,970	1,022	1,045	(23)
Direct Payments	2,400	704	680	24
Day Care	235	40	63	(23)
Other Agency	79	33	33	0
Contribution to Intermediate Care Pool	2,206	459	419	40
Total Expenditure	**29,952**	**5,976**	**6,189**	**(213)**
Income				
Other Fees & Charges	-93	-12	-8	(4)
Sales Income	-25	-26	-26	0
Reimbursements	-274	-25	-34	9
Residential & Nursing Income	-2,631	-506	-557	51
Community Care Income	-576	-154	-179	25
Other Community Care Income	-186	-46	-52	6
Direct Payments Income	-105	-26	-42	16
PCT Contribution to Care	-901	-35	-20	(15)
Transfer from Reserves	-340	0	0	0
LD & Health Reform Allocation	-4,489	0	0	0
Capital Salaries	-84	0	0	0
PCT Contribution to Service	-1,078	-467	-467	0
Total Income	**-10,782**	**-1,297**	**-1,385**	**88**
Net Operational Expenditure	**19,170**	**4,679**	**4,804**	**(125)**
Recharges				
Premises Support	429	103	103	0
Asset Charges	160	6	6	0
Central Support Services	3,382	821	821	0
Internal Recharge Income	-419	0	0	0
Net Total Recharges	**3,552**	**930**	**930**	**0**
Net Departmental Total	**22,722**	**5,609**	**5,734**	**(125)**

Comments on the above figures:

In overall terms the Net Operational Expenditure for Quarter 1 is £165,000 over budget profile excluding the Intermediate Care Pool.

Staffing is currently showing £20,000 under budget profile. This is due to savings being made on vacancies within the Department. Some of these vacancies are expected to be filled by the end of Quarter 2.

The figures above include the income and expenditure relating to Community Care, which is currently showing £194,000 over budget profile, net of income. Community Care includes expenditure on clients with Learning Disabilities, Physical & Sensory Disabilities and Older People. These figures will fluctuate throughout the year depending on the number and value of new packages being approved and existing packages ceasing. This budget will be carefully monitored throughout the year to ensure an overall balance budget at year end.

This budget was significantly overspent in 2011/12, however action was taken to restrict the scale of the overspend as far as possible. This action and close monitoring will continue during the current year to again restrict expenditure as far as possible, however it is anticipated that expenditure on Community Care will still be above budget by year end.

Contribution to Intermediate Care Pooled Budget

Revenue Budget as at 30th June 2012

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
Expenditure				
Employees	1,137	345	335	10
Supplies & Services	420	32	2	30
Transport	10	3	3	0
Other Agency Costs	201	8	8	0
Total Expenditure	**1,768**	**388**	**348**	**40**
Income				
Total Income	**-50**	**0**	**0**	**0**
Net Operational Expenditure	**1,718**	**388**	**348**	**40**
Recharges				
Central Support Charges	444	60	60	0
Premises Support	43	11	11	0
Total Recharges	**487**	**71**	**71**	**0**
Net Departmental Total	**2,205**	**459**	**419**	**40**

The above figures relate to the HBC contribution to the pool only.

Comments on the above figures:

In overall terms revenue spending at the end of quarter 1 is £40,000 below budget profile, which in the main relates to expenditure on supplies & services that is £30,000 under budget. This is because costs incurred on Halton's Intermediate Care Unit are less than expected at this stage of the year.

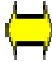
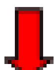
APPENDIX

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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

Agenda Item 6a

REPORT TO:	Health Policy & Performance Board
DATE:	11th September 2012
REPORTING OFFICER:	Strategic Director, Communities
PORTFOLIO:	Health and Adults; Children, Young People and Families
SUBJECT:	Revised Subject Access Requests (Social Care Records) Policy, Procedure and Practice May 2012
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the Board with the revised Subject Access Requests (Social Care Records) Policy, Procedure and Practice May 2012.

2.0 **RECOMMENDATION: That: The Board note the contents of the report and the associated policy.**

3.0 **SUPPORTING INFORMATION**

Background Information

3.1 **The Data Protection Act gives individuals rights to have access to their own personal information. Individuals can send a subject access request (SAR) which requires the authority to tell them about the personal information we hold about them, and to provide them with a copy of that information. In most cases, you must respond to a valid subject access request within 40 calendar days of receiving it.**

3.2 The review of the Subject Access Requests Policy began in July 2011. Children's Services and Adult Social Care had separate policies and separate processes for SAR. Following a number of structural changes within both Directorates, including the transfer of a member of children's services staff (who undertook children's services complaints/access to records) to the Communities Directorate Representation and Complaints team, it was agreed that a working group needed to be established to review the process. The group's aim was to look at integrating the children's Access to Records Policy into the process that operated in adult services, and create a new, streamlined policy, procedure and practice to reflect this.

3.3 A group of representatives from across the Council worked together to review the policy and procedures. This involved various departments including Children and Families Service, Adult Social Care, Customer Services, Policy and Strategy and ICT.

Legal Services were also consulted and made some minor changes in terms of legalities.

3.4 The group met on a regular basis, to agree a new process for both children's and adult's social care subject access requests that the Communities Directorate Representation and Complaints Team would manage. This included:

- the design of a new improved application form;
- a revised process flowchart;
- updated letter templates and forms; and
- a revised policy and procedure (attached at Appendix 1).

Main changes

3.5 There is now one streamlined policy and procedure instead of two separate policies for Children and Enterprise and the Communities Directorates. The policy and procedure document has been written to reflect the revised process.

3.6 A flowchart has been created to clearly show a step-by-step guide to the new process, and the text within the procedure details this further.

3.7 A new Council SAR application form has been developed (Appendix 2 of the Policy). To ascertain more clearly the information that the applicant is requesting, a new question has been added for specific information regarding the request. This is hoped to speed up the process, as well as avoiding unnecessary information being provided. The form has also been updated in terms of the identification requirements.

To accompany the form, there is detailed guidance on the completion of the form, how to submit the form and how the application form will be dealt with (Appendix 3 of the Policy).

3.8 Letter templates and other additional forms that may be required as part of a SAR have been updated in accordance with the revisions within the policy. These form the remainder of the Appendices to the policy.

3.9 By having a more streamlined process in place, responses to SARs will be dealt with more efficiently, and therefore give an improved service to both children and adults who are requesting information.

4.0 **POLICY IMPLICATIONS**

4.1 The policy, procedure and practice document was approved by both Directorate Management teams. The policy will be reviewed again in May 2014.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Roles and responsibilities have been identified within the revised policy and procedure for certain tasks throughout the process. The Representation and Complaints Manager will have the overarching overview of each case, and will ensure that everyone involved keeps to the specified timescales.

5.2 As part of the discussions, ICT joined the working group to share the development of a new electronic Access to Records System on a similar line to the Freedom of Information system that they are developing Council-wide. The group worked closely with ICT to ensure that the new procedures for any child or adult SARs linked in to the new database.

5.3 ICT are currently developing an e-learning course that will be available to all staff involved in SAR requests. The training will focus on the process and procedure to be followed and may take place either at Induction or as a separate course.

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

6.1 **Children & Young People in Halton**

Streamlining the Subject Access Requests procedures and having an integrated process will benefit the priorities for both Children and Young People and a Healthy Halton by having one co-ordinator for all subject access requests and, in turn, the process being more easily managed.

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

None identified.

6.3 **A Healthy Halton**

Streamlining the Subject Access Requests procedures and having an integrated process will benefit the priorities for both Children and Young People and a Healthy Halton by having one co-ordinator for all subject access requests and, in turn, the process being more easily managed.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 RISK ANALYSIS

7.1 Having in place a robust, streamlined process will reduce the opportunity for risks within the process to arise, for example, requests not being processed within the allocated timescales. The ICT SAR database will ensure that all SARs are recorded and will keep track of progress via the identified "co-ordinator" (in the case of children and adult SARs this will be the Representation and Complaints Manager). As there will be one co-ordinator for all children and adult SARs the process will be more easily managed.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 No equality and diversity issues have been identified. An associated Equality Impact Assessment (EIA) has been completed.

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

None under the meaning of the Act.

Children & Enterprise Directorate

Communities Directorate

Subject Access Requests

(Social Care Records)

Policy, Procedure and Practice

April 2012

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INFORMATION SHEET

Service area	All social care staff
Date effective from	May 2012
Responsible officer(s)	• Principal Manager, Representation & Information Services • Caldicott Guardian
Date of review(s)	May 2014
Status: • **Mandatory (all named staff must adhere to policy)** • **Optional (procedures and practice can vary between teams)**	Mandatory
Target audience	All social care staff
Date of committee/SMT decision	14th May 2012
Related document(s)	Data Protection Act 1998 Freedom of Information Act 2000
Superseded document(s)	Access to Personal Records - 2008
File reference	

	POLICY	PRACTICE
1.0	**Introduction**	
1.1	**The Data Protection Act 1998** The *Data Protection Act 1998* ("DPA") establishes a framework of rights and duties which are designed to safeguard personal data. It enables all people who have information held about them, whether electronic or paper, to access this information. Halton Borough Council ("HBC") has a legal duty to comply with valid requests for the release of information. One of the main rights the DPA gives to individuals is the right of access to their personal data. An individual may send a "Subject Access Request ("SAR") requiring HBC to provide them with certain information. There are some exceptions, which mean the person making the SAR may not be entitled to see some of the information held about them, for example:- • where disclosure would be prejudicial to crime prevention and detection; • where data is held under legal privilege; • where disclosure of information concerning health or social work concerns would cause serious harm to an individual; • copies of certain court reports may only be provided with the leave of the specific court. If it is considered that granting access to a person is likely to result in serious harm to anyone, this information can be withheld but reasons for doing so must be clearly justified and recorded. The decision to exclude such information should be referred to the relevant Line Manager/Legal Services. The DPA relates only to *living individuals* and imposes no obligation to provide information on deceased persons.	*Sections 7–9 of the Data Protection Act 1998 give the "right to subject access" to individuals in respect of personal data held about them by others.* *The Data Protection (Miscellaneous Subject Access Exemptions) Order 2000 states, "where other enactments themselves prevent disclosure, then a data subject cannot rely on the DPA to seek access to records. These include, for example, court documents…"* *The Data Protection (Subject Access Modification) (Social Work) Order 2000 states that "personal data held for the purposes of social work are exempt from the subject access provisions, where the disclosure to the data subject would be likely to prejudice the carrying out of social work, by causing serious harm to the physical or mental health, or condition, of the data subject, or another person."* *The Data Protection (Subject Access Modification) (Health) Order 2000 states "the authority must not disclose information about a physical or mental health or condition without first consulting an 'appropriate health professional.'"* *Refer to the Department of Health's report "Data Protection Act 1998: Guidance to Social Services – March 2000."*
1.2	**The Freedom of Information Act 2000** The *Freedom of Information Act 2000* ("FOI") provides public access to information held by public authorities about their activities. The FOI does NOT give people access to their own personal data, such as health or social care records. Access to this sort of information must be obtained by making a SAR under the DPA. Because of the nature of the information contained within most of the records held and the complexities of the DPA and in order to ensure that legal obligations are met, it is essential that all those concerned with processing a SAR adhere to the procedures given. The *Subject Access Request Flowchart* (**Appendix 1**) shows the process to be followed. A copy of the SAR Application Form is at **Appendix 2** and Guidance Notes for completing the Form are at **Appendix 3**. If there are any doubts or concerns about how to deal with a request, advice must be sought from the Caldicott Guardian, the Data Protection Lead Officer (DPLO), the Customer Care Team (CCT) or Legal Services, as appropriate.	

1.3	**Other legal duties and court ordered disclosure** It should be noted that other legal duties exist under which the Council may be obliged to disclose information. These include where a court of relevant jurisdiction orders such disclosure.	
1.4	**Plans for the future** The electronic social care record must be developed in order to give Applicants more control over who will be able to access and use records about their care. The plan is that Applicants will be able to access their care records on the internet. The CCT will assist the relevant Principal Manager in working with partners in the NHS to ensure that Applicants' access to care records is secure.	*"The Social Care Record Guarantee" launched 12th November 2009 indicates that electronic records should be developed.*
1.5	**Training** Members of staff who may be involved in SAR requests must be given full training on the process and procedure to be followed. This may take place as part of their initial induction or as a separate course. ***An e-learning course will be available to all staff with effect from XXX*** ***(N.B. This course is under development – the group will be advised when it will go live at a later meeting).*** If, after taking appropriate advice, it is uncertain whether training is necessary, the relevant Divisional Manager must make the decision.	

2.0	Key Points	
2.1	**Rights of access to information** The DPA specifically states that a person is only entitled to access **their own** information. SARs must be made in writing, but note that:- • a request sent by email or by fax is as valid as a hard copy; • whilst there is no obligation to respond to an oral request, it may (depending upon the circumstances) be reasonable to do so, so long as the applicant's identity is not in doubt; • if a disabled person finds it impossible or unreasonably difficult to make a SAR in writing, a reasonable adjustment for this may need to be made under the *Disability Discrimination Act 1995* or *Equality Act 2010*. A SAR Application Form is available from Customer Services/Contact Centres/Halton Direct Link. All requests must be legible and contain sufficient information to identify the client's record(s). Whilst verifying the Applicant's identity, and until the SAR has been completed, the Notes box on the SAR system must be updated, logging dates, times and the content of all contact with the Applicant. The Applicant may only see information which they have a right to view. For further details see **Appendix 4** - *Criteria for Sharing Information Checklist*. A record must be retained of everyone who has permission to look at an Applicant's care information. The Applicant will be able to ask for a list of everyone who can look at their records. There may be times when information about the Applicant needs to be disclosed without the Applicant's permission to do so, e.g. if they need emergency care. If this happens the Principal Manager of the relevant team will keep a record of the request and the response and inform the Applicant.	*It is not compulsory to make a SAR in writing if it is impossible or unreasonably difficult to so do because of disability (Disability Discrimination Act 1995 and Equality Act 2000).* *There is no obligation to use the Subject Access Request form, which is available on the website www.halton.gov.uk* *"The Social Care Record Guarantee", launched on 12th November 2009 and outlines the need to keep a note and/or list of people who have permission to access an Applicant's care information.*
2.2	**Confirmation of identity** The identity of the person making the SAR must always be confirmed, particularly if the SAR relates to old information from closed records/cases. Where a record/case is open, the identity of the person making the SAR must be confirmed with the Lead Professional dealing with the case. It is important to confirm their identity with original personal documents, e.g.:- • a passport; • a photographic driving licence (Parts 1 and 2); • a bus pass; • a recent (less than 3 months' old) utility bill; • the Electoral Roll.	*"Often you will have no reason to doubt a person's identity, for example if a person with whom you have regular contact sends a letter from their known address it may be safe to assume that they are who they say they are."* (Source: (Information Commissioner's Office, Data Protection Good Practice Note – Checklist for handling requests for personal information (subject access requests), V1.0 09.01.07)
2.3	**Parents requesting access to child(ren)'s information** The foremost consideration when a parent requests access to a child's records is the wellbeing of the child. Disclosure of information may have a detrimental effect on the relationship between parent and child. If the practitioner believes that the child is old enough to understand both the nature of the request being made by the parent and the type of information which would be disclosed, careful consideration must be given to any instructions received from the child. In this situation, the parent must provide proof that they are acting with the consent of the child.	*The Data Protection (Miscellaneous Subject Access Exemptions) Order 2000 states "where other enactments themselves prevent disclosure, then a data subject cannot rely on the DPA to seek access to records. These include, for example, adoption records, reports and court documents, and parental order records and reports."*

2.4	**Other interested parties** If the information is being requested by another person, clear evidence of their authority to act (such as a letter of instruction/Power of Attorney) must be provided. There is no automatic right for a person to see someone else's information. Such requests will be processed as a Third Party Request and dealt with on a case-by-case basis.	
2.5	**Third parties** Information in a person's record which identifies, or has been provided by, a third party, must be protected. This information may only be released if consent is given by the third party.	
2.6	**Out of borough requests** If the person making the SAR lives out of borough and is unable to provide the originals of the documents referred to in 2.2 above in person to an HBC office, they must have their identity verified by a solicitor.	
2.7	**Deceased individuals** In the case of a relative requesting to access records of a deceased relative, the Data Protection Act does not oblige an organisation to supply this information, as the Act relates to living individuals. If it is decided not to supply the information requested, the requester may have right of access to a deceased person's data through the Access to Health Records Act (see http://www.dh.gov.uk website or under the FOI Act. If it is decided to supply the information, the person making the request must provide documentation for appraisal by the Council i.e. a copy of the deceased person's Will appointing them as Executor to the Estate or, in the case of a person who died Intestate, original documentation which has been verified by a solicitor.	
2.8	**40 day response period** The Applicant must be given access to their information within 40 calendar days of a **valid** request being received. The 40 day response period begins when the identity of the person making the SAR/their representative has been confirmed; and/or all necessary information has been received to enable the information to be found. This applies only to eligible requests under the DPA.	*The Data Protection 1998 Act requires disclosure of records within 40 consecutive (calendar) days)*
2.9	**Disclosing Sensitive Information** The Criteria for Sharing Information Checklist (see **Appendix 4**) must be used by the Principal Manager/or a delegated person to ensure that it is appropriate to share the information. In particular, Eligibility, Consent, Capacity and Best Interest need to be considered. Once information is ready for sharing, the Principal Manager of the relevant team must give consideration to what services can assist the Applicant in understanding the information being shared (if required) or if a referral to a counselling agency should be made. In some cases, the information being disclosed could cause extreme distress (i.e. in adoption cases). It is recommended that a Psychologist be with the subject when reading files because of the technical information they contain. The Psychologist acts in the role of facilitator. Obviously, this role cannot be undertaken if the subject refuses or asks for a copy of the file to be sent to them.	

3.0	PROCEDURE	PRACTICE
3.0	**Procedure** This procedure sets specific arrangements which must be followed and timescales within which personal information must be made available.	
3.1	**Receipt of a Subject Access Request** A Subject Access Request ("SAR") may be received by:- • a letter, received by the CCT; • a Subject Access Request Form received by email to HDL; • a personal request at HDL. As soon as a SAR is received, it must be logged on the SAR system and sent immediately to the CCT.	*It is not essential to make a SAR using the form at Appendix 2 – so long as all the relevant information is provided in a written form (i.e. a letter or an email), officers must provide the requested information.* *"Access to your Record" leaflet and application form available from Office Services, the Council's website, the Contact Centre or Halton Direct Link.*
3.2	**Recording contact** The comments section of the SAR system must be updated with full details of any contact with the Applicant/any other interested or third parties. The comment should include details of the date and time of the contact, the relevant party/ies to the contact and the nature of the content. Any letters/documents which are produced will be saved onto the SAR system for the relevant, authorised staff to view.	
3.3	**Requests from other interested parties** If the request is from someone requesting access to another person's files, the *Dealing with Other Interested Parties* procedure (**Appendix 5**) must be followed.	
3.4	**Verifying the request** The CCT will determine the request's validity by:- • verifying whether the case is open or closed; • verifying any ID documents which are attached; • determining the time frame to which the request relates or what, in particular, the applicant wants information about. If either the applicant's identity or any ID documents cannot be verified, the CCT will write to the applicant (**Appendix 6**) requesting the relevant proof/documents. The CCT will establish the location of the file, or obtain the file if archived, and advise the Divisional Manager of receipt of a request. The Divisional Manager will identify which Principal Manager will oversee the request. When a request which meets the criteria for disclosure is received, this will be recorded on the Subject Access Request Database by the CCT who will then forward the file to the relevant Principal Manager. **At this point, the 40 days' time limit will commence.**	*The standard set by the Data Protection Act 1998 requires disclosure of records within 40 consecutive (calendar) days.* *The 40 days' response time is the maximum time. The Information Commissioner's guidance makes it clear that, if some of the information could be released earlier, it should be released. It should not be queued up and only sent as a complete bundle when the last document has been traced and is ready to be sent.*

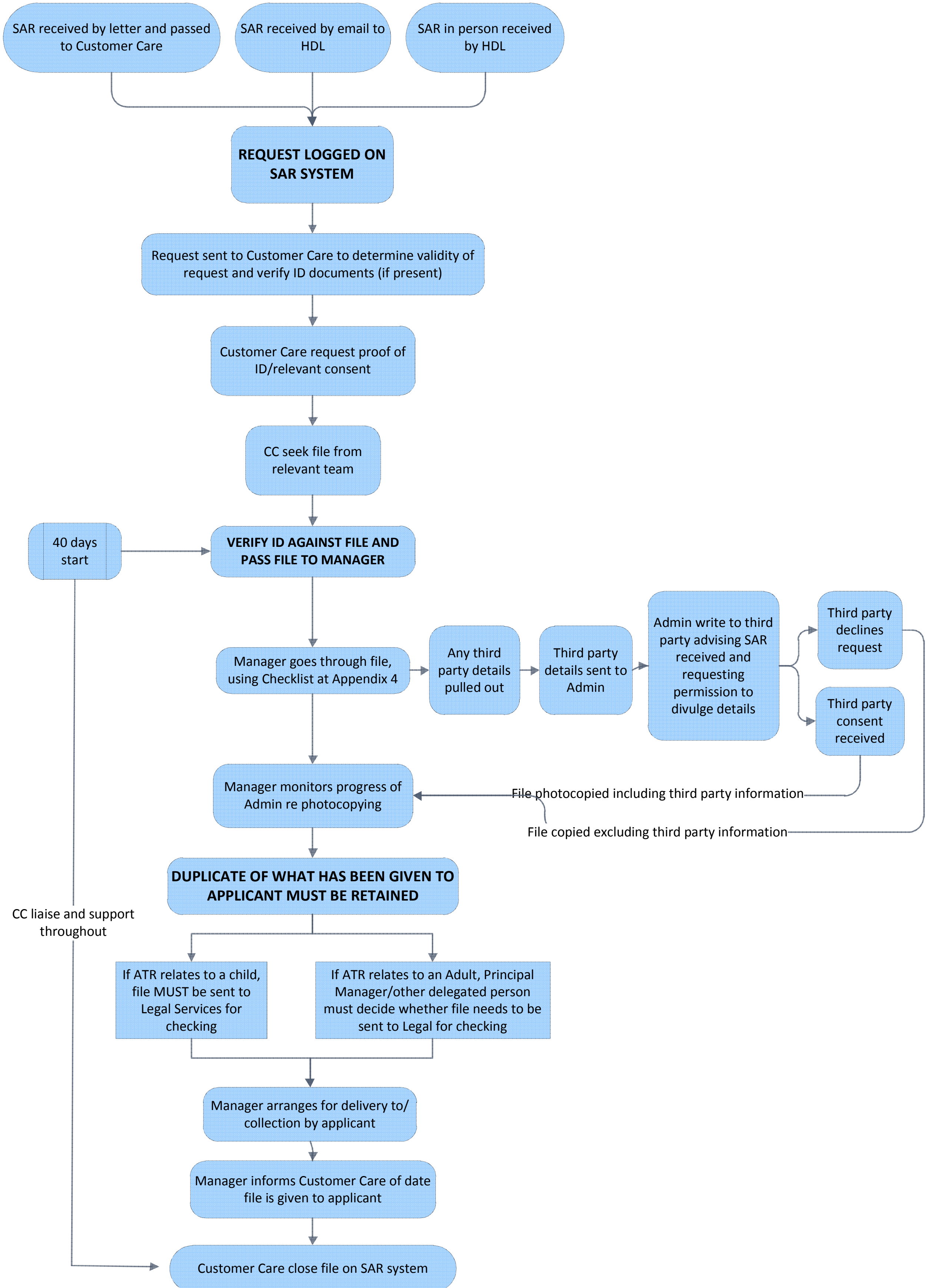
3.5	**Setting reminders** The SAR system will set automatic reminders for 20, 10 and 5 days before the deadline.	
3.6	**Acknowledgement of receipt of request** If all the required evidence has been provided by the Applicant, the CCT will send the acknowledgement letter (**Appendix 7**) includes a *Request for Information Options* slip (**Appendix 8**) giving the options for the method of delivery of the information. Upon receipt of the Applicant's completed Information Options slip, CCT will inform the Principal Manager of their preferred choice of receipt of the file.	*The requested information can be delivered to the applicant:-* • *in person (signature required);* • *by recorded delivery; or* • *during an appointment made at a convenient Social Care establishment.*
3.7	**Duplicate File** The Principal Manager or a delegated person (e.g. Practice Manager, Social Worker), will liaise with Admin Shared Services (ASS) to photocopy the file in duplicate format.	
3.8	**Professionals and other interested parties** The Principal Manager, or delegated person, of the relevant team will go through the file and make a note of any GPs, Mental Health Specialists etc. who have provided any documentation/correspondence or any other parties identified within the file, where it is reasonable to assume this information is accessible. The Principal Manager, or delegated person, will liaise with ASS who will send out a *Third Party Permission Request letter* (**Appendix 9**) and T*hird Party Permission Form* (**Appendix 10**) together with a copy of the original request and the information proposed to be shared. The Principal Manager, or delegated person, will apply the *Criteria for Sharing Information* but there are some exceptions, which mean that the person making the SAR may not have the right to see some of the information held about them.	
3.9	**Consent to disclose information** If the professional/other interested party returns the Form agreeing to the disclosure of the relevant details to the Applicant, these details will be included in the file ASS is to photocopy. ASS will maintain a system to track these requests.	
3.10	**No consent to disclose information** If the professional/other interested party refuses the request to disclose the details, the relevant documentation/details will be removed from the file by the Principal Manager or delegated person.	

3.11	**Refusing disclosure in order to prevent harm** If consideration is being given to refusing disclosure on the basis that disclosure of the information would cause harm to the individual to whom it is disclosed, advice must be sought from Legal Services. It is likely that an independent qualified medical opinion will be necessary before such an exemption can be used.	
3.12	**No reply received** ASS will maintain a system to track replies. If no reply is received with 10 days, ASS will send a *Reminder Letter* (**Appendix 11**) to the professional/other interested party giving them a further 5 days to respond. If, after a further 5 days, no response has been received from the professional/other interested party, ASS will inform the Principal Manager or delegated person and the relevant information is not photocopied. The Principal Manager or delegated person will send to ASS what they have permission to share. It will be explained to the Applicant that some information has not been photocopied as permission to share it has not been received.	
3.13	**All replies received** Once all responses have been received from the professional/ other interested party, the file will be sent to ASS for photocopying. In disclosing information, officers must keep an exact copy of what has been sent to the data subject. If the disclosure comes under scrutiny, the Council will have a completely reliable version of what was actually sent.	
3.14	**Removal of information from documents** It may well be that personal data about people other than the data subject is included in documents that need to be disclosed. Such personal data about other people must not be disclosed to the enquirer unless the permission of the individual(s) to whom it relates has been given. In a case where there is personal data about other people, either their permission must be obtained or the document must be redacted so that it is removed. Typically, this is done by blocking out the information with a black liner pen. It must be checked that the blocked out information cannot be read by holding the copy up to the light.	
3.15	**Legal Scrutiny** For ATRs relating to Children, the file/information to be disclosed to the Applicant must be sent to Legal Services, who will advise on the disclosure of the information. For ATRs relating to Adults, the file/information to be disclosed to the Applicant may need to be sent to Legal Services for advice. This will be at the discretion of the Principal Manager/other delegated person.	

4.0	**File ready**	
4.1	**Notifying the Applicant** The Principal Manager will advise the Applicant by letter that the file is ready (see **Appendices 12, 13 and 14**). The letter includes:- • a Completion Form (**Appendix 15**); • a Record Amendment Form (**Appendix 16**); and • a pre-paid self-addressed envelope. If appropriate, the Principal Manager will advise the Applicant that there are some pieces of information which have not been disclosed, e.g. where a professional/other interested party has not given permission for disclosure. Any information which has been withheld should be clearly recorded on the file together with the reasons for withholding it. This is in the case of any future challenges from the Information Commissioner's Office.	
4.2	**Duplicate of information sent to Applicant** A duplicate file of everything which is to be sent to the Applicant will be made by ASS and stored in the record management system in case of any future query.	*In disclosing information, officers must keep an exact copy of what has been sent to the data subject. If the disclosure comes under scrutiny, the Council will have a completely reliable version of what was actually sent.*
4.3	**No amendments requested** If the Applicant does not request any amendments to the records, this must be noted upon the file.	
4.4	**Performance Targets** The CCT will update the database and monitor the process to ensure performance targets are met. If the Applicant is not satisfied with the outcome, Section 5.0 "Disputed Information" must be followed.	

5.0	**Disputed Information**	
5.1	**Request to Amend Details** If the Applicant considers any of the personal information on the file to be factually inaccurate, they must complete the *Record Amendment Form* and return it to the CCT. When a Record Amendment Form is received, the CCT must immediately send it to the Principal Manager and the Divisional Manager using the *Memorandum* at **Appendix 17**. Recorded opinions cannot be changed on the grounds of inaccuracy, but it must be clearly recorded on the file that the Applicant does not agree with them. If the Divisional Manager, Principal Manager and/or Legal Services agree that the personal information is inaccurate, it must be corrected or removed from the file and the existing records should be reviewed. The Applicant should be informed of any alterations made and a copy of the corrected record sent to them. If the Divisional Manager, Principal Manager and/or Legal Services do not agree that the information is inaccurate, this should be recorded on the file with the original written request from the Applicant, which indicates that they regard the information to be incorrect. A Divisional Manager must make decisions about the correction/removal of information from a file. It must include consultation with staff involved and, wherever possible, with the Applicant. Any further advice required must be sought from Legal Services/DPO.	*It is not essential to make a Request to amend records using the form at Appendix 16 – so long as all the relevant information is provided in a written form (i.e. a letter or an email), officers must consider the request.*

Appendix 1



Appendix 2

DATA PROTECTION ACT 1998
SUBJECT ACCESS REQUEST APPLICATION FORM

*If you are **only** requesting **CCTV images**, do not use this form: telephone 0303 333 4300 Ext. 3140*

Please refer to the guidance notes before completing this form.

This form is to be used when an individual (The Data Subject) wishes to access personal data held by Halton Borough Council. There is currently no fee payable for this service.

PLEASE USE BLOCK CAPITALS

SECTION 1 - APPLICANT (TO BE COMPLETED IN ALL CASES)

Please place a tick in the box for one of the following:

I am the Data Subject. I am requesting access to my personal information ☐

I am not the Data Subject. I am requesting information on behalf of the Data Subject ☐

SECTION 2 - THE DATA SUBJECT (TO BE COMPLETED IN ALL CASES)

Surname:	
Forename(s):	
Title: Mr/Mrs/Miss/Ms/Other (please specify):	
Previous name(s):	
Date of birth:	
Address:	
Post code:	
Telephone number:	
Email address:	

If you have lived at this address for less than two years please provide previous address below:

Previous Address:	
Post code:	

SECTION 3 - REPRESENTATIVE'S INFORMATION
(to be completed if you are applying as the Data Subject's representative)

Relationship to the Data Subject:	
Surname:	
Forename(s):	
Title: Mr/Mrs/Miss/Ms/Other (please specify)	
Date of birth:	
Address:	
Post code.	
Telephone number:	
Email address:	

Please use the sections below to explain your entitlement to receive the Data Subject's personal data (for example, Data Subject's signed authority, Lasting Power of Attorney or Parental Responsibility)

What authorisation documents have you enclosed?

SECTION 4 – SERVICE AREA

Please tick to select the service area you require information from:-

Social Care (Adults) Social Care (Children) Housing Benefits
Council Tax Other (please specify below)

If 'Other' selected, please include details in the box below

Please provide details of the specific information you require, together with any relevant dates.

Details of specific information required	Date(s) information relates to	Service area (if more than one selected above)	Officer name/ social worker	Date of last contact with area

SECTION 5 - IDENTIFICATION

You must provide **two original** forms of identification to confirm the identity of the Data Subject, one which confirms their identity and one which confirms their current address. Please provide one document from each list below. Photocopies are not acceptable.

You can take your original documents into any of the Halton Direct Link offices listed below or alternatively if you are not from the area, via a Solicitor, to be verified.

Note: If you are a representative applying on behalf of the Data Subject, you must also provide two forms of identification which confirm your identity and current address.

Acceptable proof of identity:-

- Current Passport
- Birth certificate
- Unexpired photo card driving licence (full or provisional)

Acceptable proof current address:-

- Utility bill dated within the last three months
- Council Tax bill for current year
- Unexpired old style paper driving licence
- Bank statement dated within the last three months
- Benefits Agency/State Pension correspondence (on letter-head) dated within the last three months

SECTION 6 - DATA SUBJECT'S DECLARATION

Please select one of the following statements:

☐ I confirm I am the Data Subject. I wish to receive a copy of my personal records

☐ I confirm I am the Data Subject and I give my consent for my representative to receive a copy of my personal records on my behalf

Signed: Date:

SECTION 7 - REPRESENTATIVE'S DECLARATION

WARNING – it is a criminal offence to obtain another person's information by deception

I confirm I am the appointed representative of the Data Subject. I wish to receive a copy Data Subject's personal records.

Signed: Date:

Where to send your application and appropriate ORIGINAL identification

By hand - to Halton Direct Link :-
Concourse Level, Rutland House, Halton Lea Shopping Centre, Runcorn WA7 2ES
Church Street, Runcorn WA7 1LX
7 Brook Street, Widnes WA8 6NB
Queens Avenue, Widnes WA8 8HR (within Ditton Library)

By post – to Information Governance Team, ICT Services, Halton Borough Council, Municipal Buildings, Kingsway, Widnes, WA8 7QF
By email - to hdl@halton.gov.uk

How to get further information, to comment or complain

If you need further help with your application, or with understanding any information you receive in response, please contact the member of staff who supplied you with the application or who contacted you about your application.

If you do not receive a reply within 40 days from the date your application was acknowledged or the date you supplied any further information requested, contact the member of staff who acknowledged your application.

If you have any queries regarding this form, if you wish to appeal about the information to which you have been given access, or if you wish to make a complaint about the service you have received, please call 0303 333 4300 or visit a Halton Direct Link office.

Appendix 3

DATA PROTECTION ACT 1998 - SUBJECT ACCESS REQUEST

Guidance notes on completing an Application Form for access to your records

The Data Protection Act 1998 gives you right of access to your personal information held by Halton Borough Council.

COMPLETING THE FORM

Section 1 – Applicant

Place a tick it the appropriate box to confirm whether the applicant is the individual who wishes to access their own personal data (the data subject) or whether the applicant is a representative of the data subject.

Section 2 – The Data Subject

This section must be completed in all cases. Current contact details must be provided and if you have been known by any other names please provide this information. If you have lived at your current address less than 2 years, please provide your previous address.

Section 3 – Representative's Information

If a representative is applying on behalf of the data subject, then this section must be completed by the representative, including an explanation of their entitlement to receive the data and authorisation documents which are being provided. Authorisation documents could be a letter of instruction, power of attorney signed by the data subject, parental responsibility order.

Section 4 – Service Area

If information is required from a specific service area then this should be indicated in this section. Providing as much information as possible, and being specific about the information required (including date ranges), will assist the Council in dealing with the request.

Section 5 – Identification

Proof of identity and proof of residence for the data subject and representative must be verified by the Council in order for the request to be processed. Original documentation must be produced; photocopies of documents will not be accepted. Lists of evidence types are included on the application form.

Section 6 – Data Subject Declaration

The individual who is requesting access to their information should select the statement as appropriate, sign and date the declaration.

Section 7 – Representative's declaration

This section is only to be completed by a representative confirming they are appointed by the data subject to receive a copy of their personal records.

SUBMITTING THE APPLICATION

By Hand

The application form and evidence can be produced at a Halton Direct Link office* where evidence will be verified.

By Post

Postal applications will be accepted however it is not recommended sending original identity documents in the post. You can produce evidence of identity, proof of residence and, where applicable representative's authorisation documents, at a Halton Direct Link Office*.

Applications by post should be sent to Customer Care Team, Runcorn Town Hall, Heath Road, WA7 5TD

By Email

Email applications will be accepted however you will still need to produce original evidence of identity, proof of residence and where applicable representative's authorisation documents. These can be produced at a Halton Direct Link Office*.

Applications by email should be sent to hdl@halton.gov.uk.

DEALING WITH YOUR APPLICATION

We may need to ask you for further information to deal with your application. Once we have all the information we need **and** we have verified your identity and any authorisation documents, we will normally deal with your application within 40 days.

You may not have the right to see some of the information held about you. For example:-

- where disclosure would be prejudicial to crime and detection;
- where data is held under legal privilege;
- where disclosure of information concerning health or social work concerns would cause serious harm to the individual; and/or
- copies of court reports can only be provided with the leave of the specific court.

Please note that evidence of identity may need to be produced again if information is being collected. This will be confirmed by the officer dealing with your application.

HALTON DIRECT LINK OFFICES

***Halton Direct Link Offices are located at:-**

Runcorn
Halton Lea Shopping Centre (next to the library)
Church Street

Widnes
Brook Street
Queens Avenue (within Ditton Library)

Appendix 4

Children & Enterprise Directorate

Communities Directorate

Criteria for Sharing Information - Checklist

		Yes	No	Initials
1.	Do we hold any records?			
2.	Eligibility Are they eligible to access this information? Has evidence of this been provided (letter of authority/power of attorney, etc.)? Refer to the "right to access" test for further details.			
3.	Consent Is the Data Subject mentally/emotionally capable of giving informed consent? Considerations Have they the capacity to make a particular decision? Have they received sufficient information to make a decision? Are they acting under duress?			
4.	Capacity Whoever is dealing with the request for disclosure should be satisfied that the Applicant "has capacity" to make this request and understand the implications of it. (If there is any doubt this question should be addressed to the Applicant's Social Worker or appropriate medical advisor). (A person has capacity if they are able to understand the nature and implications of their request and appropriately retain the information provided).			

Children & Enterprise Directorate

Communities Directorate

Criteria for Sharing Information Checklist

		Yes	No	Initials
5.	<u>Best Interest</u> Is it in the best interests of the Client to release this information? Will the information cause serious harm to the Data Subject or any other person? *For example, in a mental health/learning difficulty situation where an individual may not fully understand what is being said in the papers disclosed. Another situation would be when an adult requests information regarding their childhood e.g. why they were in care. This may disclose all sorts of information regarding the family, which is new and potentially distressing.* Could it prejudice police enquiries or crime prevention? *For example, if there is an ongoing Police investigation involving the individual and the Police have yet to complete it, interview the person, etc., the investigation could be undermined by such disclosure.* Has consent been obtained on all third party information? *For example, usually professionals have provided reports without expecting them to be disclosed to the individual concerned they should be asked for their consent before the report is disclosed. In addition, sometimes report(s) appear on our files and we are not sure how they got there or why. If they are disclosed the author should be asked to consent.* Will it affect the exercise of Social Care's functions?			

Eligibility Criteria

The Compliance Advice to the Data Protection Act 1998 states, that: -

"Subject access requests may be made by the individuals to whom the data relate irrespective of age or any other criteria. A data subject can make a request through agents such as a solicitor or advice worker, although they may be asked for evidence that they are acting on behalf of the data subject.

In cases where data subjects are not able to understand or exercise their rights, then subject access requests may be made by parents or other persons who are legally able to act on behalf of the data subjects.

In many cases a Social Services Department may choose to disclose information about a client who is not able to exercise his or her rights to a parent or other third party. However, it cannot be compelled to make the disclosure if the third party does not act on behalf of the data subject in law."

(From *"Compliance Advice"* – Data Protection Act 1998 – The Information Commissioner).

Key Definitions

Personal Data	Information relating to a living person who may be identified from it.
Client	The person who is the subject of the information.
Record(s)	Information held in manual files or computer systems.
Representative	A person acting on behalf of the client.
Third Party	Any person other than the client or person employed by Social Care.

Appendix 5

Children & Enterprise Directorate

Communities Directorate

Dealing with Other Interested Parties

Introduction

Section 7 of the Data Protection Act 1998 specifically gives an individual the right to see their own information (subject to conditions). The key words are *"their own".* There is no automatic right for a person to have access to someone else's information - this includes a person who wishes to see their partner's or close relative's record.

There are circumstances when a person may not be able to make the request themselves, because of their age or condition. The procedures that must be adopted to deal with Subject Access Requests ("SAR") by a representative are outlined herein.

Dealing with SARs from Other Interested Parties

All SARs made by another interested party will be dealt with in accordance with the criteria in Section 3 of the SAR procedures.

Right to Access Test

All SARs made by another interested party will need to satisfy the "right to access test" that will be used by the relevant Principal Manager in consultation with the Customer Care Team and Legal Services.

If a "right to access test" is undertaken, a comprehensive record must be maintained of all decisions made and by whom.

If the application is made by a legal representative or a recognised organisation e.g. solicitor, attorney, CAB etc., a check must be made to confirm the authenticity, if this has not been supplied with the application (letter of authorisation).

If authentication of other interested party is satisfactory, the application may be processed in the normal manner (see Section 4 of the SAR procedure).

When the Customer Care Team confirms receipt of the data access request to the other interested party, a copy of the letter must also be sent to the client.

All SARs from other interested parties will be "tested".

Considerations

Consent

Careful consideration must be given to this matter, regardless of the Applicant's age. The key question must be "is he/she mentally/emotionally capable of giving informed consent of his/her own free will".

Guidance

"Consent" is a person's agreement for something to happen and that the person:-

- has the capacity to take a particular decision;
- has received sufficient information to make a decision; and
- is not acting under duress.

Consent is given orally or in writing depending on the needs of the person requesting access. Actions taken will be in accordance with the Council's Equal Opportunities Policy.

Capacity (for a request for disclosure)

A person is always considered to have capacity to make a 'request for disclosure' unless a specific capacity test has demonstrated otherwise. However, if there is any doubt, the person's next of kin and/or responsible professional needs to be involved.

If the person is likely to regain capacity then the request for disclosure can be delayed.

Best Interest

When considering best interest you should:-

- encourage the person (who lacks capacity) to participate;
- try to identify things the person would take into account if they were acting for themselves;
- try to find out the person's views (past, present) as a means of assessing whether they would be likely to 'release the information';
- not make assumptions about the person's best interests based upon their age, behaviour, appearance or condition;
- consult others if it is practical and appropriate to do so, e.g. someone previously named by the person, their carer, close relative and/or friend, any attorney appointed under a Lasting Power of Attorney/Enduring Power of Attorney made by the person, any Deputy appointed by the Court of Protection to make decisions for the person;
- ensure that, if nobody fits any of the above criteria, an Independent Mental Capacity Advocate is consulted.

NB. It is not correct to share information with everyone.

Public Interest Immunity Issues (PII)

Solicitors acting for a person (usually, but not always, a defendant in criminal proceedings) will sometimes apply to the Local Authority for disclosure of an individual's records. Such disclosure is **never** appropriate without a Court order.

If you suspect this is the situation you must immediately refer the matter to Legal Services. If it is a PII, Legal Services will deal with the application and Court procedures.

Appendix 6

Ref

Tel No
Name

Date

Name@halton.gov.uk

Dear

Re: Subject Access Request

Thank you for your letter of ***date*** asking for copies of all personal files relating to you.

In order to process your request, we need the following information from you:-

- xxx
- xxx

Please provide me with any additional information you may have, e.g. your date of birth, any previous addresses, any reference numbers, which may assist us to locate your records.

I look forward to hearing from you further.

In the meantime if you need any more information, please ring me on 01928 704534 or write to me at the address below.

Yours sincerely

Customer Care Team

Appendix 7

Ref

Tel No
Name

Date

Name@halton.gov.uk

Dear

Re: Subject Access Request

Thank you for your letter of date asking for copies of all personal files relating to you.

I am dealing with your request. When I receive your file(s) I may have to write to any third party providers of information to ask for permission to disclose it to you.

We are required by the Data Protection Act to provide you with this information within 40 days of receiving your request. However, there are times when it may take longer, e.g. if the information is complex or a third party does not want us to share the information with you.

No fee is charged for access to view the records, but a charge may be made if you want copies of the information (5 pence per copy), for folders and for delivery if required. If it is necessary to charge you, you will be told how much it will cost.

Please indicate your preference on the enclosed Request for Information Slip and return it to me in the enclosed stamped, addressed envelope. When the information is ready we will send it or give it you as per your preferred option.

In the meantime if you need any more information, please ring me on 01928 704534 or write to me at the address below.

Yours sincerely

Customer Care Team

Appendix 8

Request for Information - Options Slip

I would like my information sent by Recorded Delivery ☐

I would like to collect my information in person ☐

I would like to meet to share my information ☐
(Please tick **one** box)

DAYS AND TIMES CONVENIENT:

____

____

____

____

Signed: ______________________________ **Dated:** __________________

PRINT NAME: __________________________

Address: ____

____

____

____

Tel No: ____________________

Form to be returned to: Customer Care Team, Runcorn Town Hall, Heath Road, Runcorn, WA7 5TD

Appendix 9

Ref

Tel No
Name

Date

Name@halton.gov.uk

Dear

Re: Subject Access Request – Third Party Permission Request

Name: **DOB:**

Intended file-viewing date

Mr(s) ***name as above*** has requested access to written and computerised records that are held by Halton Social Care.

Their files include documents about your involvement in their case and, under the Data Protection Act 1998, your consent is required before this information can be shared with them. Copies of the relevant material are attached.

I should be grateful if you would advise whether you have any objection to this material being shared with ***insert client's name****.* We are required by the Data Protection Act to send this information to ***insert client's name***, can you please confirm your authorisation by ***insert date****.*

If you need any more information please contact me on **Telephone Number** or write to me at the address below.

Yours sincerely

Principal Manager

Appendix 10

Children & Enterprise Directorate

Communities Directorate

Permission Form for Release of Information

Access Request By (*Name of requester)*____

I, the undersigned (*third party)* ____

Position/Relationship to Applicant ____

Address ____

____

____

Telephone No. ____

* Please delete as appropriate

- **give/do not give*** permission for enclosed third party information to be shared.

If permission is not granted, please give reason for non-disclosure, as this information will be shared with the Applicant.

____

____

____

Signed __________________________ **Dated** ____________________________

PRINT NAME _________________________

PLEASE RETURN TO NAME & ADDRESS of relevant PRINCIPAL MANAGER

Appendix 11

Ref

Tel No
Name

Date

Name@halton.gov.uk

Dear

Re: Subject Access Request – Reminder Third Party Permission Request

Name: **DOB:**

Intended file-viewing date

On *date,* I sent copies of information located on *insert client's name* Social Care files which relates to you.

Please advise whether you have any objection to this material being shared with the Applicant and complete the consent form enclosed.

If you do not reply within 5 days, I will consider if it is reasonable for the material to be disclosed to the Applicant, subject to the usual Data Protection principles.

If you need more information please contact me on **Telephone Number** or write to me at the address below.

Yours sincerely

Principal Manager

Appendix 12

Name and address of client
Requesting info

Ref

Tel No
Name

Date

Name@halton.gov.uk

RECORDED DELIVERY

Dear

Re: Subject Access Request

The information you requested is enclosed, in accordance with your request to post it to you by Recorded Delivery. I hope that all of the information you want is included.

I also enclose:-

- a Completion Form;
- a Record Amendment Form; and
- a pre-paid, addressed envelope.

If you are happy with the information which has been provided, please complete and return the Completion Form in the prepaid envelope.

If you believe that your records need to be altered or corrected, please complete and return the Record Amendment Form in the pre-paid envelope.

I enclose a self-addressed envelope for your use.

Yours sincerely

Principal Manager
Encs.

Appendix 13

Name and address of client
Requesting info

Ref

Tel No
Name

Date

Name@halton.gov.uk

Dear

Re: Subject Access Request

The information you have requested is now available.

In accordance with your request to collect the information in person, I have arranged an appointment for you on XXX(date) at XXX (time) at:-

ADDRESS

If this date/time is not convenient for you, please telephone me on XXX to arrange an alternative appointment.

Yours sincerely

Principal Manager,
Encs.

Appendix 14

Name and address of client
Requesting info

Ref

Tel No
Name

Date

Name@halton.gov.uk

Dear

Re: Subject Access Request

The information you have requested is now available.

In accordance with your request to meet with a social worker to go through the file, I have arranged an appointment for you to meet XXX (social worker) on XXX(date) at XXX (time) at:-

ADDRESS

If this date/time is not convenient for you, please telephone me on XXX to arrange an alternative appointment.

Yours sincerely

Principal Manager,
Encs.

Appendix 15

Children & Enterprise Directorate

Communities Directorate

Completion Form

Name ____

Address____

I have received the information requested from Social Care records

at ______________________________ on ______________________________

Worker involved ____

*** Delete where applicable.**

* I am satisfied with the information released to me.

* I would like to request further information, as follows:

____

____

* I need to discuss this further with Social Care, because:

____

____

Signed ______________________________ Dated ______________________________

Any comments regarding the way in which your request and interview have been dealt with would be appreciated.

____

____

The information provided is your information and was requested by you. The Council cannot be held responsible should this information be disclosed to others once it is in your possession.

If you have received your information by recorded delivery or by hand, please return this form in the stamped addressed envelope provided.

Form to be returned to: Customer Care Team, Runcorn Town Hall, Heath Road, Runcorn, WA7 5TD

Appendix 16

Children & Enterprise Directorate

Communities Directorate

Record Amendment Form

Name: ______________________________ ID No. __________________________

Address ____

____

____

Reason(s) for alteration: ____

____

____

____

Alteration: ____

____

____

____

____

____

(attached extra sheets if necessary)

Signed ____

Date____

Form to be returned to: Customer Care Team, Runcorn Town Hall, Heath Road, Runcorn, WA7 5TD

Appendix 17

MEMORANDUM

To **Divisional Manager**	Date
	Ref.
From	Copies:

Amendments to a client's record on their Case File

The attached is a request for information contained within the client's case file to be altered.

The Applicant has viewed their file and wishes to add the enclosed statement to their file.

Please authorise this and return it to me as soon as possible.

Customer Care Team
Encl.

I am satisfied with the circumstances of this request and authorise the inclusion of this amendment to the file.

Divisional Manager: ___________________________ **Date**: ______________________

Agenda Item 6b

REPORT TO:	Health Policy & Performance Board
DATE:	11th September 2012
REPORTING OFFICER:	Strategic Director, Communities
PORTFOLIO:	Health and Adults
SUBJECT:	Scrutiny Review of Homelessness Services 2011-2012
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present Health PPB with the report on the Scrutiny Review of Homelessness Services 2011-2012.

1.2 The scrutiny group specifically requested that the report go to Executive Board, without first having been reviewed by Health PPB, in order to accompany another related report outlining plans for the reconfiguration of supported housing provision for the single homeless.

2.0 **RECOMMENDATION: That:**

i) Members of the Policy & Performance Board note the contents of the report attached at Appendix 1.

3.0 **SUPPORTING INFORMATION**

3.1 The review was commissioned in order to assess the Council's statutory duties and preventative role in relation to homelessness and review the services provided with a particular focus on temporary accommodation services.

3.2 Councils have a range of duties to those who are homeless or threatened with homelessness in 28 days, at the very least they are obliged to provide advice and assistance on housing options and some households are owed the main homelessness duty, which is the provision of settled accommodation. Local authorities are also expected to implement services to prevent homelessness.

3.3 To respond to the housing needs of those who are homeless, it is necessary to provide a range of temporary accommodation that can be accessed in emergencies until settled accommodation can be found. There are a number of temporary accommodation schemes operating in Halton.

3.4 It is good practice to periodically assess the effectiveness of services provided for those who are homeless and this review is part of that process. The results will also feed into the wider strategic review of homelessness and development of the borough's next Homelessness Strategy in 2012/13. This review is also quite timely considering the current climate of restricted mortgage availability and impending housing and welfare reforms, both of which will very likely lead to increased pressure on homelessness services.

3.5 The report attached at Appendix 1 details the findings of the review and the proposed recommendations. Members of the topic group have reviewed the draft report and gave their consent for it to be considered at Executive Board on 12th July 2012 alongside another related report outlining plans for the reconfiguration of supported housing provision for the single homeless.

4.0 POLICY IMPLICATIONS

4.1 The implications of pursuing any course of action arising out of the recommendations of the review will be highlighted as appropriate through the usual reporting channels.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 These are contained within Appendix 1.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Homelessness can have an adverse impact on the wellbeing of children and young people. Any improvements to services arising out of the recommendations of this review will help to alleviate the effects on this group.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

The links between health and homelessness are well documented. Again, any improvements to services arising out of the recommendations of this review will have a positive impact on the health of those concerned.

6.4 A Safer Halton

Effective services for those facing homelessness help to ensure that rough sleeping in the borough is prevented.

6.5 **Halton's Urban Renewal**

None identified.

7.0 RISK ANALYSIS

7.1 These will be managed as part of the project plan when the services are re-organised.

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

Document	Place of Inspection	Contact Officer
Executive Board Report 12/07/12	Municipal Building	Strategic Director Communities

Scrutiny Review of Homelessness Services 2011-12

Report

June 2012

CONTENTS

CONTENTS	PAGE	PARAGRAPH
Purpose of the report	1	1.0
Structure of the report	1	2.0
Introduction	1	3.0
Methodology summary	2	4.0
Evidence and analysis with findings/conclusions	2	5.0

ANNEXES	NUMBER
Topic Brief	1
Methodology detail	2
Statutory homeless criteria	3
Local authority homelessness assistance flow chart	4
Notes from visits to temporary accommodation schemes	5
Potential impact of welfare reforms on homelessness	6

1.0 Purpose of the report

The purpose of the report, as outlined in the initial topic brief (at Annex 1), is to outline how the following key outputs and outcomes were achieved:

- An understanding of the local authority homelessness role and the services provided in Halton;
- A review of the provision and effectiveness of temporary accommodation and other homelessness services in Halton with a view to identifying gaps in the service and potential efficiencies that can be made;
- Consider and make recommendations to the Healthy Halton PPB on how best to improve standards in the service.

2.0 Structure of the report

This report is structured with the introduction, a brief summary of the methodology followed by evidence, analysis with findings/conclusions and recommendations. The annexes include the following:

- Topic Brief;
- Methodology detail;
- Statutory homeless criteria;
- Local authority homelessness assistance flow chart;
- Notes from visits to temporary accommodation schemes; and
- Potential impact of welfare reform on homelessness.

3.0 Introduction

3.1 Reason the report was commissioned

Councils have a range of duties to those who are homeless or threatened with homelessness in 28 days, at the very least they are obliged to provide advice and assistance on housing options and some households are owed the main homelessness duty, which is the provision of settled accommodation. Local authorities are also expected to implement services to prevent homelessness.

To respond to the housing needs of those who are homeless, it is necessary to provide a range of temporary accommodation that can be accessed in emergencies until settled accommodation can be found. There are a number of temporary accommodation schemes operating in Halton.

It is good practice to periodically assess the effectiveness of services provided for those who are homeless and this review is part of that process. The results will also feed into the wider strategic review of homelessness and development of the borough's next Homelessness Strategy in 2012/13.

This review is also quite timely considering the current climate of restricted mortgage availability and impending housing and welfare reforms, both of which will very likely lead to increased pressure on homelessness services.

3.2 Policy and Performance Boards

This report was commissioned as a scrutiny working group for the Health Policy and Performance Board.

3.3 Membership of the Working Group

Members	Officers
Councillor Ellen Cargill (Chair) Councillor Sandra Baker Councillor Chris Loftus Councillor Martha Lloyd-Jones Councillor Joan Lowe Councillor Marie Wright Councillor Shaun Osborne Councillor Margaret Horabin	Angela McNamara *Divisional Manager Commissioning* Patricia Preston *Principal Manager Housing Solutions* Natalie Johnson *Policy Officer (Housing)*

4.0 Methodology summary

The scrutiny review was conducted through a number of means:

- Monthly meetings of the scrutiny review working group;
- Presentations by various key members of staff;
- Provision of information; and
- Visits to temporary accommodation schemes.

Further detail on the methodology can be found at Annex 2 and is also referenced in Section 5.0.

5.0 Evidence (summary of evidence gathered) and analysis with findings/conclusions

5.1 The local authority homelessness role – statutory and preventative

The first meeting of the working group was held on 16th November 2011 and was attended by Neil Morland, Communities & Local Government (CLG) Specialist Advisor on housing and homelessness issues. Neil talked to the group about the homelessness legislation, which prescribes what local authorities must do, how it has changed over time and how the increased focus on prevention has resulted in massively reduced levels of homelessness.

Under the terms of the Housing (Homeless Persons) Act 1977, the Housing Act 1996 and the Homelessness Act 2002 all Councils have a statutory duty to people who are homeless or threatened with homelessness in 28 days, at the very least they are obliged to provide advice and assistance on housing options and some households (i.e. those who are deemed ‘vulnerable’ in some way and therefore in ‘priority need’) are owed the main homelessness duty, which is the provision of settled accommodation.

Annex 3 contains a table which outlines the statutory homeless criteria used by local authorities in order to determine whether an applicant is owed the main homelessness duty. Annex 4 contains a flow chart which outlines the type of assistance that local authorities must provide according to an applicants’ homelessness situation.

The Homelessness Act 2002 shifted the emphasis from local authorities' statutory duty to help those whose homelessness is immediate or imminent to much earlier intervention designed to prevent homelessness. While the statutory duty still exists, local authorities must now also develop a Strategy in partnership with the Council's social services department and a range of other statutory and voluntary agencies to prevent homelessness for all people at risk (including those households who would not be owed the main homelessness duty). The Homelessness Code of Guidance for Local Authorities stresses the importance of a preventative approach:

"The prevention of homelessness should be a key strategic aim which housing authorities and other partners pursue through the homelessness strategy. It is vital that individuals are encouraged to seek assistance at the earliest possible time when experiencing difficulties which may lead to homelessness."

The Code recognises the benefits of early intervention to those at risk of homelessness and to local authorities:

"Homelessness can have significant negative consequences for the people who experience it. At a personal level, homelessness can have a profound impact on health, education and employment prospects. At a social level, homelessness can impact on social cohesion and economic participation. Early intervention to prevent homelessness can therefore bring benefits for those concerned, including being engaged with essential services and increasing the likelihood that children will live in a more secure environment. Investment in prevention services can also produce direct cost savings for local authorities, for example through lower use of temporary accommodation and fewer social services interventions. Furthermore, measures to prevent homelessness will also help to reduce longer-term pressures on wider services, such as health and employment."

The shift in emphasis has had a significant impact on the way all local authorities are now expected to deliver homelessness services and work in partnership with other departments/agencies.

Homelessness statistics

Local authorities complete quarterly 'P1E' returns to CLG in relation to their activities under the homelessness legislation. The local impact of increased work around homelessness prevention can be seen through the statistics:

Statutory homeless acceptances	Households that are: • Eligible for assistance; • Unintentionally homeless; and • In priority need. *(See Annex 3 for criteria)*	2003/04 = 257 *(780 decisions)* ↓ 2010/11 = 37 *(78 decisions)*

Of the 37 households accepted as statutory homeless in 2010/11, the majority were:

- Lone females with dependent children (22);
- Aged 16-24 (18), closely followed by the 25-44 age group (14);

- Homeless as a result of a violent relationship breakdown (10), closely followed by parents no longer being willing/unable to accommodate (7);
- In priority need because the household included dependent children (24).

The statistics also reveal that Halton compares favourably on a regional basis in terms of the number of households owed the main homelessness duty (i.e. statutory homeless acceptances) per 1,000 households – in 2010/11, the rate for Halton was 0.8 compared to a North West average of 1.3.

Conclusions:

- The expectations placed on local authorities are clear, both in terms of their statutory obligations and prevention focus.
- It is also clear that a co-ordinated and strategic approach is vital to delivering a successful homelessness service. Homelessness statistics reveal particular groups within Halton that require support from homelessness services.
- Prevention has been proven as a successful approach, even in a difficult climate of high property prices and, more recently, restricted mortgage availability due to stricter lending practices and the requirement for larger deposits. Also, there are restricted levels of properties in the private rented sector because of a declining buy-to-let market and restricted levels in the social rented sector due to historic right-to-buy sales and reduced levels of new house building.
- In the midst of the current squeeze on public sector finances, the local authority will have to deal with the challenges of doing more with less.

Recommendations:

- Undertake a strategic review of homelessness in Halton in 2012 and develop a strategy to commence 2013.
- Continue to offer a high quality statutory homelessness service.
- Continue to focus on prevention early on in the homelessness risk process.
- Ensure that members of the public are able to access housing options advice through a number of means (leaflets, online, face-to-face etc.).
- Ensure that the authority has the resources (i.e. prevention tools, officers) to deal with the level of demand.
- Ensure that the authority is able to prevent rough sleeping as far as possible.

5.2 Temporary accommodation in Halton

The second meeting of the working group was held on 13th December 2011 and was attended by Kath Howarth, Supporting People Development Manager and Donna Ryan, Quality Assurance Manager who gave a joint presentation on the accommodation provision under Supporting People and the processes for monitoring the quality and performance of these services.

It is necessary to provide a range of temporary accommodation for those who are accepted as statutory homeless (which is eligible for assistance, unintentionally homeless, in priority need and with a local connection) until permanent accommodation can be found/offered. In addition, those who are intentionally homeless but in priority need must also be offered a temporary place to stay until they can find a settled home.

Temporary accommodation is also a vital resource as part of the homelessness prevention agenda, as it provides a much needed place to stay for single homeless people alongside the support they need to stabilise their lives and develop the skills needed for independent living. Early intervention and the provision of accommodation with support means rough sleeping is avoided and so too is the statutory homelessness route.

Households accessing the Housing Solutions Service are interviewed by an adviser to determine the level of duty owed and, if necessary, a referral to one of the temporary accommodation schemes is made.

Overview of provision

Scheme	Location	Scale	Client group	Contract value Per Annum	Service users 2010/11
Belvedere	Runcorn	23 units	Single adults aged 18 and over	£343,761	75
Grangeway Court	Runcorn	32 self-contained	Primarily those accepted as statutory homeless and mainly pregnant women/homeless families	£198,157	113
Halton Goals	Runcorn Widnes	22 general units 4 move-on units	Young people aged 16 to 25	£289,438	92
Orchard House	Widnes	6 units	Young people aged 16 to 25 with complex needs	£149,883	35
Women's Aid Refuge	Widnes	15 bed-spaces	Women (and their children, except males aged 13 or over) escaping domestic violence	£141,998	90
YMCA	Runcorn	66 units	Single adults aged 18 and over	£457,288	166

Temporary accommodation provides much more for individuals than just a place to stay. Clients are assigned a 'Key Worker' upon entering the scheme who works with the individual/family to identify the underlying causes of their

homelessness and support them to make the necessary life changes in order to prevent the same situation recurring in the future.

The schemes provide a secure and stable environment in which the client is supported to develop the life skills and support networks needed for successful independent living. Support is tailored to each individual's specific needs and they are able to progress through a programme of change to address their personal and social problems.

Detailed below are some examples of the kind of support provided:

- Assistance with the completion of benefit application forms and ensuring clients are in receipt of all the correct benefits;
- Support to find employment, including help with putting together a CV, assistance in searching for a job, providing access to work experience opportunities, development of training/education programmes to increase employability and general support to increase confidence/motivation;
- Clients are encouraged to establish local support networks (i.e. with friends/family/ external agencies) and young people are supported to return to the family home, wherever possible;
- Other contributing factors, such as misuse of drugs/alcohol and health/mental health issues are also addressed;
- Practical skills such as budgeting, shopping and cooking healthy meals are part of the preparation for move-on and independent living.

The Council's Quality Assurance Team monitors the quality and performance of temporary accommodation through a number of means, including, the Quality Assurance Framework (QAF), the Supporting People Outcomes Framework and an assessment of performance related information.

To this end, scheduled monitoring visits take place which look at service referrals, utilisation and throughput, safeguarding, support and risk planning, complaints, staffing and consultation with residents. QAF validations involve assessing policies, procedures and service delivery against a national framework. Unannounced spot-checks also take place in response to complaints, a poor track record/service rating, safeguarding incidents and negative consultation feedback.

Services are scored A (excellent), B (good) or C (minimum standards met but room for improvement) under the QAF – all of the temporary accommodation schemes have a score of B, apart from Grangeway Court, which is C due to a change in provider meaning that the good practice in relation to service user consultation had not been met.

The Quality Assurance Team also rate the services as Red (serious issues warranting intensive monitoring), Amber (some concerns) or Green (all criteria met). All of the schemes have a rating of Green, apart from the Women's Refuge, as there are some concerns following on from complaints from residents about the quality of the accommodation.

Visits to temporary accommodation schemes

On the 23rd and 24th January 2012, members of the working group visited the six temporary accommodation schemes (further visits also took place on 2nd March 2012). During these visits, Members took the opportunity to have discussions with residents and were also given a tour of each of the premises.

The full notes from the January visits can be found at Annex 5, but in summary:

- Residents are supported to develop the skills required to sustain independent living.
- Residents are assigned a 'Key Worker' who provides support with employment and money management issues etc.
- Regular meetings between staff and residents take place where any issues can be raised and addressed. Residents felt like their opinions were listened to.
- Activities take place within the schemes.
- There are good relations between the schemes and their local community.
- Residents continue to be supported for an appropriate period of time once they have moved on.
- Residents felt well supported and safe and often commented that they wouldn't have been able to get their lives back on track without such security.
- It was reported that the weekly Housing Solutions clinics had been well received by both staff and residents – they were particularly useful in terms of reinforcing the consequences of licence breaches and helping to make move-on more successful.
- The schemes have good working relationships with other organisations (e.g. Connexions) and multi-agency working had improved over the last few years.
- The majority of residents were engaged in employment or training.
- An issue raised across all of the schemes was in relation to the policies regarding visitors – residents were unhappy that visitors were only allowed at certain times/in certain areas or not at all in some cases. However, there were valid reasons for this in terms of safeguarding and the legal responsibilities of the scheme.
- Grangeway Court appeared to be in need of repair/decoration and would benefit from a larger communal area for residents and staff to mix.
- The quality of the accommodation at YMCA was very good since refurbishment. There was some concern that some of the residents didn't actually need the level of support offered at YMCA (i.e. because they had previously managed their own accommodation and therefore didn't need the life skills training).

- Residents at Halton Goals reported some issues in terms of shared facilities, especially around cleaning responsibilities. It was also noted that the kitchen area did not contain a dining table and chairs.
- Halton Goals residents suggested that it would be helpful if there was a scheme whereby cookery items could be booked in and out of a central pool, as such items could be expensive to buy when just wanting to try out a particular recipe. They had found a cookery course that was held at the church to be very useful, as it only cost £1 per day and they had a meal at the end of it.
- Residents at Belvedere felt that there was a need for more washing machines and tumble dryers.
- Staff at the Women's Refuge commented that they would like to see the building re-modelled into self-contained units for each family rather than having them share living rooms, kitchens and bathrooms. It was noted that there was a lot of unused space so re-modelling would be possible but would reduce the number of units from 15 to around 8 or 9).
- One resident at the Women's Refuge requested a water cooler for the top floor so she didn't have to go downstairs to get her child a drink in the night.

The following table highlights the action points that were agreed following the visits and an update as to progress:

Action point	Progress
Discussions to take place with Quality Assurance Team regarding the condition of units in Grangeway Court.	Regional Manager asked to provide details of maintenance schedule for service. QA team to monitor progress of works.
Contact the Grange Community Centre to see what opportunities exist for residents of Grangeway Court to mix with other residents.	Staff at Grangeway Court confirmed that residents already link in with activities held at the Community Centre, for example, the cooking sessions. A number of activities are also offered at the scheme itself, including, coffee mornings, gardening projects, advice sessions and arts and crafts.
Work to be undertaken to explore options available to ensure that only residents who need support are able to access the schemes.	Principle Manager Housing Options and Policy Officer Housing to work on draft procedure and guidance for operational staff regarding criteria for access to services.
A welcome pack to be produced for Halton Goals (and other schemes as necessary) detailing local amenities and services.	Quality Assurance team tasked with ensuring that welcome packs are in place within all services

Action point	Progress
Quality Assurance Team to follow up with Halton Goals issues regarding rubbish outside the scheme and the broken boiler.	These issues were followed up with Halton Goals and a response had been received which explained that the boiler problem was caused by a recurring fault – it had been looked at and fixed a number of times and it is due to be completely replaced. With regards to the furniture, it was not the same pieces that had been sat outside for a lengthy period; rather furniture of the same style had been replaced in all of the units over several weeks/months in order to keep removal costs down. The Fire Service had completed a risk assessment and confirmed there was no fire hazard.
Discuss with Quality Assurance Team the lack of support around healthy eating/meal planning in Halton Goals.	Arrangements made for Healthily Eating sessions to take place within service.
Work to be undertaken to consider alternative forms of provision for victims of domestic violence, e.g. dispersed accommodation and consider options to re-model the existing accommodation.	Project group established. Initial audit of supply/demand and performance completed.

Procurement of housing support services

Towards the end of 2011, tenders were invited for accommodation-based services and domestic abuse and floating support services.

<u>Accommodation-based services</u>

Current provision:

YMCA – Halton YMCA
Nightstop – Halton YMCA
Y's Up advice and guidance – Halton YMCA
Belvedere – CIC
Halton Goals – CIC
Orchard House - CIC

There was very little interest with in the main only existing providers submitting a tender.

Following evaluation and consultation with the scrutiny working group at the working group meeting held on 13th December 2011, the following direction of travel was agreed in respect to hostel provision:

- Achieving a better distribution across the borough of supported housing for the single homeless;
- Improving the quality and fitness for purpose of accommodation offered to the single homeless; and
- Reducing Supporting People expenditure.

The above will require change at a strategic and operational level. Key changes proposed include:

- Prioritising access to services to those who are statutorily homeless and for whom the Council has a full rehousing duty, rather than those who are simply homeless;
- Ensuring appropriate referrals into services;
- Increasing capacity at the schemes by reducing the duration of stay at each scheme from 2 years to 6 months;
- Monitoring throughput from services to ensure timely move on; and
- Focusing on homeless prevention and mediation.

<u>Domestic abuse services</u>

Currently Halton & District Women's Aid provide refuge accommodation and a domestic abuse support service (the Independent Domestic Violence Advocate [IDVA], floating support and the sanctuary scheme) under two separate contracts. The tender was for a holistic approach to include all elements of existing service delivery.

Only one tender was received from the current provider, therefore, due to insufficient competition, the current service arrangements were extended until the end of August 2013 and there will be a re-tender exercise in May 2012.

Members agreed that further work should be undertaken to explore other models of provision, such as Community based services (Dispersed Housing).

<u>Floating support services</u>

Competition was achieved with tenders for the following support services, currently delivered by SHAP, Carr Gomm, Plus Dane and Imagine:

- Black and Minority Ethnic communities;
- Anti-Social Behaviour;
- Mental health;
- Generic support.

A new contract with Plus Dane is to commence 1st April 2012 – efficiencies are to be achieved by delivering all four services out of one office base.

Conclusions:

- Halton provides a good range of temporary accommodation for the key homelessness risk groups in order to meet the obligations under homelessness legislation and to contribute to the prevention agenda.
- The schemes have measures in place to support individuals to develop the life skills necessary to sustain independent living and they are regularly monitored in order to ensure quality in service provision.
- The schemes were visited by the working group as part of the review and

the overall outcome was positive, however, some areas for improvement were identified and are being addressed.
- A recent tender exercise for accommodation-based and associated support services has led to opportunities to achieve efficiency savings and to consider new models of service provision and the potential to re-configure existing services.

Recommendations:

- Deliver on the actions arising from the visits to temporary accommodation schemes.
- Secure efficiency savings through new contracts with Halton YMCA for the YMCA hostel and Nightstop and de-commissioning of Y's Up advice and guidance.
- Secure efficiency savings through new contract with Plus Dane for floating support services.
- Achieve efficiencies through the reconfiguration of remaining hostel provision for single people in order to improve the distribution of services across the Borough, prioritise access to services for individuals to whom the Council has a statutory duty, increase focus on homelessness prevention to assist individuals to resolve housing issues.
- Consider moving to a crisis intervention model for young homeless people in order to maximise the potential for young people to return home to their family.
- Consider benefits of alternative models of provision for those escaping domestic violence.

5.3 The Council's Housing Solutions Service

The third meeting of the working group was held on 15th February 2012 and during this meeting Patricia Preston gave a presentation on the Council's Housing Solutions Service.

The service performs the local authority functions in relation to statutory and preventative homelessness in Halton. The team is comprised of a Principal Manager, Operational Manager, six Housing Solutions Advisers, one Young Persons Officer, one Landlord Accreditation Officer and one Administration Support Officer.

The focus of the team's work is prevention, in line with the government push for local authorities to have less of a 'legalistic' focus on their work around homelessness, and also because early intervention and preventing homelessness brings about particular benefits. As at April 2011, the number of households on the waiting list for social housing was 2,683 (Housing Strategy Statistical Appendix), therefore, enabling people to remain in homes where it is reasonable for them to do so helps to make best use of a limited resource. In addition, early intervention often results in lower costs for local authorities and other agencies. The key measures employed to prevent homelessness are outlined below:

Prevention services

Measure	Overview
Mediation	Family breakdown is a primary cause of homelessness, often arising from problems between parents and adult children – this is particularly the case in Halton. Therefore, Housing Solutions work closely with families to re-establish relationships and enable the young person to continue living in the family home where this is appropriate. Since April 2011, Housing Solutions have had a dedicated Young Persons Officer who focusses specifically on 16-17 year olds and acts as a much-needed link between Housing Solutions and Children's Services.
Nightstop	The Nightstop service has developed a supported lodgings scheme providing very short-term accommodation for young people via volunteer host families together with a mediation service which aims to resolve issues which have led to the breakdown in family relationships. In 2010/11, 34 young people were hosted for a combined total of 348 bed nights and 252 mediation sessions were held.
Domestic Abuse Sanctuary Scheme	This scheme enables victims of domestic abuse to remain in their home by fitting enhanced security measures (including reinforced doors/windows, locks/alarms for doors/windows and security lighting) where it is safe to do so, is the victim's choice and the perpetrator does not live in the accommodation. In 2010, 49 properties had sanctuary measures installed at a total combined cost of £25,000. The Council is currently developing a scheme in partnership with Registered Providers whereby they will be responsible for the cost of measures installed in their properties and the Council will cover the costs relating to private sector properties.
Bond Guarantee Scheme	In an effort to increase prevention of homelessness, the Rent Deposit Scheme was launched in 2007. The scheme was developed to assist homeless individuals and families to access private rented sector (PRS) accommodation by providing the deposit required by landlords. In 2009 Rent Deposit Scheme was changed to the Bond Guarantee Scheme (BGS). The scheme now provides the written promise of the deposit amount should it be required at the end of the tenancy. BGS allows the Council to assist more households into the PRS as no funds are released unless the landlord has reason to claim on the bond for rent arrears or property damage. Since the scheme's introduction 328 tenancies have been created and of these 67% are ongoing, 15% ended without a claim and 18% ended with the bond being claimed (either in part or in full).

Measure	Overview
Mortgage Support	The current economic climate has led to an increased number of people finding themselves in mortgage difficulty and Halton has been identified by CLG as a national 'hotspot' for repossessions. In response to this, Halton established a Repossessions Action Plan and Working Group to bring together the work of various agencies in the borough in preventing repossessions. Housing Solutions also has a dedicated Mortgage Rescue Adviser, although the post is currently vacant following the departure of the previous post-holder in October 2011, the position is to be re-filled in the near future following recent advertisement of the vacancy. Since January 2010, the Mortgage Rescue Adviser provided tailored advice to 187 households and 94 cases were prevented from repossession.
Home Essentials Fund	The lack of furniture and essential equipment can make people reluctant to move from temporary accommodation and can contribute to abandonment of new tenancies. In Halton, this is particularly the case for younger people. In an effort to help towards the cost of setting up a new home, the Council has established a Home Essentials Fund, which those aged 16-25 can access if they have become unintentionally homeless and have been provided temporary accommodation in one of the borough's hostels. The Council will purchase items (up to a total value of £300) from a set list on behalf of the customer to help towards the costs of fully furnishing their new home when they move on. Since June 2011, 12 young people moving on from hostel accommodation have been provided with essential home items, including microwaves, toasters, bedding and cookery items up to a total value of £300.
Tenancy sustainment	Housing Solutions also advise or refer customers to other organisations for advice on a wider range of tenancy sustainment issues, to ensure early intervention in the homelessness risk process. For example, for debt/money advice and for those with specific support needs (i.e. those with drug/alcohol abuse problems or mental health issues).

Internal review of the Housing Solutions Service

In November and December 2011 an internal review of the Housing Solutions service was undertaken by staff from the authority's Policy and Development Services Division. The purpose of the review was to highlight opportunities to improve the operational efficiency and effectiveness of the service.

The review highlighted many positives. For example, the current staff appear to be dedicated, hard-working individuals who are keen to learn more and open to new ways of working. They have developed a strong peer support

system and were appreciative of the guidance and support given by the Team Manager. The advice given to clients at appointments was found to be accurate with all options explained and the client interviews were handled professionally.

Some opportunities for improvement were identified and measures to address these have either been carried out or plans have been put in place to address them, as summarised below:

- The current system of only having appointments on specific days at Halton Direct Links appeared to result in a high proportion of clients not turning up for those appointments (approximately 50%). Presumably some clients had made other housing arrangements in the intervening period between initial contact and the appointment so consequently hadn't been given the full range of options to secure a more sustainable housing solution. It was recommended, therefore, that a permanent staff presence be established at each HDL so that immediate advice can be given to the client. Preliminary steps to introduce this have already been undertaken and the new system is in the process of being phased in.
- There were opportunities to improve some of the ICT systems used by the team. In particular the Peter Lally system used to record homelessness presentations and outcomes only offers limited functionality and so does not currently support a move to remote working at HDLs. However, there are existing plans to commission a new ICT system and it was recommended that the potential functionality and scope of the new system is a key consideration in the commissioning process. In addition, there were opportunities to reorganise internal ICT systems such as the shared team drive and the complaints database to ensure that appropriate information can be quickly and easily accessed. These tasks have already been undertaken and staff are now using the new systems.
- It was recommended that the current paper filing system is reviewed to ensure that files can be easily stored and accessed and a booking out system be established so that files can be traced if they are removed from the filing cabinets. An initial meeting of relevant officers has been held and options for improvement are currently being considered.
- There was a need to develop clear policies and procedure guides for the team to help new employees to quickly settle into their role. Staff are currently developing an Information Guide which will contain everything an employee needs to know about Housing Solutions e.g. summary of legislation/guidance, procedural flowcharts and key contact details in the form of an A4 Lever Arch file which can be easily updated as necessary.
- A new training programme has been developed to support new staff, incorporating a range of formal and informal training methods.

Conclusions:

- The Council has a good quality Housing Solutions Service, which offers a range of tools to prevent homelessness.
- An internal review of the service highlighted some areas for improvement – an action plan is currently being pursued in this respect.

Recommendations:

- Continue to offer a range of prevention services for those facing homelessness.
- Deliver the actions arising out of the internal review of the Housing Solutions Service.

5.4 Challenges for the future

Localism Act 2011

This Act sets out plans to give communities and local authorities greater powers and freedoms. Of particular relevance to homelessness is the power for local authorities to discharge their statutory homelessness duty through an offer of accommodation in the private rented sector without the applicant's consent (currently, local authorities can do this but the applicant has to agree). This is intended to reduce demand for social housing and tackle the perception that homelessness is used as a fast-track to a social housing tenancy. However, most private sector tenancies are let as six-month Assured Shorthold Tenancies so would not meet the 12-month requirement and many landlords could be unwilling to help due to welfare reforms (described below and at Annex 6).

The Act also gives Registered Providers of social housing (i.e. Housing Associations) the ability to offer 'fixed term tenancies' for new social housing tenants rather than the 'lifetime' tenancies that are currently offered. At the end of the fixed term, the household's circumstances will be reviewed and if they still need the accommodation, their tenancy can be renewed. However, if their circumstances have significantly improved, i.e. their income has increased perhaps through starting work, the tenancy might not be renewed. There were concerns that this reform posed a disincentive to work in this respect.

There is a requirement for the local authority to produce a Tenancy Strategy to guide Registered Providers as to the type of tenancies that should be offered locally, the length of the tenancies and the circumstances in which they should be offered and renewed. Halton has developed a first draft of this Strategy, which recommends that Providers continue to offer lifetime tenancies but also recognises that they may wish to make use of fixed term tenancies in order to make best use of their stock. The Strategy advises that the fixed term should be for a minimum of five years and is not suitable in some circumstances (i.e. for tenants above retirement age, those being asked to move due to re-development etc.). The Strategy also recommends that in most cases tenancies are renewed upon review, particularly where the

household contains children, anyone assessed as vulnerable or the property has been adapted for someone who is disabled and they still reside in the property.

Households whose tenancies are not renewed for whatever reason and are unable to purchase a property or secure private rented housing may find themselves homeless. Halton's Tenancy Strategy advises Providers to consider this when deciding whether a tenancy should be renewed to avoid the associated pressure on their own and the Council's services.

Welfare Reform Act 2012

The fourth and final meeting of the working group was held on 28th March 2012 and was attended by David Gray, Welfare Rights Manager, who summarised the changes to the welfare system and provided estimates as to the numbers that could be affected in Halton and how this could impact on homelessness. The table that directed discussions at the meeting is included at Annex 4 and provides further detail on each of the changes. However, below is a summary of those that are of most concern in relation to homelessness:

- Changes to Local Housing Allowance (LHA), most significantly the extension of the age threshold for the shared accommodation rate from 25 to 35. This will affect around 234 claimants in Halton, whose benefit entitlement will reduce from £91.15 to £53.54 per week. Private tenants will also be affected by plans to uprate LHA by the Consumer Price Index rather than the Retail Price Index currently used.
- Changes to Housing Benefit including the introduction of an under occupancy penalty for households whose homes are deemed to be too large for their needs. Touted as the 'Bedroom Tax', this change will have a very significant impact in Halton, where it is estimated that as many as 3,000 social housing tenants could lose benefits. The situation is compounded by a shortage of smaller properties in the borough to facilitate downsizing.
- The introduction of Universal Credit, which will see overall benefits capped at £26,000 for lone parents/couples with children and £18,000 for single people without children (in line with the average incomes of those in work). It is anticipated that only a small number of residents within Halton will be affected by this cap.
- Causing more concern is the fact that Housing Benefit (HB) is to be included in Universal Credit and the Government are keen to encourage individual financial responsibility, therefore, HB will no longer be paid direct to landlords.
- Replacement of Disability Living Allowance with a Personal Independent Payment (PIP) for those of working age. Halton, which has been selected as a pilot area for the scheme, has a disproportionate amount of disabled residents and the change to PIP will involve a reduction in the numbers of those receiving financial assistance.

Conclusions:

- There are clear challenges ahead due to housing and welfare reforms – already squeezed household budgets are to be further affected and this poses a real concern in relation to homelessness levels.

Recommendations:

- To respond to the challenges that lie ahead, joint working between Housing Solutions and Welfare Rights will be of most importance. Similarly, the Council should ensure ongoing dialogue with Registered Providers.

ANNEX 1

TOPIC BRIEF

Topic Title: Homelessness Services

Officer Lead: Divisional Manager, Commissioning

Planned start date: August 2011

Target PPB Meeting: November 2011

Topic description and scope:
An assessment of the Council's statutory duties and preventative role in relation to homelessness and a review of the services provided with a particular focus on temporary accommodation services.

Why this topic was chosen:
Councils have a range of duties to those who are homeless or threatened with homelessness in 28 days, at the very least they are obliged to provide advice and assistance on housing options and some households are owed the main homelessness duty, which is the provision of settled accommodation. Local authorities are also expected to implement services to prevent homelessness. More information on the local authority homelessness role, both statutory and preventative, can be found at Appendix 1.

To respond to the housing needs of those who are homeless, it is necessary to provide a range of temporary accommodation that can be accessed in emergencies until settled accommodation can be found. There are a number of temporary accommodation schemes operating in Halton.

It is good practice to periodically assess the effectiveness of services provided for those who are homeless and this review is part of that process. The results will also feed into the wider strategic review of homelessness and development of the borough's next Homelessness Strategy in 2012.

Key outputs and outcomes sought:
- An understanding of the local authority homelessness role and the services provided in Halton (see Supporting Information at Appendix 1).
- A review of the provision and effectiveness of temporary accommodation and other homelessness services in Halton with a view to identifying gaps in the service and potential efficiencies that can be made.
- Consider and make recommendations to the Healthy Halton PPB on how best to improve standards in the service.

Which of Halton's 5 strategic priorities this topic addresses and the key objectives and improvement targets it will help to achieve:

<u>A Healthy Halton:</u>

To remove barriers that disable people and contribute to poor health by working across partnerships to address the wider determinants of health such as unemployment, education and skills, housing, crime and environment.

A Safer Halton:

To tackle the problem of domestic abuse in all its forms, supporting the victims and their families and taking enforcement action against perpetrators.

Environment and Regeneration in Halton:

Provide sustainable, good quality, affordable and adaptable residential accommodation to meet the needs of all sections of society.

Nature of expected/desired PPB input:
Member led scrutiny review of homelessness services.

Preferred mode of operation:
Scrutiny working group of selected Members from Health Halton PPB involving representatives from relevant partner agencies and relevant Council officers:

- Desk-top review and performance analysis of current service provision.
- Literature review/examination of best practice in other local authority areas.
- Site visits to temporary accommodation schemes – YMCA, Belvedere, Halton Goals, Orchard House, Grangeway Court and Women’s Aid.

Agreed and signed by:

PPB chair ……………………… **Officer ……………………………**

Date …………………………….. **Date ……………………………….**

APPENDIX 1

Scrutiny Review of Homelessness Services
Supporting Information

The Local Authority Homelessness Role – Statutory and Preventative

Communities and Local Government (CLG) define homelessness as 'a lack of secure accommodation that can reasonably be occupied'.

The homelessness legislation is contained in Part 7 of the Housing Act 1996 (as amended by the Homelessness Act 2002).

Councils have a range of duties to those who are homeless or threatened with homelessness (meaning they are at risk of becoming homeless within 28 days).

All households are entitled to receive advice and assistance from the Council and for those who are classified as statutory homeless (eligible for assistance, unintentionally homeless, in priority need and with a local connection) the Council must provide settled accommodation (if it is not immediately available, temporary accommodation must be provided in the meantime). This is known as the main homelessness duty.

The offer of a settled home, i.e. nomination for a housing association tenancy, brings the homelessness duty to an end.

In addition, those who are in priority need but intentionally homeless (i.e. homeless because they did, or failed to do, something that then caused homelessness) must be provided with temporary accommodation for a period that will allow them to find settled accommodation themselves.

To be classified as in priority need the household must contain dependent children or be vulnerable in some way (e.g. as a result of old age, disability, the threat of violence or being aged 16-17).

Ever since the Housing (Homeless Persons) Act 1977, local authorities have been expected to prevent, as well as to respond to homelessness. The Homelessness Act 2002 further encouraged local authorities to be more pro-active in tackling homelessness through the production of a Homelessness Strategy, which should be based on a review of homelessness in the local area. The review would increase an authority's understanding of the causes of homelessness in the area, which would allow them to develop a range of measures to appropriately prevent homelessness.

Homelessness prevention focuses on identifying those at risk of homelessness and intervening as early as possible in order to facilitate the household remaining in their current home or making a planned move from one settled home to another.

Services in Halton

The **Council's Housing Solutions Service** (within the Communities Directorate) performs the local authority functions in relation to homelessness. Access to the Service is principally via the Council's Halton Direct Link (HDL) Service.

All those who present to the Service are offered an interview with a Housing Solutions Adviser where the possibilities for resolving their housing problem are explored, which may include making a statutory homeless application.

Those who are accepted as statutory homeless are given top priority on the Council's Housing Register, which is managed on the Council's behalf by Halton Housing Trust.

A range of **prevention services** are also provided through Housing Solutions for those who are at risk of homelessness, in addition, those who are not owed the main homelessness duty are also helped via this advice and assistance route. Some of the prevention services are detailed further below.

Mediation

Family breakdown is a primary cause of homelessness, often arising from problems between parents and adult children – this is particularly the case in Halton. Therefore, Housing Solutions work closely with families to re-establish relationships and enable the young person to continue living in the family home where this is appropriate.

Supported Lodgings (Nightstop)

A supported lodgings scheme has been developed, which enables young people to stay with a volunteer host family for an emergency period whilst more suitable short-term housing is found or until mediation leads to the young person returning to the family home.

Domestic Abuse Sanctuary Scheme

This scheme allows victims of domestic abuse to remain in their home by fitting enhanced security measures to deter the abusive partner (who will usually have been excluded from the property via an injunction).

Bond Guarantee Scheme

The BGS enables households to secure a private tenancy through a guarantee that the Council will pay the landlord up to £500 to cover any financial loss in lieu of a deposit should any problems arise in the first year of tenancy. This scheme offers an alternative route for those who are unable to access other forms of accommodation.

Mortgage support

The current economic climate has led to an increased number of people finding themselves in mortgage difficulty and Halton has been identified by CLG as a national ‘hotspot’ for repossessions. In response to this, Halton established a Repossessions Action Plan and Working Group to bring together the work of various agencies in the borough in preventing repossessions.

Housing Solutions has a dedicated Mortgage Rescue Adviser to help those who are facing repossession by providing advice on the help available, negotiating with mortgage lenders and attending court hearings.

Home Essentials Fund

Many homeless households are without the means to furnish a new home. The lack of furniture and essential equipment can make people reluctant to move from temporary accommodation and can contribute to abandonment of new tenancies. In Halton, this is particularly the case for younger people.

In an effort to help towards the cost of setting up a new home, the Council has established a Home Essentials Fund, which those aged 16-25 can access if they have become unintentionally homeless and have been provided temporary accommodation in one of the borough’s hostels. The Council will purchase items (up to a total value of £300) from a set list on behalf of the customer to help towards the costs of fully furnishing their home.

Housing Solutions also advise or refer customers to other organisations for advice on a **wider range of tenancy sustainment** issues, to ensure early intervention in the homelessness risk process. Services to aid tenancy sustainment include:

- Provision of debt, welfare rights, benefit maximisation and budgeting advice via the Council’s own Welfare Rights Service or referral onto organisations such as the Citizens Advice Bureau (CAB);
- Outreach support to help those who abuse drugs/alcohol to develop the skills needed to manage a home;
- Long-term supported housing alongside community based and outreach support for those with mental health problems to enable them to settle in the community after discharge from hospital;
- Floating support around maintaining a home for key risk groups increasing their capacity to live independently and developing their money management abilities; and in addition
- Registered Providers of social housing also have their own early intervention mechanisms to support tenants falling into arrears.

Temporary Accommodation in Halton

Grangeway Court

There are 32 self-contained units and access is generally only for those accepted as statutory homeless and mainly for pregnant women or homeless families with dependent children.

Women's Aid

A domestic violence hostel is available for those escaping domestic violence and access is direct or by referral (there are 15 bed-spaces).

Hostels

There are four hostels in Halton providing a total of 121 bed-spaces, only 10 of which are in Widnes. YMCA and Belvedere offer support to those over the age of 18, with the other schemes being focused on those aged 16 to 25.

The *YMCA* is the largest hostel in Halton and is based in Runcorn; it has 66 units for single people.

Belvedere is based in Runcorn and offers accommodation for 23 people.

Halton Goals' main service is based in Runcorn and offers 22 units of accommodation; in addition the service supports four units of move on accommodation in Widnes.

Orchard House (Widnes) provides six accommodation units for young people with complex needs.

References

Halton's Homelessness Strategy 2009-2013 and Strategic Review 2008

Housing Act 1996, Part 7

Homelessness Code of Guidance 2006

Homelessness Prevention: A guide to good practice (2006)

ANNEX 2

METHODOLOGY DETAIL

a) First meeting of the working group – 16th November 2011

Presentation(s)	Information provided
The local authority homelessness role *Neil Morland, CLG Specialist Advisor* **Topics covered:** • National agenda and context; • Homelessness law and the local authority duty to provide good quality housing advice; • Declining levels of homelessness as a result of increased prevention focus; and • Forthcoming challenges – Localism Bill, Housing Benefit reforms.	Information Pack (produced by HBC), which covered the following areas: • Statistics relating to statutory homelessness levels and prevention of homelessness (including regional comparison); • Details of the homelessness prevention services provided in Halton, including temporary accommodation; • Information on the council's Housing Solutions Service; and • Future challenges in light of forthcoming housing and welfare reforms.

b) Second meeting of the working group – 13th December 2011

Presentation(s)	Information provided
Temporary accommodation – service provision and quality *Kath Howarth, Supporting People Development Manager* *Donna Ryan, Quality Assurance Manager* **Topics covered:** • Service provision for homeless families, single homeless people and victims of domestic abuse; • Information on service monitoring and quality assurance; and • Details on performance and outcomes achieved by services.	• Temporary accommodation presentation slides; • Number of people accessing temporary accommodation schemes 2010; • Graphs and tables relating to the Supporting People outcomes framework for temporary accommodation schemes (2010/11); and • Confidential report to update on the Supporting People tender process, including proposed courses of action. • *Also, circulated before the meeting, was the Allocation of Accommodation Procedures for the temporary accommodation schemes.*

c) **Visits to temporary accommodation schemes – January & March 2012**

Date	Location/activity	Group members
Monday 23rd January 2012 (AM)	**Grangeway Court** *Discussions with staff/residents and tour of the premises* **YMCA** *Discussions with staff/residents and tour of the premises*	Councillor Sandra Baker Councillor Marie Wright Patricia Preston Joanne Sutton
Monday 23rd January 2012 (AM)	**Halton Goals** *Discussions with staff/residents and tour of the premises* **Belvedere** *Discussions with staff/residents and tour of the premises*	Councillor Ellen Cargill Councillor Martha Lloyd-Jones Councillor Joan Lowe Natalie Johnson Angela McNamara
Tuesday 24th January 2012 (PM)	**Women's Refuge** *Discussions with staff/residents and tour of the premises*	Councillor Sandra Baker Councillor Margaret Horabin Councillor Chris Loftus Councillor Shaun Osborne Councillor Marie Wright Patricia Preston Joanne Sutton
Tuesday 24th January 2012 (PM)	**Orchard House** *Discussions with staff/residents and tour of the premises*	Councillor Sandra Baker Councillor Margaret Horabin Councillor Chris Loftus Councillor Marie Wright Patricia Preston
Friday 2nd March 2012 (AM)	**YMCA** *Tour of the premises* **Grangeway Court** *Tour of the premises*	Councillor Martha Lloyd-Jones Councillor Chris Loftus Angela McNamara
Friday 2nd March 2012 (AM)	**Halton Goals** *Tour of the premises* **Belvedere** *Tour of the premises*	Councillor Chris Loftus Councillor Shaun Osborne Councillor Marie Wright Angela McNamara

d) Third meeting of the working group – 15th February 2012

Presentation(s)	Information provided
Housing Solutions Service *Patricia Preston, Principal Manager Housing Solutions* **Topics covered:** • Structure of the team; • Homelessness legislation; • Housing Solutions Adviser role; • Review/appeal processes; • Homelessness statistics – statutory and preventative, plus regional comparisons; • Strategic objectives and service improvements. Review of Housing Solutions Service *Joanne Sutton, Principal Policy Officer (Housing)* **Topics covered:** • Background to the review; • Findings and outcome of the review; • Action plan to address areas for improvement.	• Notes from the visits to temporary accommodation schemes, including action points and updates in this respect from the schemes; • Housing Solutions Service presentation slides; • Chronology of events relating to a Housing Solutions mortgage arrears advice case; • Report on the internal review of the Housing Solutions Service.

e) Fourth and final meeting of the working group – 28th March 2012

Presentation(s)	Information provided
Welfare Reform Act 2012 *David Gray, Welfare Rights Manager* **Topics covered:** • Potential impact of welfare reforms on homelessness levels.	• Welfare Reform table summarising the changes and the numbers that could be affected in Halton; • Utilisation figures for all temporary accommodation schemes plus age and gender breakdown for Halton Goals; • Update on the position in relation to the Supporting People tenders and the various options being considered; • First draft of this report for comments from Members.

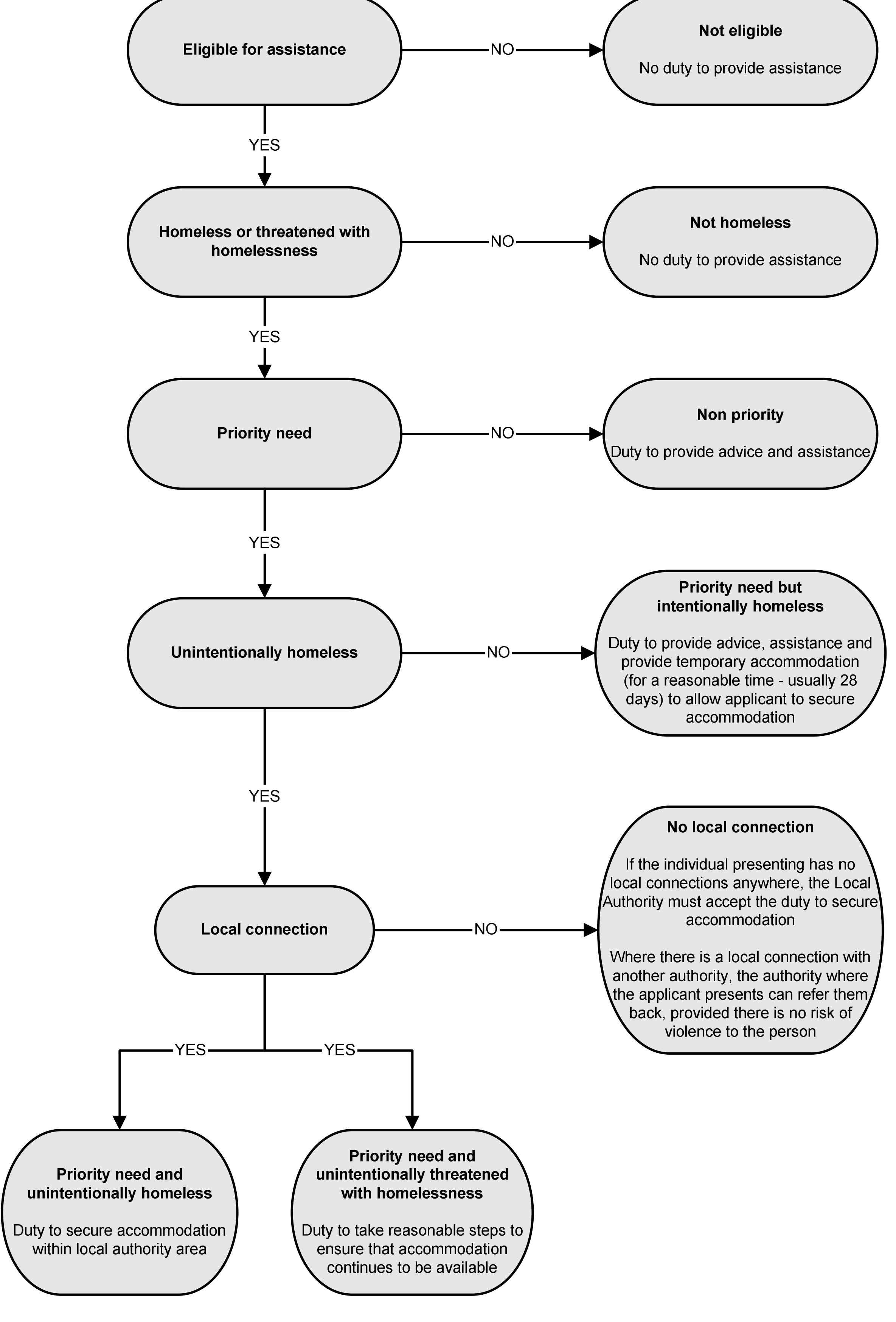
ANNEX 3

STATUTORY HOMELESS CRITERIA

Eligibility	A person is not eligible for housing assistance if he or she: ▪ Is not considered to be habitually resident in the UK; ▪ Is not a British Citizen and/or does not have full rights to live in the UK due to immigration status.
Homeless or threatened with homelessness	A person is homeless if he or she: ▪ Has no accommodation in the UK or elsewhere that is available for his or her occupation and that he or she has a legal right to occupy; ▪ Has accommodation but cannot secure entry to it; ▪ Has accommodation but it is mobile (e.g. caravan or houseboat) and has nowhere to put it; ▪ Has accommodation but it would not be reasonable to continue to occupy it. A person is threatened with homelessness if he or she: ▪ Is likely to become homeless within the next 28 days.
Intentionality	A person is considered intentionally homeless if he or she: ▪ Deliberately did or did not do something which caused him or her to leave housing which he or she could have stayed in and it would have been reasonable to stay there.
Priority need	A person is in priority need if: ▪ They are pregnant or if dependent children live, or might reasonably be expected to live, with them; ▪ She or he has become homeless or is threatened with homelessness as result of fire, flood or other disaster; ▪ She or he is aged 16 or 17 and is not a 'relevant child' or a child in need who would be covered by the Children Act 1989 (except a person who is in full time education and whose term time accommodation is not available during a vacation – a 'relevant student'); ▪ She or he is aged under 21 and was looked after, accommodated or fostered between the ages of 16 and 18 (except a 'relevant student') ▪ She or he is aged 21 or over and is vulnerable as a result of having been looked after, accommodated or fostered (except a 'relevant student'); ▪ She or he is vulnerable due to old age, mental illness, disability or other special reason; ▪ She or he is vulnerable as a result of having been a member of the armed forces; ▪ She or he is vulnerable as a result of serving a period of time in custody; ▪ She or he is vulnerable as a result of ceasing to occupy accommodation because of violence or harassment from another person or threats of violence from another person that are likely to be carried out.
Local connection	A person has a local connection if he or she: ▪ Has lived in the area by choice for a certain time (usually for the last six months or three of the last five years); ▪ Has a family connection in the area; ▪ Works in the area; ▪ Has a connection with the area for 'another special reason'; ▪ If any of these apply then a person has a local connection.

ANNEX 4

LOCAL AUTHORITY HOMELESSNESS ASSISTANCE



ANNEX 5

NOTES FROM VISITS TO TEMPORARY ACCOMMODATION SCHEMES

23rd January 2012

Grangeway Court
Present: Councillor Marie Wright, Councillor Sandra Baker, Patricia Preston, Joanne Sutton

The group was greeted by Angela Scott, Manager at Grangeway Court and the meeting was also attended by a Community Support Worker and Project Officer. The following questions were asked:

Q: How many units are there? Do all residents have keyworkers? If so, how many residents per key worker?
A: 32 units in total, all self-contained. All residents have keyworkers – the number of residents per key worker depends on the number of residents and key workers available.

Q: What is the average length of stay?
A: 16 year olds will stay until they are 18. Other than this the average length of stay is about 14 weeks.

Q: How often do staff meet with residents?
A: Catch up sessions are held with staff on a monthly basis and residents are able to drop into the office if they have any issues. Staff will also carry out a well-being check if they haven't seen a resident for a couple of days.

Q: Do staff ever go into the units?
A: Yes, to carry out regular Health and Safety checks.

Q: What issues do staff often encounter?
A: Most common problems are through alcohol, drug use, debt problems and parenting problems.

Q: Do they offer life skills training?
A: A variety of activities/training are offered including parenting skills, creative play, positive listening, relaxation and card making. These are mostly completed by Arena Project Officers but they do sometimes use external trainers.

Q: Does the support service continue after residents have moved on?
A: Yes, residents receive floating support after move on. This includes a visit to ensure appropriate child safety measures are installed in the new property e.g. child safety gates, kitchen cupboard locks etc.

Q: Is there a play worker attached to the scheme?
A: There isn't, but this is something that the staff would like to see. They are also keen to get a porta cabin set up on site so that there is a communal area where residents could congregate as the office meeting room is only small. Patricia suggested that it may be possible to redesign one of the units for use as a communal area.

Q: How successful are applications for Community Care grants?

A: Usually successful. Residents are directed to Halton Haven for furniture and Frank Buckle Trust for white goods.

Q: Are there any problems encountered as a result of the walkway through the area?
A: No, security gates are kept locked at night and residents are aware of time locked etc.

Q: What is the relationship with the local community?
A: There is a good relationship and members of the community will let the staff know if there are any issues arising on/from the estate. Community Police also regularly visit the area to offer support to residents on issues such as cyber bullying.

Meeting with resident
The group were joined by one of the residents who gave an insight into how she came to be living at Grangeway Court. She had been resident since November 2011 and had moved from London with her 13 year old son to be near her sister who lives in Widnes. She had been a caretaker in a block of flats in Tower Hamlets but had left due to anti-social behaviour from some of the residents, which brought on physical and mental health symptoms. She initially stayed with her sister but was unable to remain as her sister only has a one bedroom flat. She is hoping to secure a 2 bedroom property in the social rented sector but is finding it difficult to do so due to a shortage of 2 bedroom properties and former tenancy arrears from her London property. Patricia explained that if she is classed as statutorily homeless the arrears shouldn't be taken into account. Patricia investigated this further following the visits and found that the resident had been in contact with Housing Solutions for a period of six months and had been advised accordingly, however, circumstances prevented acceptance as statutory homeless.

The resident said that she found the support offered by the staff at Grangeway Court to be good and felt secure in the property. She found the experience at Grangeway offered her an opportunity to "draw breath" while she sorts herself out after such a bad experience in London.

The resident kindly allowed the group to visit her accommodation. This was a 2 space unit with a large living/bedroom area, separate bedroom, kitchen and shower room/toilet. Although the group felt that the accommodation was relatively spacious for hostel style accommodation, they found the unit and the communal area in this block to be in a poor state with areas of crumbling plaster. They felt that the whole block and the units could do with a lick of paint to brighten it up and to remove the marks left by adhesive materials on the walls.

The staff also showed the visitors a vacant one space unit in another part of the estate. This was significantly smaller than the other unit but was in a better state of repair and decoration.

Observations/conclusions
- The scheme is in dire need of decoration and general repair to walls etc.
- There is insufficient regular contact with residents – the office area is not inviting as it has a glass screen creating a "them and us" feeling with residents.
- There is currently no opportunity for residents to mix – there is a very small meeting room area in the office. It would benefit from a communal area where all residents could get together.

Halton YMCA
Present: Councillor Marie Wright, Councillor Sandra Baker, Patricia Preston, Joanne Sutton

Meeting with residents
There was an excellent turn out from residents (around 15 in total). Residents were asked about what they liked best about living at the YMCA and what they would change about it. The results are summarised below.

What residents like best
Most of the feedback was very positive. In particular residents stated that the quality of the rooms, the facilities, the support offered by staff and the staff themselves were all very good. The scheme also offered cheap accommodation and some of the residents said they were happy to stay there rather than move on. Some residents had stayed at the YMCA before the refurbishment was completed and felt that the accommodation was much improved, due to it now being self-contained.

What residents would change
The main issue raised was around rules and regulations in particular those related to visitors. Those residents with children/grandchildren were unable to have them visit due to strict safeguarding regulations which do not permit anyone under the age of 16 to enter the premises. Others were unhappy about the nightly curfew, the £3 charge for visitors to stay overnight and the fact that residents were not allowed to bring alcohol onto the premises (even when there is a major football tournament taking place). Other issues raised were noise levels from younger residents and the lack of recycling opportunities.
The group were then given the opportunity to tour the complex. This included one of the refurbished rooms, an externally accessed move on unit, the new music room and recording studio, gym and the residents' communal kitchen and dining area.

Conclusions/observations
Members of the contingent were very impressed with the quality of the accommodation and the facilities offered to residents. It was acknowledged that while the frustrations of residents relating to visitors etc. was understandable, there were valid reasons for taking a stringent approach to safeguarding children and restricting alcohol on the premises.
The only concern was that some of the residents did not appear to need the support of the YMCA (some had already had their own accommodation) and were therefore potentially taking the place of someone who does need the level of support offered. The improvements in the scheme could make it an even more attractive option to those seeking good quality, affordable accommodation, rather than those who are not yet equipped to hold down a tenancy and therefore require the life skills/tenancy sustainment training offered.

Questionnaires
Residents were given the opportunity to complete a questionnaire about their views on the service – 9 were completed, the results of which are summarised below (all respondents were white males under the age of 65, 5 stated they had no religion, 2 stated they were Christian and 2 did not answer the question):

Overall, how satisfied or dissatisfied are you with the support you receive?	Very satisfied – 5 Fairly satisfied – 4
How well do you think the service meets your needs?	The service meets my needs very well – 4 The service meets most of my needs – 5

Which of the following statements best describes how clean and comfortable the environment is?	The environment is as clean and comfortable as I want – 7 The environment is adequately clean and comfortable – 2
Do you have a good variety of choice in the food and drink you get?	Yes – 4 No – 1 Not applicable – 4
Are there activities available for you to take part in?	Yes – 9
I can make private telephone calls any time I want	Strongly agree – 1 Agree – 2 Neither agree nor disagree – 3 Strongly disagree – 1 Not answered – 1 Referred to comments section – 1
My right to private correspondence is observed at all times	Strongly agree – 2 Agree – 3 Neither agree nor disagree – 3 Referred to comments section – 1
I am encouraged by the staff to maintain regular relationships with my family and friends and professional agencies	Agree – 3 Neither agree nor disagree – 4 Not answered – 1 Referred to comments section – 1
Do the staff support you in way you want them to?	Always – 5 Sometimes – 3 Not answered – 1
Are the staff polite and respectful with you?	Always – 8 Not answered – 1
Do you feel comfortable approaching your staff with questions and requests?	Yes – 8 Not answered – 1
Overall, do you feel that your human rights, such as privacy, have been considered by your staff at all times?	Yes – 8 Not answered – 1
Do you feel that the support you receive allows you to live as independently as possible?	Yes – 8 Not answered – 1
If you needed to make a complaint about the support you receive, would you know how to do it?	Yes – 8 Not answered – 1
Other comments	My room is always tidy and I am very grateful and feel safe with my surroundings Staff will let us use the phone to contact family at their discretion

Halton Goals
Present: Councillor Ellen Cargill, Councillor Joan Lowe, Councillor Martha Lloyd-Jones, Angela McNamara, Natalie Johnson

The group were greeted by Brian Parsons, the Scheme Manager, and the Deputy Manager, Kevin. There was some general discussion around the provision – there are 26

units, 4 of which are in Widnes for those who are low-risk and have low levels of support need.

Halton Goals accommodates those aged 16 to 25, with a tendency towards those at the younger end of the scale due to the fact that other hostels in the borough accommodate those up to the age of 69. Residents are able to stay for up to two years and this is usually the case if they enter the scheme age 16. Those entering at 18 will generally be moved on sooner.

Floating support is provided for up to six weeks (although it often continues for longer than this where necessary) and is very helpful in terms of resolving issues with utility companies and grants etc. SHAP is also engaged to provide support but sometimes it is found to be not as successful because of the lack of an established relationship.

The scheme has good relationships with the local housing associations and also increasingly of late with private landlords, which are becoming a more realistic option for many residents in light of welfare reforms.

The weekly clinics from Housing Solutions were discussed and it was stressed that they were extremely helpful, particularly in terms of reinforcing the consequences of licence breaches, helping to prevent 'hostel hopping' and making move-on more successful. In addition, residents can be signposted to reputable private landlords who are accredited with the council.

Residents become involved with their local community, recently this has involved 'Respect Week', which was helpful in tackling the stigma associated with the scheme locally. There has also been involvement with the local community group but the group has been experiencing some issues recently and is not currently operational. Residents have also done some fundraising for the Halton Haven furniture shop, which is an extremely useful service for many residents at move-on.

Residents receive life-skills training and are encouraged/assisted to enter employment/training and to this end the scheme has good links with Connexions. It was noted that multi-agency working is good and has improved in the last couple of years.

The Safeguarding Policy was discussed and it was noted that Dawn Read, Scheme Manager at Belvedere, is the CIC 'champion'. All staff receive regular training, often via e-learning, and also make use of the training offered by the council. Residents are kept informed of any policy changes etc. through the regular resident meetings.

Open discussion with residents
The group were joined by 5 residents (2 male and 3 female) who had been resident at Halton Goals for varying lengths of time (between 3 weeks and over 1 year) – a number of questions were asked by the group:

Q: Do you like living here?
A: Yes, can be lonely when you first move in but once you make friends it is a lot better. Resident meetings and activities offer the opportunity to meet people.

Q: Do you feel safe and supported?
A: Feel very safe, CCTV helps with this. There is always support when you need it, levels vary between staff – some 'go the extra mile' but all staff will provide some support.

Q: Do you have access to a computer?
A: Yes, throughout the day they are to be used for college work/searching for employment and during the evening they can be used for social purposes. Sites are restricted.

Q: What is the provision in terms of food?
A: Cater for yourself, food is not provided. Close group so all ‘chip in’. Sometimes there are issues with having communal fridges, there is a lockable one near the offices, which some residents make use of but this can mean having quite a walk from your room to the fridge.

Q: What items do you have in your room?
A: Bed, wardrobe, chest of drawers, sometimes other things such as tables etc. Shared kitchen, bathroom and laundry facilities, apart from in the move-on units, which are like self-contained flats (have their own front door but are within the scheme).

Q: Are there any curfews?
A: Not if you are out but if you are on the premises you must be in your own room by midnight. There is a register to record who is on/off site for fire safety purposes. Not allowed to be out every night.

Q: Are there any issues as a result of shared facilities?
A: Sometimes residents from other houses use your kitchen and make a mess of it then it is your responsibility to clean it and when this happens often you get fed up of doing it and leave it sometimes but then you get a warning for your kitchen being unclean/tidy.

Q: Do you have any input into the rules?
A: There is a feeling that residents are simply informed about rule changes but would ‘kick-off’ if they didn’t like it (i.e. at residents meetings). Also feel that some members of staff are ‘more on their level’ and provide more feedback and explanation about rules. On one occasion, some residents had asked for the number for Head Office and the staff had given it to them although they had also said that any problems could be raised and dealt with by on-site staff. The group said they had used the feedback/complaint forms that are made available in the office area.

Q: Do you work or attend college?
A: All residents present attended college and really enjoyed it. However, there have been issues with previous colleges due to the travel expenses (being unable to afford due to delays in receiving EMA) and being unable to attend because of appointments at the Job Centre.

Q: Do you access medical facilities?
A: One of the residents had a dentist in Widnes, as that’s where she used to live but doesn’t go anymore due to issues getting there and also because she doesn’t like the dentist. The group felt that it was their own responsibility to sort their access to medical services, although it was raised during weekly sessions with Key Worker.

Q: Do you receive a ‘welcome pack’ when you move in that details local dentists, colleges etc.?
A: The group didn’t recollect receiving anything like that.

Q: What are the rules in connection with visitors?

A: They have to present photo ID the first time they visit and then they are recorded as a known visitor. They can visit between the hours of 1pm and 11pm and must remain in the residents' room at all times or the communal area (i.e. they can't be together in another residents' room). Those in the move-on units can have overnight visitors. The group were unhappy with the arrangement as it means that if two residents who are close friends each have a visitor, they cannot socialise together as they each must be in their own rooms with their visitor. This has been brought up at residents meetings and the reason given by staff is that it prevents any issues 'kicking-off' but the residents said there is CCTV, which means any issues would be spotted and could be dealt with straight away. It was acknowledging that the residents and their visitors could all be together in the communal area but this didn't really feel private due to office doors being open – residents said they couldn't talk the same as they would be able to if they were allowed in their room. There is a feeling that there is a lack of trust from staff and it doesn't feel like home due to issues such as this.

Tour of Halton Goals

The residents gave the group a tour of the rooms/facilities. The following points were noted:

- There were some couches and other rubbish outside, which the residents explained had been there since the summer. There was concern as this presents a fire hazard. Following the visits, this has been fed back to the provider and they will be sending through a response to explain, which will be available at the next meeting.
- Residents reported that their boiler had been broken for one week recently. Again, this has been fed back to the provider following the visits and they have explained that it is a recurring fault – further explanation will be provided with the response referred to above.
- Smoke alarms are checked and there are regular drills.
- Rooms are checked for cleanliness etc. on a weekly basis.
- The shared kitchen area did not have a dining table/chairs, which means it is not possible for friends to cook and then eat together.
- Residents confirmed that they have to buy their own crockery and cooking materials etc. They felt it would be useful for the scheme to have certain items available to borrow, as they can be expensive to buy for cooking one meal if you just want to try a certain recipe.
- Residents also said that buying healthy food can be difficult to afford. They found a course that was held at the church really useful as you paid £1 each day for a week and you learnt to cook a meal and then took it with you.

Belvedere

Present: Councillor Ellen Cargill, Councillor Joan Lowe, Councillor Martha Lloyd-Jones, Angela McNamara, Natalie Johnson

Open discussion with residents

The group were greeted by Dawn Read, Scheme Manager, and taken to the 'training room' where they were greeted by 6 residents.

One of the residents had previously been living in a flat provided by HHT but had problems relating to anti-social behaviour from neighbours. He suffers with mental health problems, which worsened as a result of this and he felt that he didn't receive any help or support from HHT. He was signposted to Belvedere by Housing Solutions. He was very frightened when first entering the scheme and also feared he would lose his job at B&Q due to having time off because of the problems at the flat. However, he reported that the staff at

Belvedere had been brilliant and had provided him with support and encouragement and he has now been promoted to Team Leader and feels well in terms of his mental health. He reported that everyday the staff ask how he is and when he was new, they all knew his name and he felt very welcomed and safe. He felt that housing association should give more thought to where they place people, especially when they have other issues to deal with (i.e. mental health).

Another resident was keen to get a flat in West Bank in Widnes and was asking when he would be offered one. Angela explained the process and the implications of restricting interest to one area given the numbers waiting for housing. It was confirmed that those who are homeless are placed in the top category in terms of the waiting list for social housing.

There was some discussion around the welfare reforms, particularly the shared room rate being increased to those aged under 35. This applied to one of the residents present and she explained that she was not willing to share and would therefore have to wait until a 1-bed property became available or explore options in the private rented sector. She explained that she found living at Belvedere brilliant – she feels safe and genuinely cared about by the staff.

Another resident then shared her story with the group – she had experienced drug problems for many years and had been in and out of prison. The support she had received whilst being resident at Belvedere had enabled her to find a job, re-build relationships with family, stay off drugs and complete her community order. She felt that there was always someone to turn to at Belvedere no matter what she was feeling. Belvedere had also referred her for Cognitive Behavioural Therapy with an outside agency and she felt that all agencies communicate well with each other and are aware of residents' background.

Some issues were raised with regards to the policies relating to visitors. The fact that they are required to present photo ID has meant that one resident cannot have her daughters visit as they do not have any ID (however, the residents' rep has spoken to the staff about this and they may be able to take a picture and then they would be able to visit). Also, the fact that children can't go into rooms was raised but it was explained that this was due to safeguarding and the legal responsibilities of the scheme.

The residents were asked if they felt they had any input into policies, they said they felt their opinions were listened to and taken on board where possible.

The residents become involved with their local community, for example, with the carnival and they did some fundraising and went on a trip to Alton Towers.

Tour of Belvedere
The residents' representative escorted the group on a tour of premises/facilities. There are 25 rooms. Some have their own bathroom and kitchen, some are shared. It was felt that more washers and dryers would be beneficial. Cleaning is each resident's own responsibility. Rooms are checked weekly. There are regular fire alarm tests and fire drills. There are 2 members of staff on the premises at night time – one sleeping and one on duty. Belvedere also has an 'e-bed' (emergency), which is kept separate from the other rooms. Furniture is provided in the rooms but at move-one you have to get your own – Halton Haven's furniture shop has been particularly helpful.

24th January 2012

Women's Refuge
Present: Councillor Shaun Osborne, Councillor Marie Wright, Councillor Chris Loftus, Councillor Margaret Horabin, Councillor Sandra Baker, Patricia Preston, Joanne Sutton

The visit began with a general discussion with the Manager of the Unit, Frances, the Chair Christine (?) and some of the staff.

Councillors explained the purpose of the visit and the fact that the visit formed part of a wider scrutiny review of Homelessness that included visits to all temporary accommodation schemes. A number of issues were raised as part of the discussion. Staff had seen a change in the client base in terms of the number of clients and ages. It was acknowledged that due to rising unemployment the pressures on the service are likely to increase.

Staff would like to see the building remodelled to provide self-contained units for each family with a communal living area for families to use if they wanted to rather than families having to share living rooms, kitchens and bathrooms as they do at present. It was recognised that this would reduce the number of units available in the scheme (from 15 to about 8 or 9).

The issue of dispersed accommodation was discussed. Staff felt that this wouldn't work as they would not be able to provide the same level of support that they currently do to equip the women to live independently and ensure that they are receiving all benefits they are entitled to. Security of the accommodation could also be an issue with dispersed units and women could be more vulnerable. Patricia explained that dispersed accommodation can work provided it is managed well.

The payment of Rent Direct to landlords will have an impact on the ability to move women on to independent accommodation due to the increased risk of rent arrears.

Councillors asked a variety of questions as outlined below.

Q: What is the average length of stay?
A: 12 – 14 weeks

Q: What does it cost per unit?
A: Families are entitled to £219 HB. Costs are £10.50 per week for each women and £1 per week for each child (check this)

Q: What is the capacity of the scheme?
A: The scheme can accommodate 15 women including 2 single women and up to 43 children.

Q: Is there an emergency "crash" (or waking) room e.g. where there is a comfortable chair where someone can sleep in for the night if there are no rooms available?
A: No, but rooms are usually always available.

Q: Is there a play worker attached to the scheme?

A: Yes

Councillors were then given a tour of the scheme which included visiting one of the bed spaces, the communal living area and kitchen, children's play area and a sitting room for older teenagers where they are able to study.

The opportunities for remodelling were noted due to the amount of unused space.

The Councillors were then given the opportunity to talk directly to two residents. In general they were very happy with the support offered at the unit. One resident who lived on the upper floor requested a water cooler be placed on that floor as if her son wants a drink in the middle of the night she has to go downstairs.

Orchard House

Present: Councillor Marie Wright, Councillor Margaret Horabin, Councillor Chris Loftus, Councillor Sandra Baker, Patricia Preston

Councillors had a general talk with residents and were given a tour by one of them. They also talked to members of staff. There were no issues identified.

Action points arising from the visits

Discussions to take place with Quality Assurance Team regarding the condition of units in Grangeway Court.

Contact the Grange Community Centre to see what opportunities exist for residents of Grangeway Court to mix with other residents.

A working party to be established to discuss options available to ensure that only residents who need support are able to access the schemes.

A welcome pack to be produced for Halton Goals (and other schemes as necessary) detailing local amenities and services.

Quality assurance team to follow up with Halton Goals issues regarding rubbish outside the scheme and broken boiler.

Discuss with Quality Assurance Team the lack of support around healthy eating/meal planning in Halton Goals.

A working party to be set up to consider alternative forms of provision for victims of Domestic Violence e.g. dispersed accommodation and consider options to remodel the existing accommodation.

Discuss with Quality Assurance Team the lack of access to drinking water on the top floor of Women's refuge.

ANNEX 6: POTENTIAL IMPACT OF WELFARE REFORM ON HOMELESSNESS

Provision	Detail	Timescale for change	Possible impacts	Approximately how many people affected
Shared accommodation Local Housing Allowance (LHA) room rate changes	Extension from under the age of 25 to under the age of 35 of LHA rate restriction. Lower shared accommodation rate to be paid in place of 1 bedroom rate. Access to children is not taken into account.	January 2012	The weekly reduction in HB for those in one bed accommodation will be from £91.15 per week to £53.54 per week (April 2012 figures). Tenants will have an increased rental shortfall to meet, leading to possible arrears and potential homelessness.	234 households
Under-occupancy penalty ('bedroom tax')	A size criteria will be used to restrict Housing Benefit (HB) for social landlords to 1 bedroom for each person or couple living as part of the household, except for children under 16 of same gender who are expected to share, any children under 10 can share, overnight carers under certain circumstances. Applies only to those households of 'working age'. Those under-occupying their social housing property by one-bedroom to lose 14% of their HB and those under-occupying by two or more bedrooms to lose 25%.	April 2013	DWP estimates that 670,000 social tenants will be affected nationally. Tenants will lose an average of £12 per week if have one 'spare' bedroom and £22 per week average for two 'spare bedrooms'. Disproportionately affects the North West. There is an inadequate supply of smaller accommodation to meet the needs of all those who will be affected, but innovative local schemes have been suggested. Tenants will have to make up the difference in rent, leading to arrears and potential homelessness. Statutory authorities are keen to point out that further detail around the regulations on this is due out in May 2012 that may address many unanswered questions.	Strategic Housing Market Assessment 2011 suggests this may affect: 2,311 under-occupying by 1 bedroom 725 under-occupying by two bedrooms 92 under-occupying by 3 bedrooms
Introduction of Universal Credit	1. Benefits to be 'capped' in line with the average working family/ single person earnings. This is expected to be set at	April 2013	1. If benefits exceed these thresholds, HB will be 'capped'. In the social sector this coupled with potential rent increases under the Affordable Rent regime will mean tenants have to use more of their disposable income towards housing costs. This	55 cases identified by Housing Benefit as to be potentially 'capped'

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	£26,000 a year for lone parents and couples with children. It is expected to be around £18,000 for single people without children. 2. HB to be paid direct to tenants (including for social landlords).		presents the risk that tenants will not pay their rent and fall into arrears, leading to potential homelessness. Large effect especially in London. 2. Under Universal Credit most working age claimants of HB will no longer be able to choose direct HB payments to their landlord. They will receive HB payments individually with the stated reason of encouraging responsibility and easing the transition into work. Some 'vulnerable' claimants of HB will be able to have direct payments to their landlord but the criteria for this is not yet known. Clearly if tenants who cannot cope with receiving HB payments do not use this money to pay their rent, then arrears and a potential homelessness situation could follow.	
Uprating Local Housing Allowance (LHA) in line with Consumer Price Index	LHA to be inflation-linked to the Consumer Price Index as opposed to the Retail Price Index.	April 2013	Rents have historically risen at a higher rate than the CPI. Tenants will have to make up the shortfall between LHA and rent charged, which poses the same problem outlined above.	
Council tax benefit reforms	Localised schemes to be implemented.	April 2013	10% cut in scheme funding and 'localisation' of benefit schemes.	
Wider welfare benefit reforms	Significantly including: • Disability Living Allowance being changed to a Personal Independence Payment (PIP) for those of working age with a regional pilot scheme from April 2013; • Ongoing reform of Incapacity Benefit with existing claimants being assessed against the harsher criteria for		Halton has a disproportionate amount of disabled residents and the change to PIP will involve a reduction in the numbers of those receiving financial assistance. Changes in the wider benefit system will have the effect of reducing household income and lead to issues of affordability and the potential for rent arrears/mortgage difficulty and therefore homelessness.	

	Employment Support Allowance; • Limiting payments of Employment Support Allowance (contribution based) to 12 months only; • Numerous detailed changes to Working Tax Credit; • Crisis Loans/ Community Care Grants replaced by localised measures under local authority schemes – potential effects unknown.			

REPORT TO:	Health Policy and Performance Board
DATE:	11th September 2012
REPORTING OFFICER:	Strategic Director - Communities
PORTFOLIO:	Health & Adults
SUBJECT:	Caring for our Future : Reforming Care and Support
WARD(S):	Borough-wide

1.0 PURPOSE OF REPORT

1.1 To present the Board with a summary of the White Paper 'Caring for our Future: Reforming Care and Support' which was published on 11th July 2012, and details of the impact that this will have on Local Authorities (LAs) and partner agencies.

2.0 RECOMMENDATION

RECOMMENDED: That the Board Notes the contents of the report and attached appendix

3.0 SUPPORTING INFORMATION

White Paper

3.1 On 11th July 2012, the Department of Health published the 'Caring for our future: reforming care and support' White Paper, which sets out the vision for a reformed care and support system, by:

- focusing on people's wellbeing and support them to stay independent for as long as possible;
- introducing greater national consistency in access to care and support;
- providing better information to help people make choices about their care;
- giving people more control over their care;
- improving support for carers;
- improving the quality of care and support; and
- improving integration of different services.

3.2 The White Paper establishes the case for change and the Government's vision for care and support in the future. The Government intends to work with partners, including carers, people who use services, LAs, care providers and the voluntary sector to take forward their vision.

3.3 Actions from the White Paper can be summarised into the following categories :-

- **Maintaining Independence** - Care and support will be transformed to focus on people's skills and talents, helping them to develop and maintain connections to friends and family. Communities will be encouraged and supported to reach out to those at risk of isolation, and people will be able to access support, including better housing options, which keeps them active and independent.
- **A Better Understanding** - Better national and local information will help people to understand the options available to them and to plan and prepare for their care and support. Greater consistency in access will give people the confidence to move around the country. Major new entitlements for carers will mean that they are better supported to carry out their caring role and to maintain their own wellbeing.
- **Quality** - People will be empowered to make decisions about their own care and support through radical improvements to information on the options available to them. People using care and support will be listened to, and Local Authorities and care providers will be able to respond more effectively to what people want and the concerns they have. This will drive improvements to the quality of care and support so that people can be confident that it will be of a high standard.
- **Social Care Workforce** - People's experience of care and support depends heavily on the sensitivity and compassion of the care workers who work with them. By setting out clear minimum training standards, recruiting more apprentices and supporting the transformation of the social work profession, the Government will aim to ensure that people are confident that they will be able to develop trusting and rewarding relationships with those giving them care and support.
- **Control** - People will have control of their own care and support, so they can make decisions about the options available. The Government will give people an entitlement to a personal budget and they will strengthen their ambitions on direct payments. This means care and support will focus on meeting people's individual needs and helping them to achieve their aspirations. People will not have to fight against the system: health, housing and care services will join up around them.

3.4 Attached at ***Appendix 1*** are further details of the actions outlined within the White Paper along with details of the expectations/impact on Local Authorities etc.

Draft Care and Support Bill

3.5 Alongside the White Paper, the government has published a draft Care and Support Bill for consultation and pre-legislative scrutiny in Parliament, which aims to radically simplify the current legal framework for care and support.

3.6 The draft Care and Support Bill provides enabling legislation for the reforms in the White Paper. It will be introduced into Parliament in late 2013 with a view to completing its passage by autumn 2014. Most changes requiring legislation will be implemented from April 2015 at the earliest.

3.7 Whilst retaining the principles of means testing and eligibility thresholds, the Bill introduces into legislation principles of well-being, integration, prevention and early

intervention.

The Bill is some 150 pages long and has been broken down into 3 parts:-

- Part 1 (clauses 1 – 53) covers adult care and support
- Part 2 (clauses 54 – 77) covers health provisions
- Part 3 (clauses 78 – 83) covers some general provisions

There are also 8 schedules which contain additional details on some of the clauses outlined.

3.8 Part 1 would enshrine in law a number of overarching duties which LAs would need to fulfil when carrying out their social care functions and would address areas such as :

- General responsibilities of LAs
- Meeting the needs for care
- Assessing Needs
- Imposing charges
- What would happen following assessment
- Direct Payments
- Ordinary Residence
- Safeguarding Adults
- Transition
- Debt enforcement

Part 2 would establish Health Education England and the Health Research Authority as non-departmental public bodies.

Part 3 covers technical issues such as regulations, orders and commencement of parts of the Bill (without as yet giving any dates).

3.9 People have the opportunity to comment on the Bill **by 19th October** either on line via the Bill's webpage http://careandsupportbill.dh.gov.uk/home/ on the DH's website or in writing to the Draft Care and Support Bill Team at the DH.

As such Halton will be preparing a response to the consultation and this will be presented to the Council's Executive Board on 18th October.

3.10 People can either comment on each individual clause or by answering questions on certain topics which the Bill Team have developed. Attached at ***Appendix 2*** are the details of these topic areas and questions.

These are suggested areas to start discussion rather than consultation questions and the Bill Team do intend to work with stakeholders to agree further issues for discussion.

4.0 POLICY IMPLICATIONS

4.1 There are numerous expectations on LAs etc. and a 'task and finish' group has been established from across the LA and Health to firstly assess whether Halton currently meets the requirements of the White Paper and then in areas where it doesn't

develop and implement an associated action plan to ensure adherence to the requirements.

4.2 The Government will create a Care and Support Implementation Group, which will have ownership of the implementation plan for the White Paper, with members of the group assuring on the delivery of specific milestones. The White Paper contains a timetable for only some of the actions outlined and where available these have been incorporated into the appendix of this report.

The implementation group will bring together the organisations that have lead responsibility for key outputs from the White Paper. It will work in collaboration with other key sector-led organisations, such as the Think Local, Act Personal partnership, and the Towards Excellence in Adult Social Care programme.

4.3 The work of this implementation group will need to be closely monitored by the Local Authority, in particular, the Health Policy & Performance Board.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The Government state that the White Paper is not intended to set out a funding settlement for care and support in future years and that future decisions on the overall funding in the system will be taken alongside other funding decisions at Spending Reviews and the work taking place on the funding reform (see paragraph 5.2). However throughout the White Paper the Government have outlined a number of financial announcements as follows:-

- £100m in 2013/14 and £200m in 2014/15 to be transferred from NHS to councils under Section 256 with similar conditions to previous transfer. 10% likely to be for reform implementation costs
- £200m capital spread over 5 years for specialist housing schemes
- Start-up funding of £32.5m from 2014/15 to develop local online information services
- Investment by NHS in end of life care pilots to be doubled from £1.8m to £3.6m

5.2 The separate progress report on funding accepts the following principles of the Dilnot Commission:

- Financial protection through a cap on costs
- Extended means test
- National minimum eligibility criteria
- Deferred payments available to all, with a consultation on how interest is levied by councils

The Government will not commit to a new funding model at this stage. That will be considered as part of the next Comprehensive Spending review. As part of this the Government wants to explore further options they believe are consistent with the Dilnot report but at a lower cost namely:

- Level of the cap (say at £75,000 rather than £35,000). The Government has no firm view on the level.
- Choice about whether to have financial protection through voluntary opt-in or opt-out schemes to give protection in return for specified payments.

The Government will establish a working group with the financial and insurance sector to consider the requirements of a new system, tax implications and how to help people plan.

6.0 **IMPLICATIONS FOR OTHER COUNCIL PRIORITIES**

6.1 **Children & Young People in Halton**

Moving from children's to adults' services, at age 18, is a key transition point. The White Paper references the Government's Green Paper '*Support and aspiration: a new approach to special educational needs and disability'* which sets out plans to develop a new birth to- age-25 assessment process and a single plan incorporating education, health and social care assessments. The Green Paper also sets out Government plans to introduce personal budgets for families with an education, health and care plan from 2014. In addition, the Government aim to legislate to give adult social care services a power to assess young people under the age of 18.

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

None identified.

6.3 **A Healthy Halton**

The transformation envisaged by the White Paper and the forthcoming Care and Support Bill will mean fundamental changes to the provision of Adult Social Care; the implications of such will have to be appropriately assessed and progress monitored.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified at this stage, although the Local Authority needs to ensure that it is in a position to respond to the actions outlined in the White Paper, thus appropriate action planning needs to be in place and this will be undertaken by the White Paper 'task and finish' group.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment 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: Reforming Care and Support	People & Communities Policy Team	Louise Wilson, People & Communities Policy Team Louise.wilson@halton.gov.uk
Draft Care and Support Bill		
Caring for our Future : Progress report on funding reform		

Appendix 1

Caring for our Future: Reforming Care and Support

Summary of Actions:-

1. **Maintaining Independence**
    - **Strengthening Support within Communities**
        - Central to the Government's vision is supporting active and inclusive communities and encouraging people to use their skills and talents to build new friendships and connections. The Government aims to create shared measures of wellbeing across the 2013/14 editions of both the Public Health and Adult Social Care Outcomes Frameworks (to be published in October 2012), with a particular focus on developing suitable measures of social isolation.
        - The Government will legislate (as part of the draft Care and Support Bill) to introduce a clear duty on Local Authorities to incorporate preventative practice and early intervention into care commissioning and planning.
        - There is an expectation that communities will need to be involved in decisions around health and care services, through local Healthwatch and Health & Wellbeing Boards – There is an expectation that local health and care commissioners identify how the skills and networks in a community can make an important contribution to the health & wellbeing of local people and build this into the JSNA and Joint Health & Wellbeing Strategy.
        - The Think Local, Act Personal Partnership, supported by Public Health England, will establish a collaborative network to support and spread the adoption of community based approaches.
        - Social Workers and other care workers will need to be empowered to encourage people to use their talents and skills to help them build stronger relationships and networks with friends, family and the wider community, using evidence for the Social Work Practice pilots.
        - There is an expectation that Local Authorities, together with their local communities, will maximise the potential for spaces and buildings in a community to act as meeting places or centres for activity.
        - The Government will support '*My Home Life'* and national care provider organisations to work with their members to develop 'open care homes' that build links with their local community.
        - The Government will stimulate the development of time banks, time credits and other approaches that help people share their time, talents and skills with others in their community. To support this, the DH will provide stat up finding through the Health and Social Care Volunteering Fund to support the development of local owned and sustainable giving schemes. Funding for 2013/14 will be open in the winter.
        - The Government will develop, in a number of trailblazer areas, new ways of investing in supporting people to stay active and independent, such as Social Impact Bonds. Further details will be published in the autumn and then launched from the spring'13.
        - The Government will launch a national care and support evidence library in 2013, which will act as a 'bank' of best practice in prevention and early intervention.
    - **Housing**
        - The draft Care and Support Bill will set out new duties on Local Authorities to ensure that adult social care and housing departments work together.

- The Government will establish a new care and support housing fund, worth £200 million over five years, to support the development of specialised housing for older and disabled people. Further details to be published by October'12.
- The Government expects NHS organisations, working with their respective Local Authorities, to give particular consideration to developing housing for older and disabled people.
- The Government will work with 'Foundations', the national body for Home Improvement Agencies, to extend their service to more people who fund their own adaptations and ensure that people obtain timely support in securing appropriate home modifications.
- The Government know that assistive technology is not yet being used to its full potential to promote people's independence. They will therefore take forward the 'Three Million Lives' campaign, launched in December 2011, which will accelerate the roll-out of telehealth and telecare in the NHS and social care during a five-year programme to develop the market. This is being supported by an investment of up to £18 million over four years by the Technology Strategy Board, to demonstrate how assistive technology can be delivered on a at greater scale. They will set out the incentives and support for widespread adoption of assistive technology later this year.

2. Better Understanding

- **Better Information and Advice**
  - From April 2013, the Government will establish a new national information website to provide a clear and reliable source of information on care and support.
  - The NHS 111 urgent care telephone services will help to signpost callers that may also have social care needs to their Local Authority.
  - The Government will support Local Authorities to develop new online services that provide people with more consistent and more easily accessible information about their local care and support options, with start-up funding of £32.5 million.
  - The Government will legislate to ensure that people get information on how the care and support system works locally and how people can access care and support, regardless of whether they are entitled to any state-funded support towards the costs of their care.
- **Assessment, eligibility and portability for people who use care services**
  - The Government recognise that the current system of locally determined eligibility is confusing and unfair for many. Therefore, from April 2015, they will introduce a national minimum eligibility threshold. Once implemented, Local Authorities will be free to set their eligibility threshold at a more generous level, but will not be able to tighten beyond the new national minimum threshold. The Government state '*given the commitment to a national threshold, and the funding in this Spending Review, there should be no need for local authorities to tighten current eligibility thresholds'.* To support the move to a national minimum eligibility threshold they will develop and test options (via a working group to be established by March 2013) for a potential new assessment and eligibility framework, in consultation with people who use services, carers, academics, Local Authorities, social workers, and health and care professionals. They will look at the role of assessment in a reformed system to develop options which will seek to provide both Local Authorities and individuals with a clear view of the skills, talents and goals of people seeking to access support. As part of this there will be greater choice and control over who can carry out assessments.
  - The Government will legislate to require Local Authorities to continue to meet the assessed needs of people who have moved into their area immediately, until they carry out a new assessment of their own. This will ensure that no-one sees an

interruption in their support before a new assessment is made, and a new package of care and support is put in place.
  - The Government will develop, with stakeholders, a new framework for the provision of care and support in prisons, so it is clear where responsibility lies.
  - From October 2012, the Guaranteed Income Payments made under the Armed Forces Compensation Scheme will not be required to be used to pay for social care arranged by the public sector.
- **Carers' Support**
  - From April 2013, the NHS Commissioning Board and Clinical Commissioning Groups will be responsible for working with local partners (Inc. Local Authorities) to agree plans and budgets for identifying and supporting carers.
  - The Government and Employers for Carers hosted a summit in June 2012 to explore how carers can be best supported in the workplace, and together they will produce and publish a road map setting out action to support carers to remain in the workforce.
  - The Government will legislate to extend the right to a carer's assessment and provide an entitlement to public support for the first time. In addition they will set a national minimum eligibility threshold for support for carers.

3. Quality

- **Defining High Quality Care**
  - The Government will implement the ban on age discrimination in NHS and social care services from October 2012 – No areas will be exempt from the ban.
  - Clear roles and responsibilities for those involved in the commissioning and provision of care and support need to be set out at all levels. The Government aim to secure high profile leadership for quality in the sector and they have asked the Think Local, Act Personal partnership to develop this work. A final version of this framework will be published before the end of 2012.
- **Improving Quality**
  - From 11th July, every registered residential or home care provider will have a provider quality profile on the NHS and social care information website at www.nhs.uk.
  - Within 12 months (aim from April'13), the Government will enable open access to the data on the provider quality profile, to support the production of independent quality ratings that are easy to understand and continually updated.
  - The Local Government Ombudsman is committed to publishing data on complaints and how these were resolved by 2013.
  - The Government will work with a range of organisations to develop comparison websites that make it easy for people who use services, their families and carers to give feedback and compare the quality of care provider.
  - The Government will develop better evidence of what high quality care looks like, they aim to expand the role of the National Institute for Health and Clinical Excellence (NICE) into adults' and children's social care.
  - From April 2013 onwards, in consultation with the care and support sector, care users, their families and carers, NICE will develop a library of quality standards and guidance to improve the quality of social care.
  - To help care providers test themselves against national quality standards, the Government will work with care providers to develop and pilot a new, nationally agreed, care audit for local use in 2013 and 2014. The pilot care audit will focus on dementia care.
  - The Government will provide training for new local Healthwatch organisations to take on their responsibilities in relation to care and support.
- **Keeping People Safe**

  - The Government will put action to protect people from abuse and neglect on a statutory footing, with clear duties on Local Authorities, the police and the NHS to work together to keep people safe.
- **Better Local Care Market**
  - The Government will introduce a duty upon Local Authorities to promote diversity and quality in the provision of services. To help local authorities carry out this duty, the Government will be offering support to every Local Authority to create a market position statement or to develop their existing one.
  - The Government believes that commissioning practices which put such tight constraints on how care and support is provided are unacceptable and cannot be part of the reformed care and support system. They want to rule out crude 'contracting by the minute', which can undermine dignity and choice for those who use care and support.
  - The Government will consult (Autumn 2012) on further steps to ensure service continuity for people using care and support should a provider go out of business

4. Social Care Workforce

  - The Sector Skills Councils for Social Care and Health will work with the Government to produce a code of conduct and recommended minimum training standards for adult social care workers and healthcare support workers. These will be published by September 2012. The code of conduct will draw on the Dignity Code produced by the National Pensioners Convention and the Dignity in Care campaign's Dignity Challenge.
  - The Government will target personal assistants, and their employers, with a greater offer of support and training to improve recruitment, retention and the quality of the care and support they deliver.
  - The Government want to focus the role of social workers on interpersonal support, to promote choice and control, and to better meet people's needs and goals.
  - The recruitment process is currently underway to appoint a Chief Social Worker by the end of 2012, to provide a leadership role for the social work profession and to drive forward social work reform.
  - The Government will work with care providers, service users and carers to develop a sector-specific compact, including a skills pledge, to promote culture change and skills development. This will set a framework for agreement between employees and employers to improve skills, competencies and behaviours. As part of this work the Government would expect local authorities and care providers to identify the appropriate proportion of available resources to support training and development as part of the commissioning process. The compact will be published by the end of 2013.
  - The Government aim to train more care workers to deliver high-quality care, including an ambition to double the number of care apprenticeships to 100,000 by 2017.
  - They will expand the Care Ambassadors scheme to promote a positive image of the sector, making links with schools, colleges, and careers and job services, including the commissioning of the development of an online tool to support recruitment and provide information about working in care and support for job seekers.
  - By March 2013, the Government will establish a new Leadership Forum, to develop the leadership skills and abilities of people at every level of care and support.
  - Through the work of the Forum and the National Skills Academy for Social Care, the Government will explore how best to ensure that registered managers get the support they need, and will work to ensure that care providers offer regular mentoring and supervision.

5. Control

- **Personalised Care and Support**
  - The Government will legislate to give people an entitlement to a personal budget as part of their care and support plan, and will strengthen their ambitions on direct payments. Their goal remains that everyone who is eligible for on-going non-residential care should have a personal budget, preferably as a direct payment, by April 2013.
  - They will improve access to independent advice and support to help people who are eligible for support from their Local Authority to develop their care and support plan and to choose how their needs could be met.
  - The draft Care and Support Bill sets out the Government's plans to enable everyone to request the assistance of their Local Authority with the development of a care and support plan for their eligible needs.
  - They will develop, in a small number of areas, the use of direct payments for people who have chosen to live in residential care, in order to test this approach. This will take place in a small number of local areas, with different groups of people and across different types of residential care. The aim is to help the Government understand better how direct payments in residential care might work in practice, and what the costs and benefits of this approach might be for people using residential care, Local Authorities, care providers, and families. They will shortly invite expressions of interest from Local Authorities to participate in this initiative, which will begin in 2013.
  - From April 2013, they will change the charging system for residential care so that the income that people earn in employment is exempt from residential care charges.
- **Integration and Joined Up Care**
  - The draft Care and Support Bill sets out a duty on the Local Authority to promote the integration of services, along similar lines to the duty on the local NHS already enacted by the 2012 Act. In addition, the draft Bill will provide for further duties of co-operation which encourage local partners to work together to improve the wellbeing of local people.
  - The health system will transfer to Local Authorities £100 million and £200 million in 2013/14 and 2014/15 respectively, over and above the funding set out at the Spending Review. The new funding will further support local areas to deliver social care services that benefit people's health and wellbeing, by promoting more joint working between health and care. This will enable local areas to transform their services and to deliver better integrated care that saves money across the two systems: for example by supporting people to maintain their independence in the community for as long as possible. The new funding will also cover the costs in 2013/14 and 2014/15 to Local Authorities of the reforms in the White Paper.
  - As personal health budgets are extended beyond the pilot sites, subject to the current evaluation, the Government will make it straightforward for people to combine them with personal social care budgets so that they can make the most of the support to which they are entitled.
  - The Government aims to develop plans to ensure that everyone who has a care plan has a named professional with an overview of their case and responsibility for answering any questions they might have.
  - Later this year, the Government will publish a framework, co-produced with partners across the new health and care system (including the NHS Commissioning Board, Monitor, local government, patients, people who use services, and carers), that will support the removal of barriers to making evidence-based integrated care and support the norm over the next five years. This will include developing proposals on :-
    - Measuring people's experience of integrated care

  - Sharing the tolls and innovations that promote integrated care
  - Aligning incentives
  - Developing models of co-ordinated care for older people.
- From April 2013, the NHS Commissioning Board will be responsible for commissioning primary care, and local clinical commissioning groups will have a duty to support the Board in improving the quality of primary care. This will provide the opportunity for a more consistent and effective approach that gives care home residents more equitable access to services, including proactive case management for long-term conditions.
- In support of the recommendations from the Palliative Care Funding Review in 2011, the Government aim to increase the investment in the eight palliative care pilot's sites from £1.8m to £3.6m, plus introduce a new funding system for end of life from April 2015.

Appendix 2

Department of Health: Draft Care and Support Bill Team Discussion Topics/Questions

1. Role of the local authority

- Do the opening clauses sufficiently reflect the local authority's broader role and responsibilities towards the local community?

2. Individual rights to care and support

- Does the draft Bill clarify individual rights to care and support in a way that is helpful?

3. Grouping carers

- The law for carers has always been separate to that for the people they care for. Is it helpful to include carers in all the main provisions of the draft Bill, alongside the people they care for, rather than place them in a separate group?

4. The well-being principle and care and support planning

- Does the new well-being principle and the approach to needs and outcomes through care and support planning, create the right focus on the person in the law?

5. Portability of care

- Do the "portability" provisions balance correctly the intention to empower the citizen to move between areas with the processes which are necessary to make the system fair and workable?

REPORT TO: Health Policy and Performance Board

DATE: 11th September 2012

REPORTING OFFICER: Strategic Director - Communities

PORTFOLIO: Health & Adults; Children, Young People & Families

SUBJECT: Health and Wellbeing Service

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the Board with details of the work being undertaken to establish a Health and Wellbeing Service via Partnership working arrangements between the Local Authority, Halton Clinical Commissioning Group and Bridgewater Community NHS Trust.

2.0 **RECOMMENDATION: That the Board: Note the contents of the report.**

3.0 **KEY ISSUES**

3.1 *Healthy Lives Healthy People: our strategy for public health in England*, sets out the government's vision for a new, integrated and professional public health system, designed to be more effective and to give clear accountability for the improvement and protection of the public's health. The new system will embody localism, with new responsibilities and resources for local government to improve the health and wellbeing of their population, within a broad policy framework set by the Government. Local authorities will be expected to use their new responsibilities and resources to put health and wellbeing at the heart of everything they do, thereby helping people to lead healthier lives.

3.2 As a response to these government plans the Health & Wellbeing Service is being developed via Partnership working arrangements and associated Agreement, a copy of which is attached at ***Appendix 1.***

3.3 The Partnership Agreement provides an opportunity to review the current approach to the delivery of Health Improvement Services delivered by both health and local authority providers and align systems and services to:

- Deliver a community wide approach to health and well-being;
- Develop holistic solutions to improve health and well-being outcomes and address health inequalities (across health, social care and public health) within Halton; and
- Embrace the full range of local services e.g. health, housing, leisure, transport, employment, social care, education and children's services.

3.4 The Partnership Agreement was presented to Halton's Shadow Health and Wellbeing Board in June for consideration and the Board agreed to support the proposals and that the constituent Partners should 'sign off' the Agreement.

As such, the proposals and Agreement are due to be/were presented to:-

- Halton Borough Council's Executive Board on 28th June 2012
- Halton Clinical Commissioning Group Governing Body in 20th September 2012
- Bridgewater Community NHS Trust during September 2012

3.5 The Partnership Agreement sets out a phased approach to implementation. Phase 1 will include the development of older people' services and pathways as well as dementia services. It will also see a review of falls prevention services which is clearly one of the highest priorities in Halton due to our current poor performance against National indicators. Finally it will consider the emotional and wellbeing services for Adults that are already delivered and how these will be developed in the future. This particular development will see the alignment of these services with the development of the Community Wellbeing Practice model.

3.6 Phase 2 will include the wider determinants of public health and influences on health inequalities. This development will take a 'Life Course' approach and will therefore work across adult social care, health, children and young people's services and the voluntary sector to establish the need and where the specific work stream sits. This work will include areas such as:

- Alcohol and promoting sensible drinking
- Early detection of cancer
- Stop smoking and tobacco control
- Healthy weight
- Expert patient programme
- Breastfeeding

3.7 The implementation of the proposals/Service will be monitored via the Health & Wellbeing Service (HWBS) Steering Board which membership consists of representatives from Partner Agencies, voluntary sector and Halton LINk. The Executive Board portfolio holder for Health & Adults is also a member of the Board.

4.0 **POLICY IMPLICATIONS**

4.1 The importance of this transition cannot be understated and this is clearly apparent by the range of National Policies and papers that impact on this work. The Government White Paper: Healthy Lives Healthy People (2010) is the overarching national document that outlines the future of public health in England. However, there are a number of other policies that must also be considered, these include:

- The Government's Alcohol Strategy (2012)
- A smokefree future: a comprehensive tobacco control strategy for England (2010)

- Building a public health England people transition policy (2012)
- Caring for our Future : Reforming Care and Support (2012)

Each of the area specific strategies helps to reinforce the aims and objectives of the overarching public health strategy and transition plans.

4.2 From a local perspective this work will need to consider the links and implications to a number of local plans and strategies that include:

- Early Intervention and Prevention Strategy for Halton 2010
- Joint Strategic Health and Well-being Strategy for Halton 2012 (in development)
- Halton's Sustainable Community Strategy 2011 - 2026
- Halton Children & Young People's Plan 2011-14
- Joint Strategic Needs Assessment (Health & Wellbeing)
- Telecare Strategy for Halton 2010 – 2015
- Local Commissioning Strategies

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The implementation of the partnership agreement will include the development of a pooled budget agreement between the Clinical Commissioning Group and the Local Authority. Financial plans will be drawn up and submitted to the HWBS Steering Board during phase 2.

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

6.1 **Children & Young People in Halton**
The partnership agreement will impact on all areas of public health in Halton. This will include Breastfeeding, weight management – early years, physical activity, Halton Healthy Schools, Child Health Development and smoking education.

6.2 **Employment, Learning & Skills in Halton**
It is planned through the developments and activities that there will be a range of opportunities to help people of all ages learn new skills and participate in volunteering roles.

6.3 **A Healthy Halton**
By developing projects that support some of the most vulnerable parts of our community we can help to raise awareness and support people to manage their own health and lifestyle in the most effective way.

6.4 **A Safer Halton**
The planned activities are designed to improve community cohesion and to bring together the health needs of the people of Halton. As well as the health benefits it is expected that this should also improve the safety and an improved perception of Halton and its communities.

6.5 **Halton's Urban Renewal**

No implications identified.

7.0 **RISK ANALYSIS**

7.1 A risk analysis will be carried out by the constituent partners as part of the implementation of the overall project.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The partnership agreement will be delivered equitably across Halton. The Public Health agenda fully embraces the needs of a diverse population and develops services in a way that supports the diverse issues that are being faced.

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

None under the meaning of the Act.

HEALTH AND WELLBEING SERVICE

PARTNERSHIP AGREEMENT

1st April 2012 – 31st March 2013

DRAFT: 29.5.12

THIS AGREEMENT is made on the 1st Day of April 2012 between the following partner organisations:

Halton Borough Council (HBC) whose principal office is at
Municipal Building
Kingsway
Widnes
Cheshire
WA8 7QF

Bridgewater Community Healthcare NHS Trust whose principal office is at
Headquarters
Bevan House
17 Beecham Court
Smithy Brook Road
Wigan
WN3 6PR

Halton Clinical Commissioning Group
Health Care Resource Centre
Oaks Place
Caldwell Road
Widnes
WA8 7GD

1. BACKGROUND

1.1 The government has an ambitious program to improve public health through strengthening local action, supporting self-esteem and behavioural changes, promoting healthy choices and changing the environment to support healthier lives.

1.2 With effect from 1st April 2013, Local Authorities will have a new duty to promote the health of their population, supported by the local Health and Well-being Board to ensure a community-wide approach to promoting and protecting the public's health and well-being.

1.3 This Agreement is made by the above partners in order to review our current approach to the delivery of Health Improvement Services, with a view to developing an integrated Health and Wellbeing Service (HWBS), which will support the continued focus on Joint Working within Health and Wellbeing Services.

2. PURPOSE

2.1 This agreement provides us with an opportunity to review our current approach to the delivery of Health Improvement Services delivered by both health and local authority providers and align systems and services to:-

- Deliver a community-wide approach to health and well-being;
- Develop holistic solutions to improve health and well-being outcomes and address health inequalities (across health, social care and public health) within Halton; and
- Embrace the full range of local services e.g. health, housing, leisure, transport, employment and social care.

2.2 This agreement will help facilitate the development of an integrated HWBS, which will enable us to bring together a diverse range of experts and provide a focus for the development of new approaches and work on identified priorities.

2.3 The resulting HWBS will bring significant benefits in increasing efficiency, improving the patient experience, introducing a consistent approach and changing the culture to one of joint ownership and strong partnership working.

2.4 The above parties have agreed that the strategic/operational leadership for the HWBS will be exercised through this partnership agreement. Further details outlined in the attached Annexe.

3. COMMENCEMENT AND DURATION

3.1 The provisions of this agreement will take effect from 1st April 2012 and will expire on the 31st March 2013.

4. REVIEW

4.1 This Agreement shall be reviewed by the parties every 3 months and, subject to such review, shall continue until its end date.

4.2 Reviews will be undertaken by members of the HWBS Steering Board in close discussion with relevant staff. The Steering Board will make recommendations for change to the Health and Wellbeing (HWB) Board for consideration. Further details as to how the HWBS Steering Board operates can be found in the Annexe to this agreement.

5. TERMINATION

5.1 This partnership agreement is closely aligned to the operational model of the HWBS and the withdrawal of any individual organisation from the agreement has the potential to de-stabilise the associated services so careful consideration is needed when considering potential termination.

5.2 Should the 3 month review indicate a strong case for the termination of the partnership agreement it will be necessary for the members of the HWBS Steering Board to provide the Chair of the HWBS Steering Board with details of the alternative arrangements and to provide assurances that the benefits expected from the alternative will exceed those expected from the HWBS. Details will then need to be considered by the HWB Board.

6. ARBITRATION

6.1 Any disputes that that can not be resolved via the HWBS Steering Board will escalated to the Dispute Resolution Board, which consists of:-

- Strategic Director – Communities – HBC;
- Chief Executive – Bridgewater Community NHS Trust; and
- Chair of Halton Clinical Commissioning Group.

7. FINANCE

7.1 Funding of the HWBS is largely included in existing partner organisations' budgets. Should a necessity arise for an increase in funding or more staff resources to the HWBS, the HWBS Steering Board will need to look first at re-investment of efficiency savings already made and an open discussion across all partners of the potential to pool savings in order to meet additional HWBS costs or staffing requirements. Further details are included in the Annexe to this agreement.

8. ROLE OF EACH EMPLOYING ORGANISATION

8.1 The constituent provider partners will continue to employ the staff working within the HWBS and retain the responsibility for all decisions to amend or terminate the contracts of employees.

8.2 The lead officers in each organisation agree to act in accordance with the employee's terms and conditions of employment, including associated policies, procedures and practices.

8.3 Staff will remain on existing terms and conditions of employment and be unaffected by this agreement. Any changes to them will be subject to the agreement of each employing organisation in accordance with their normal consultation processes.

8.4 The recruitment to any vacancy will sit with the employing organisation. Once a vacancy arises, the respective partner organisation will manage the recruitment process and bear any associated costs unless mutually agreed otherwise.

8.5 The Lead Officers will act on behalf of the HWBS Steering Board throughout the recruitment and selection process.

8.6 The constituent provider partners will continue to co-ordinate team activity and service performance reports as necessary.

8.7 Each organisation will implement developments and operational changes as deemed necessary by the HWBS Steering Board.

9. VARIATION

9.1 The terms of this agreement may be varied by mutual agreement in writing and agreed by the HWBS Steering Board.

9.2 The Review process (see 4 above) might indicate a need to change the service capacity and/or skill mix; operational model; partnership governance arrangements; performance indicators and outcomes. Any potential change needs to be agreed by the HWBS Steering Board and depending on the nature of the change, agreement might require other approval procedures outside of this Agreement.

10. SIGNED

Signed ………………………………………………… Date ……………………………

Title ……………………………………………………

Organisation: Halton Borough Council

Signed ………………………………………………… Date ……………………………

Title ……………………………………………………

Organisation: Bridgewater Community Healthcare NHS Trust

Signed ………………………………………………… Date ……………………………

Title ……………………………………………………

Organisation: Halton Clinical Commissioning Group

ANNEXE

ANNEX TO PARTNERSHIP AGREEMENT

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Service Model

Introduction to Model and Implementation

This section sets out the range of health improvement provision/services provided via the Health Improvement Team (HIT) based within Bridgewater Community Health Care Trust.

It also outlines early intervention and prevention services provided via the Local Authority (LA) and where there are opportunities to align/integrate services to develop a Health and Wellbeing Service which will :-

- Deliver a community wide approach to health and well being
- Develop holistic solutions to improve health and well-being outcomes and address health inequalities (across health, children and young people, social care and public health) within Halton
- Embrace the full range of local services e.g. health, housing, leisure, transport, employment, social care, education and children's services.

The alignment/integration will be undertaken on a two phased approach, as follows:-

Phase 1 will focus on services specifically relating to:-

- Older People (with effect from June 2012)
- Community Wellbeing Model in General Practice (with effect from September 2012)
- Falls Prevention (with effect from September 2012)

Phase 2 will focus on a review of Health and Wellbeing Services (inc. those provided via the HIT) and the development of such, for example around the early detection of cancer, weight management, smoking cessation etc. based on a 'Life Course' approach and the development of the Community Wellbeing Model. This will include a work stream specifically addressing the issues relating to children and young people.

Note – Work on Phase 2 will commence from September 2012 with a view to implementing a new model of working w.e.f. 1st April 2013

Other issues to be addressed within *Phase 2*, will include issues relating to:-

- Accommodation
- Marketing and Communication
- Training
- Information a& Clinical Governance/Risk Management
- Performance Management
- HR Implications

Phase 1 of Implementation

1. Older People's Services

Services Provided by HIT

Outcome	Reducing social isolation and prevention of accident from falls
Description	• Client based service to improve health and self-management of long term conditions in the most disadvantaged areas in Halton. • Recharge • Men's Recharge • Apex & Apex follow • Vulnerable adults activity (Community Based Activities)

Services Provided by LA

A whole range of prevention and early intervention services are offered through the LA for older people. In terms of the alignment/integration with HIT, this will specifically focus on the services provided via Sure Start to Later Life (SS2LL) and Community Bridge Building.

SS2LL is an active information service offered by the council. While it provides information on a range of activities and services for older people it also provides home visits from Information Officers who support people to engage in community activities and look again at some of their interests and dreams. The philosophy of the service is that the earlier people engage in physical, mental and social activities the less likely and later that they will need acute services. This has financial benefits for acute services but, more importantly, it improves people's quality of life.

Community Bridge Building supports people with disabilities, older people and carers who are socially isolated. They also work with children with disabilities in transition to adulthood. They work in a person centred way to promote social inclusion; this enables people to participate and feel valued within their local community carrying out meaningful activities that promote self-esteem and well-being and therefore prevents social isolation.

Model of Delivery (w.e.f 1.6.12)

There has been a significant and growing emphasis, in recent national and local strategy reports, on the need to change the way adult social care services are delivered in response to the demographic challenge of an ageing population within an environment of reducing resources, and on the need for a whole system response built around personalised services with increased emphasis on prevention, early intervention and enablement.

There will be one single point of access into low level preventative/early intervention services and that will be through the LA's SS2LL Service.

Sure Start to Later Life supports Older People to review their options and make informed choices about their own futures, by helping them to find the right information, services and support, at the right time, in order for people to maintain or regain independence, good health and wellbeing within their own homes and local communities. Information Officers provide an assessment of people's lifestyle needs to enable older people to access community activities and engage with people in order to prevent social isolation. The service works closely and cohesively with mainstream services to identify barriers and opportunities that will ensure that all services are accessible for the people they support.

The service aims to respond flexibly and creatively, empowering individuals to achieve realistic goals to improve their quality of life. Information Officers do this by taking positive action through meaningful engagement and promoting social inclusion.

The team operates a flexible pattern of working. It is the aim of the service to be flexible to user needs and times of contact. The team operates on a span of duty that begins no earlier than 8.00am and ends no later than 9.00pm.

As part of the new model of delivery, HIT will begin the development of a process to support the early detection of Dementia and associated referral pathways (if appropriate), which will not only be utilised by staff across the HIT, but GP's and staff within the LA as well. The HIT will deliver the training, jointly with the voluntary sector, to ensure that staff/GPs have the appropriate skills to be able to use the associated process. This process will be available from September 2012.

The key change for service users will be the access route they take into service and therefore associated referral pathways into and out of the service are to be redesigned to ensure appropriate and effective access can be made into services such as falls prevention, community and voluntary based activities, recharge, shopping services, assessment and care management etc. The aim will be to support older people across the range of determinants that will impact on their health and wellbeing e.g. early detection of cancer, dementia, smoking, alcohol etc.

The lead officer for the development and delivery of this model is the Local Authority's Principal Manager for SS2LL.

2. Community Wellbeing Model in General Practice

Model of Delivery (w.e.f 1.9.12)

Work is currently taking place to recruit seven GP practices from the Halton Borough that would be interested in working as part of a multidisciplinary team to implement a range of health and wellbeing interventions that support individuals *and* communities to improve their health and wellbeing levels (known as Community Wellbeing Practices). These interventions will complement existing healthcare provision.

Areas of focus for the initiative will include:

- Integrating the GP Practice with the service provision of agencies that have a role to play in generating health and wellbeing - such as the voluntary and community sectors.
- Working collaboratively to ensure that holistic, integrated wellbeing interventions are available for the public and that clinicians are aware of what's on offer.
- Enhancing the practice environment to ensure that it communicates consistent, evidence based health and wellbeing messages to the public, and showcases the resources, skills and talents that exist in the community.
- Ensuring that every member of the practice team has the skills and knowledge to communicate simple wellbeing messages to the public, thereby ensuring that *every* interaction with the public counts.
- Creating opportunities to ensure that identified groups within the community have access to educational opportunities and resources that promote resilience and wellbeing.
- Working collaboratively with other agencies to better understand how we can deliver holistic wellbeing interventions that take into account the context of an individual's life. This will include working with other agencies to find ways to overcome the barriers that prevent individuals and communities from realising health and wellbeing.

As part of this initiative, Bridgewater's NHS Trust's Head of Marketing and Health Improvement will work to align services provided by the HIT in relation to emotional health and mental wellbeing (Adults) into the Community Wellbeing Model.

In addition to this as part of the model's development, services currently delivered via the Local Authority will also be aligned to the model e.g. the giving of advice, support and care for people whose mental health problems make it hard for them to cope in the community, or who have lost confidence in their day to day skills.

The lead officer for the development of the Community Wellbeing Practice model is the Operational Director of Integrated Commissioning, Halton and Warrington.

Falls Prevention

The overall aim of the Falls Prevention Service is to prevent and reduce the number of falls along with associated injuries amongst older people in Halton.

The service offered at present is 'fragmented' and HIT, LA and other associated partners will review associated pathways to ensure that there is an effective and clear multi-agency approach to addressing the causes of falling and that the treatment and rehabilitation service in place is effective, thus ensuring that those who have fallen can continue to live healthy, safe lives with increased independence.

This review will commence in June 2012 with a view to implementation of the new model of delivery from September 2012.

The lead officer for the development of this model is the Local Authority's Operational Director (Prevention and Assessment) and Director of Public Health.

The development of the model will be undertaken in partnership with the HIT, Local Authority services such as Telecare, Warrington and Halton Hospitals NHS Foundation Trust, St Helens and Knowsley Teaching Hospitals NHS Trust (Whiston), CCG and Bridgewater Community Healthcare NHS Trust.

NOTE

The implementation of Phase 1 will be overseen by the Health and Wellbeing Service Steering Board, who will provide guidance/advice to the appropriate Lead Officers regarding model development.

Phase 2 of Implementation

Work will commence from September 2012 to review current Health and Wellbeing Services provided by the HIT, such as early detection of cancer, breastfeeding, weight management services etc. and services provided via other providers such as pharmacists, CAMHS, Midwives etc., with a view to providing universal services and also aligning these services with the development of locality health areas, multi-disciplinary teams and the Community Wellbeing Practices as well as concentrating on extending services for children and young people with further expansion of programmes in schools, children's centres and youth services.

Note - The development of locality health areas in Halton will be based on Area Forum footprints in which tailored activities, services and support will be developed to tackle health and wellbeing priorities specific to that area. The Health Areas will be one method used to deliver the Health & Wellbeing Strategy for Halton, adopting a Community Development led approach and working closely with Public Health/HIT.

The implementation of Health Areas will require input from a number of Council service areas and partners. This will require identifying where collaborative working can be further developed or reconfiguring existing services and/or resources where applicable.

Phase 2 of the review will consider Health & Wellbeing commissioning plans and how services can be reconfigured to meet identified need across the life course. This will include: extending training for service providers, rolling out successful pilots for children and young people, developing new programmes for children and young people, developing workplace health programmes, developing healthy communities

The model used will be:

- Tier 1: Prevention for the whole population to deter people from adopting unhealthy practices and becoming ill.

- Tier 2: Enabling people to improve their health by changing their behaviour from unhealthy to healthy. Training service providers so they are competent to work with people to help them change their behaviour.

- Tier 3: Detecting a health problem early and enabling people to have it treated and therefore prevent further deterioration in health.

- Tier 4: Working with people who have serious health conditions and treating it through specialist services to prevent further deterioration.

NOTE

The implementation of Phase 2 will be overseen by the Health and Wellbeing Service Steering Board, who will provide guidance/advice to the appropriate Lead Officers regarding model development

Governance and Management

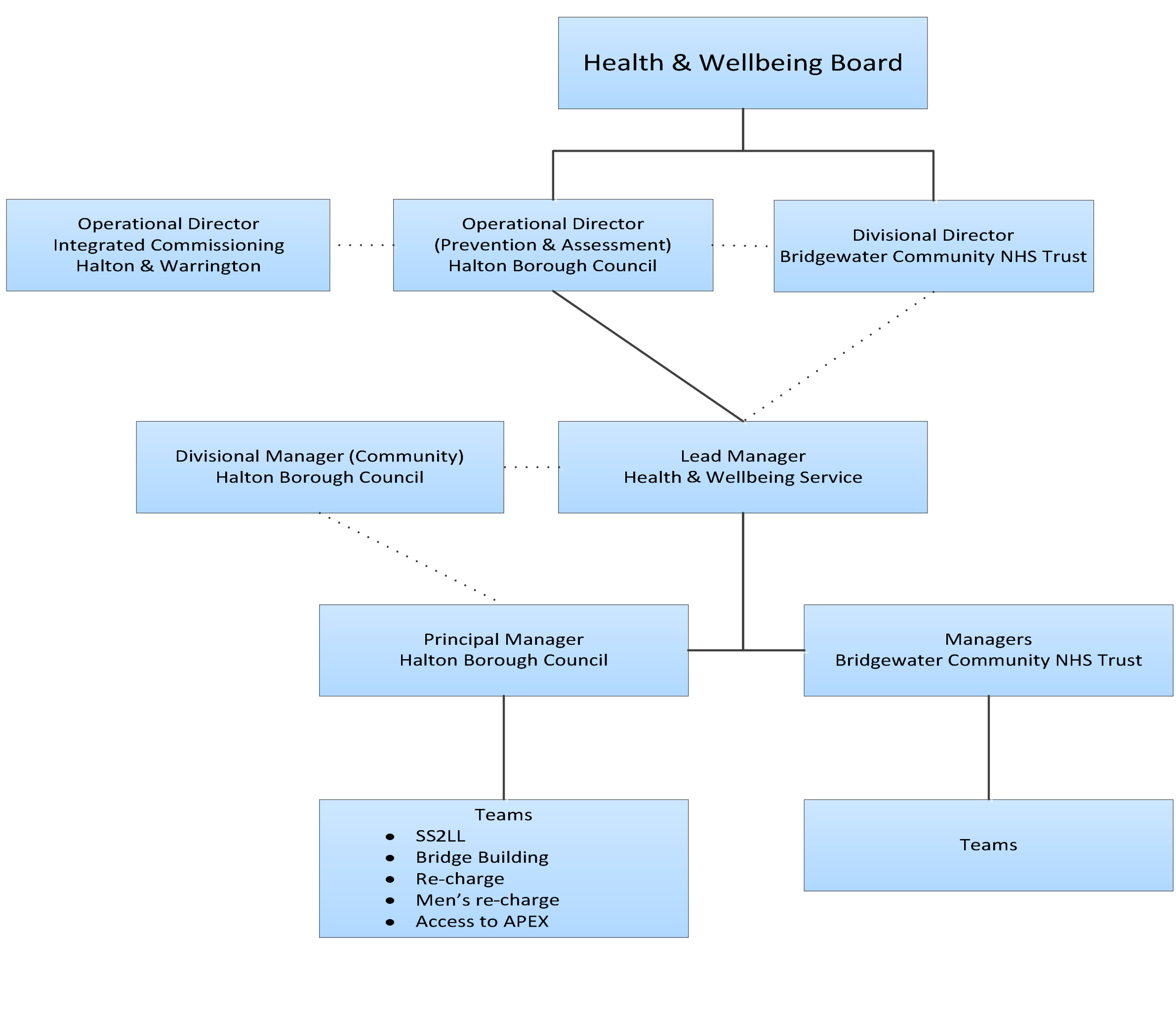
Current operational management arrangements are provided separately across Bridgewater and HBC.

This agreement will provide a more integrated approach to service management by amalgamating these two roles for a 12 month period (1st April 2012 – 31st March 2013). During the 12 month period a full review of the overall management structures within the HWBS will be completed and recommendations made to the Executive Teams of HBC and Bridgewater.

All organisations are committed to developing effective partnership working in relation to the governance, management and delivery of the HWBS.

The management structure, outlined below, establishes a clear accountability with regards to the strategic/operational delivery of the HWB Service through the Partnership, whilst the day to day management of the Lead Manager (Health & Wellbeing Service) will be provided via Bridgewater. The structure also outlines the relationships that exist within the Partnership to other service areas such a Community Services within HBC.

As stated below the structure will be subject to change/further discussion due to the restructure currently taking place within Bridgewater Community Healthcare NHS Trust and the development of the Community Wellbeing Practice Model.



Role of HWBS Steering Board

Overall Aim
To ensure that the HWBS provides an integrated whole system approach to health and wellbeing services which will support the delivery of improved health and wellbeing outcomes across health, social care and public health.

Key Responsibilities
Act as a multi-agency partnership group of lead officers and key representatives, which takes strategic decisions aimed at:-

- Determining the strategic direction and policy of the Health and Well-being Service to improving quality, productivity and prevention.
- Promoting inter-agency cooperation, via appropriate partnership agreements/ arrangements, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust
- Developing and sustaining a high level of commitment to the Health and Wellbeing Service.
- Exercising financial control over budgets associated with the running of the Service, ensuring financial probity.
- Driving forward the continued implementation of the HWBS by overseeing the work of the Service, monitoring performance, reviewing and evaluating the service and taking assertive action where performance is not satisfactory.
- Leading on the implementation of Halton's Early Intervention and Prevention Strategy.

Membership and Chair
The Steering Board is chaired by the Operational Director (Prevention & Assessment) of Halton Borough Council and membership of the Board will consist of the following representatives:-

- Halton Borough Council
  - Operational Director (Prevention & Assessment)
  - Operational Director - Integrated Commissioning, Halton and Warrington
  - Director of Public Health
- Bridgewater Community Healthcare NHS Trust
  - Divisional Director
  - Head of Marketing and Health Improvement
- Halton Clinical Commissioning Group
  - Chief Operating Officer
- Voluntary Sector Representative
  - Chief Executive Officer - Halton & St Helens VCA
- (LINk/Healthwatch)
  - Manager – Halton LINk
- Councillor Representation
  - Executive Board Portfolio Holder for Health & Adults

Responsibilities of Members

All members of the Steering Board are responsible for ensuring effective two-way communication between the Steering Board and the organisations which they represent.

Members of the Steering Board have collective responsibility and accountability for its decisions. Members should strive to make decisions that further the aims of the HWBS in improving the outcomes for local residents.

Meetings

- **Frequency:**
  The Steering Board will meet monthly and at other times as may be required.

- **Agendas and Minutes:**
  Meeting dates will be agreed 12 months in advance.

  An agenda and minutes of the previous meeting will be circulated 5 working days before each meeting, and papers relating to agenda items must be forwarded to the Chair at least 10 working days before the meeting for tabling.

  All members to prepare for meetings by reading through agenda and papers and preparing written reports as appropriate.

  Attendance/Substitutes:
  All members to endeavour to attend all meetings.

  There will be a named alternate representative from each organisation, who will be kept informed about developments and will attend meetings in place of the main representative where necessary. Named alternates should be kept appropriately briefed and carry suitable authority to participate in the business of the meeting, including making decisions.

  Where neither the member nor substitute member is able to attend, apologies to be sent to the Chair in advance of the meeting.

- **Administration responsibilities:**
  Administrative support will be provided by HBC, including the minuting of meetings and the circulation of agendas and papers.

- **Decision making:**
  3 members of the Steering Board will constitute a quorum. (1 from HBC; 1 from Bridgewater; 1 from Halton CCG) If less than 3 members attend, the meeting will be declared inquorate and abandoned.

  Decisions will be reached by consensus. If this is not possible there will be a vote. The Chair will have the casting vote in the case of a tie.

  The minutes of meetings will clearly record decisions made and responsibilities for undertaking agreed tasks.

Finance

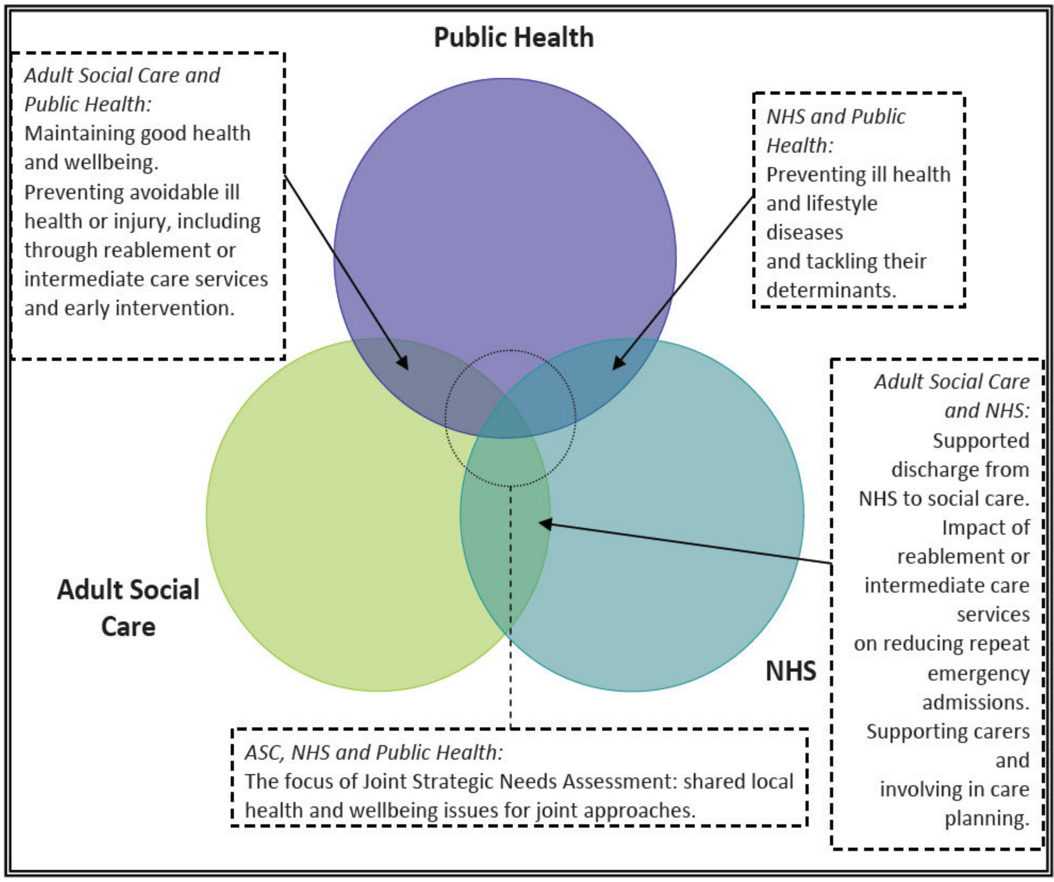
Work will take place during Phase 2 to review the finances available to support Health & Wellbeing Services with a view to developing a Pooled Budget to support the delivery of Health and Wellbeing Services across Halton.

Performance Framework

NHS, Public Health and Social Care Outcomes

A number of outcome framework domains have been developed by the NHS, Public Health and Adult Social Care.

The diagram below shows some key areas of overlap, where local services share an interest and where a whole-systems approach will be able to support better outcomes. By sharing the same or complementary measures between sectors, there is a strong incentive for local services to work together and measure their progress on the same basis. This approach assumes that the three Outcomes Frameworks will act as whole rather than three separate entities. The children and young people's framework is included in the Public Health Outcomes Framework and to a limited extent the NHS outcomes framework.



Service Outcomes

The Performance Management Framework outlined below has been established to demonstrate the additional value of having an integrated/aligned service will be.

All current performance monitoring/measures will continue for HIT and the Local Authority; however work will commence during Phase 2 of implementation to review all associated performance indicators etc. to ensure it supports the service outcomes framework and provides improved outcomes for the population of Halton underpinned by the outcome framework domains outlined above.

In addition to the service outcomes, the partnership approach will offer additional outcomes. This integrated and fully engaged approach includes local communities and partners to ensure that the health promoting practitioner approach is endemic across the whole service e.g. creates a whole family approach from pre-conceptional care to older people. Service delivery will focus on the needs to the defined and strategic health priorities to reduce poor health that results from preventable causes.

Specific focus will involve providing integrated services to meet the needs of vulnerable people, people with long term conditions, high-risk groups such as the elderly, people who have had strokes or require chronic disease management e.g. diabetes, COPD, cancer – early detection programmes and rehabilitation programmes. Programmes will be required to target thus reducing prevalence in areas of high inequality and will include Stop Smoking, Alcohol, Tobacco, Weight Management, Mental Health, Children & Families but clearly this list is not exhaustive.

High level outcomes expected to be realised as a consequence of the integrated service are:

- Improved access to community services promoting prevention enablement, independence and well-being.
- Improved ability to deliver innovative services focussed on the communities we serve.
- Ability to reflect and deliver local requirements to meet service users needs with clarity in local accountability.
- Improved access to high quality training and development for staff.
- Improved efficiency and cost effectiveness.
- Increased functionality through integrated teams offering a wide range of flexible responses and skills.

Performance Management Framework

Outcome	Measure	Baseline 2011
Improved access to community Health and Well-Being services promoting prevention enablement, independence and well-being.	Increased Number of people accessing services	HIT/SSLL numbers of people accessing the service
Improved ability to deliver innovative Health and Well-Being services focussed on the communities we serve.	Case Study	Similar Case Study for 2011
Ability to reflect and deliver local requirements to meet service users needs with clarity in local accountability.	Increase in the use of community assets	Range of community assets used
Improved access to high quality training and development for staff.	Numbers of people accessing training Range of training available	Numbers of people accessing training Range of training available
Improved efficiency and cost effectiveness.	Unit Costs	Unit Costs
Increased functionality through integrated teams offering a wide range of flexible responses and skills.	Case Study	Case Study
Improving Population Health and tackling the wider determinants of Health.	Improved outcomes- current measures for Health and Well Being Service Users	Current measures for Health and Well Being Service Users
Healthy Life Expectancy and preventing mortality	Reduction in seasonal excess deaths	Seasonal Excess deaths
Enhancing the quality of life of the population who experience Health and Well-Being services	Case Study	Case Study
Prevention of ill health and supporting people to recover from episodes of ill health.	Service user outcomes (Individual)	Service user outcomes (Individual)
Ensuring people have a positive experience of services.	Questionnaire: Experiences of volunteers “Talk to us”	Questionnaire: Experiences of volunteers “Talk to us”
Safeguarding people from avoidable harm	Number of Safeguarding/SUI referrals from Health and Well-Being service	Number of Safeguarding SUI referrals from Health and Well-Being service

Appendix A

Local and National Policy Drivers

Local Drivers include:
- Early Intervention and Prevention Strategy for Halton 2010
- Joint Strategic Health and Well-being Strategy for Halton 2012 (in development)
- Halton's Sustainable Community Strategy 2011 - 2026
- Halton Children & Young People's Plan 2011-14
- Joint Strategic Needs Assessment (Health & Wellbeing)
- Telecare Strategy for Halton 2010 – 2015
- Local Commissioning Strategies

National Drivers include:
- Public Health White Paper: Healthy Lives, Healthy People, 2011
- Transparency in Outcomes : A Framework for Quality in Adult Social Care, 2011
- NHS Outcomes Framework 2011/12, 2010
- Improving Outcomes and Supporting Transparency (Public Health), 2012
- Healthy Weight Programmes: Healthy Lives, Healthy People : National Action Plan on Obesity, (Dept. of Health, 2011)
- Physical Activity Programmes: Let's Get Moving: A New Physical Activity Care Pathway for the NHS: (Dept. of Health, 2009)
- Tobacco Control Programmes: A Smoke free Future: A Comprehensive Tobacco Control Strategy for England: (Dept. of Health, 2010)
- Healthy Lives, Healthy People: A Tobacco Control Plan for England 2011: (Dept. of Health, 2011)
- Healthy Schools Programme: National Healthy Schools Status: (Dept. of Health, 2005)
- Health Trainers: Improving Health, Changing Behaviour: Health Trainer Handbook: (Dept. of Health, 2008)
- Healthy Early Years: Healthy Child Programme: Pregnancy and the First 5 years of life: (Dept. of Health, 2009)
- Alcohol: Safe, Sensible, Social: The Next Steps in the National Alcohol Strategy: (Dept. of Health, 2007)
- CVD: The Coronary Heart Disease National Service Framework: Building on Excellence Maintaining Progress – 2008
- Cancer: Cancer Reform Strategy: Achieving Local Implementation: (Dept. of Health, 2009)
- Mental Health: Mental Health Policy Implementation Guide: (Dept. of Health, 2007)
- Learning Disabilities: Valuing People Now: A new three-year strategy for people with learning disabilities: (Dept. of Health, 2009)
- National Centre for Social Marketing: A powerful and adaptable approach for achieving and sustaining positive behaviour: (NSM, 2009)
- Working Together
- Every Child Matters, 2009
- National Support Team Reports: Sexual Health, Tobacco, Teenage Pregnancy & Sexual Health, Health Inequalities